

2 NOT AN OFFICIAL DOCUMENT

SURVIVORSHIP AFFIDAVIT

STATE OF: INDIANA
COUNTY OF: LAKE

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2022-020552
10:05 AM 2022 Jun 28

I Gayle D Alford residing at 1123 Baker Street Garv, INDIANA being of legal age, depose and say that:

1. On May 9th 1997, _____ by Morris W. Carter recorded in Book/Volume Plat Book 30, Page, 13 of the LAKE County records as a document number 97029207 (the Deed), the Affiant and Annie P. Ross become owner of the following legally described property: GARY HEIGHTS L. 38 BL. 16 N. 13FT. L. 37 BL. 16 County Parcel Number: 45-08-07-153-007-004-004
2. Affiant and Annie P. Ross own the property in joint tenancy with right of survivorship.
3. On April 22, 2022, Annie P. Ross died, thereby terminating Annie P. Ross interest in the above-described real property. A certified copy of death certificate of Annie P. Ross is attached hereto as Exhibit A.

Oath of Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Gayle D. Alford Dated: June 27, 2022
Gayle D. Alford

ACKNOWLEDGEMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW,"
PREPARED BY: Gayle D. Alford

Before me, a Notary Public in and for said County and State, personally appeared Gayle D. Alford who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 27th day of June, 2022.

Resident of Lake County, of Indiana. Signature: Carmelita J. Cook
My Commission Expires: 9/26/2024 Printed: Carmelita J. Cook



FILED

JUN 28 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CC
LK

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3936389



Local No 000271		EDR No 000011276676		State No 2022-026159													
1. Decedent's Legal Name (First, Middle, Last) Annie Pearl Ross		1a. Maiden Name (if female) Hardin		6. Sex of Decedent Female		4. Date of Death (Month/Day/Year) 04/22/2022											
5. Social Security Number ██████████		6a. Age - Yrs 85		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 03/27/1937		8. Birthplace (City and State or Foreign Country) Montgomery, Alabama			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)													
11. Facility Name (if Not Institution, Give Street and Number) 1123 Baker Street		12. City Or Town, State, And Zip Code Gary, Indiana 46404		13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown											
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Physical Therapist		17. Kind Of Business/Industry Healthcare											
18. Residence - State IN		18a. County Lake		18b. City Or Town Gary		18c. Street And Number 1123 Baker Street		18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race Black or African American													
22. Parent's Name (First, Middle, Last) Frank Hardin		23. Parent's Name (First, Middle, Last) Darlene Brown		23a. Parent's Last Name Before First Marriage Brown													
24. Informant's Name Gayle Alford		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 1123 Baker Street, Gary, IN, 46404													
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Heights Crematory		25c. Location - City, Town, And State Chicago Heights, IL													
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46307		27a. Funeral Home License Number FH11300014													
27b. Signature of Indiana Funeral Service Licensee: <i>Kelby Michelle Sprouse</i>		27c. License Number (Of Licensee): FD21700031															
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Sepsis <small>Due to (or As A Consequence Of)</small> B. cerebrovascular accident <small>Due to (or As A Consequence Of)</small> C. <small>Due to (or As A Consequence Of)</small> D.		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Sepsis <small>Due to (or As A Consequence Of)</small> B. cerebrovascular accident <small>Due to (or As A Consequence Of)</small> C. <small>Due to (or As A Consequence Of)</small> D.		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Sepsis <small>Due to (or As A Consequence Of)</small> B. cerebrovascular accident <small>Due to (or As A Consequence Of)</small> C. <small>Due to (or As A Consequence Of)</small> D.		Approximate Interval: Onset To Death 04-22-2022		Approximate Interval: Onset To Death 04-22-2022									
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Infected pressure wound		29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Infected pressure wound		29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Infected pressure wound		29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Infected pressure wound											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined											
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods/ Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code									
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Passenger <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)															
41. Signature, Of Person Certifying Cause Of Death: <i>Jose Luis Agusti</i>		41. Signature, Of Person Certifying Cause Of Death: <i>Jose Luis Agusti</i>		41. Signature, Of Person Certifying Cause Of Death: <i>Jose Luis Agusti</i>		41. Signature, Of Person Certifying Cause Of Death: <i>Jose Luis Agusti</i>		Electronically Signed		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01061624A		45. Date Certified 05/04/2022			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307											
46. Additional Funeral Service Provider:																	
48. Signature of Local Health Officer: <i>Roland H Walker</i>		48. Signature of Local Health Officer: <i>Roland H Walker</i>		48. Signature of Local Health Officer: <i>Roland H Walker</i>		48. Signature of Local Health Officer: <i>Roland H Walker</i>		Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 05/05/2022							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 5339S ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.