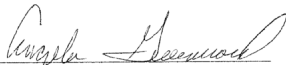


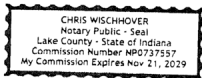
NOT AN OFFICIAL DOCUMENT

5. Frank Greenwood was also known as Frank L. Greenwood.
6. Frank Greenwood died on August 20, 2021, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Survivorship Affidavit and made a part of this Survivorship Affidavit by reference.
7. Frank Greenwood and Angela Greenwood were husband and wife at the time they acquired title to said real estate and they were never divorced.
8. There were no Federal Estate taxes due by reason of Frank Greenwood's death.
9. As a result of the death of Frank Greenwood, Angela Greenwood, as his surviving wife, became the sole owner of said real estate.
10. The purpose of this Survivorship Affidavit is to place of record with the Lake County Auditor's and Recorder's Offices evidence of the death of Frank Greenwood and that Angela Greenwood, as the surviving spouse of Frank Greenwood, became the sole owner of said real estate as a result of the death of Frank Greenwood.

Further Affiant saith not.


Angela Greenwood

Subscribed and sworn to before me, the undersigned Notary Public in and for said
County and State, by Angela Greenwood, the Affiant, on this
____ 21st ____ day of ____ June ____ , 2022.



Notary's Signature: _____

Notary's Printed Name: Chris Wischhover

Notary's County of Residence: Lake

Notary's Commission Expires: November 21, 2029

NOT AN OFFICIAL DOCUMENT

After recording return to and Mailing Address of Affiant:

Angela Greenwood
1638 CHALONE CT
CROWN POINT IN 46307-3750

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Fidelity National Title Insurance Company's Commitment, issued by Inspired Title Group, Inc., as Commitment No. IN22F-5935.

(Survivorship Affidavit – Inspired Title Group, Inc. File No. IN22F-5935 - page 3 of 3)

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 201032

Local No 003384

EDR No 00001153440

State No 2021-047213

1. Decedent's Legal Name (First, Middle, Last) Frank L. Greenwood		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 02:40 PM	4. Date Of Death (Month/Day/Year) 08/20/2021	
5. Social Security Number [REDACTED]		6a. Age - Yrs 63	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) 11/24/1957
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		8. Birthplace (City and State or Foreign Country) Sharon, Mississippi	
11. Facility Name (If Not Institution, Give Street and Number) Methodist Hospital Inc-Stake Campus				12. City Or Town, State, And Zip Code Merrillville, Indiana 46410		13. County Of Death Lake	
15. Surviving Spouse's Name Angela Darnetta Greenwood				15a. Last Name Before First Marriage Kelly		16. Decedent's Usual Occupation Conductor	
17. Kind Of Business/Industry EJ & E Railroad		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		18. Residence - State IN		18a. County Lake	
18b. City Or Town Crown Point		19c. Street And Number 1638 Chalone Court		18c. Apt. No.		18d. Zip Code 46307	
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Associate's degree (e.g. AA, AS)		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race Black or African American	
22. Parents Name (First, Middle, Last) Aifonzo Luckett		23. Parent's Name (First, Middle, Last) Jannie Greenwood		23a. Parent's Last Name Before First Marriage Greenwood		24. Informant's Name Angela Greenwood	
24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 1638 Chalone Court, Crown Point, IN, 46307		25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Evergreen Memorial Park Cemetery	
25c. Location - City, Town, And State Hobart, IN		26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 Grant Street, Gary, Indiana, 46408		27a. Funeral Home License Number FH10500021	
27b. Signature Of Indiana Funeral Service Licensee Sydney Dumas		Electronically Signed Cause Of Death (Give Instructions And Examples) Chronic Obstructive Pulmonary Disease-Primary Fibrosis		27c. License Number (Of Licensee) FD09200053		Approximate Interval: Onset To Death Years	
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 Venocentral Position 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) Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		A. Chronic Obstructive Pulmonary Disease-Primary Fibrosis		B. Status-post lung transplant		C. Gongestive heart failure	
		D. Hypertension				Years	
Part II: Enter Other Significant Conditions Contributing to Cause, but Not Resulting in The Underlying Cause (Given in Part I) Diabetes mellitus, Obstructive sleep apnea		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. The Toxicology Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
32. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded 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"/> Driveway <input type="checkbox"/> NO VALID UNLESS		41. Signature Of Person Certifying Cause Of Death: Adolphus A Anekwé	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Adolphus A Anekwé 3195 Broadway, Gary, IN 46409		44. License Number 0138654A		45. Date Certified 08/24/2021		46. For Registrar Only: Date Filed (Month/Day/Year) 08/31/2021	
48. Additional Funeral Service Provider: Chandana Varivata		49. Signature of Local Health Officer Chandana Varivata		49. Electronically Signed		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL) LAKE COUNTY HEALTH DEPARTMENT	

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 02 2021