

NOT AN OFFICIAL DOCUMENT

FILED

Jun 29 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-526797
06/29/2022 01:45 PM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2371492-1753-0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 3023 West 63rd Lane, Merrillville, IN 46410
Property County: Lake

Brenda J. Gail-Ross, of adult age, being first duly sworn, upon deposes and says:

That **Brenda J. Gail-Ross**, is the of Johnny B. Ross, deceased, who died on 6/1/2013 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife, as Tenants by the Entireties acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION *of Death Certificate*

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Homes of the 20th Century, Inc. recorded May 10, 2011 as Document No. 2011-026067 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Brenda J. Gail-Ross**, surviving spouse or tenant of the decedent.

MTC File No.: 22-17016 (AOS)

Page 1 of 3

(1)

HOLD FOR MERIDIAN TITLE CORP.

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Further, Affiant sayeth not.

Brenda J. Gail-Ross
Brenda J. Gail-Ross

State of Indiana, County of Porter ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Brenda J. Gail-Ross** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 9th day of June, 2022.

3-27-26

My Commission Expires:

NP0711888

Commission No.

Starke, IN
Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
3023 West 63rd Lane
Merrillville, IN 46410

Katie Jackson
Signature of Notary Public
Katie Jackson
Printed Name of Notary



Grantee's Address and Mail Tax Statements To:

3023 West 63rd Lane
Merrillville, IN 46410

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. Debra A. Guy

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LEGAL DESCRIPTION

Lot 31 in Innsbrook Unit No. 7, as per plat thereof, recorded in Plat Book 96 page 18, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-12-07-279-003.000-030

Property of Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002027

EDR No 00000326840

State No 027892

1. Decedent's Legal Name (First, Middle, Last) JOHNNY BERNARD ROSS				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 03:41 AM		4. Date Of Death (Month/Day/Year) 06/01/2013			
5. Social Security Number [REDACTED]		6a. Age - Yrs 46		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) 12/08/1966		8. Birthplace (City and State or Foreign Country) HELENA, AR											
9. 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 <input type="checkbox"/> Other (Specify)									
11. Facility Name (if Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE													
12. City Of Town, State, And Zip Code MERRILLVILLE, IN 46410						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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15a. Surviving Spouse's Name BRENDA ROSS				15b. (If Wife) Give Maiden Last Name GAIL				16. Decedent's Usual Occupation LEAD OPERATOR		17. Kind Of Business/Industry FACTORY			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE		18c. Apt. No.		18d. Zip Code 46410		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American								
22. Father's Name (First, Middle, Last) WILLIE ROSS				23. Mother's Name (First, Middle, Last) GUSSIE MAE JONES				23a. Mother's Maiden Last Name BROOKS					
24. Informant's Name BRENDA ROSS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 3023 WEST 63RD LANE, MERRILLVILLE, IN 46410									
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408						27a. Funeral Home License Number FH10500021					
27b. Signature Of Indiana Funeral Service Licensee: YOLANDA SMITH, BY ELECTRONIC SIGNATURE													
27c. License Number (If Licensed) FD20000361													
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC INVASIVE HIGH-GRADE CARCINOMA WITH TUMOR-NECROSIS; RENAL MASS, LIVER METASTASES, UNKNOWN PRIMARY. B. CARDIAC ARREST C. FAILURE TO THRIVE D. ACUTE RENAL FAILURE													
29. Was 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. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant With 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		34. 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 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"/> Underoperator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)			
41. Signature, Of Person Certifying Cause Of Death: GEETA KURRA, BY ELECTRONIC SIGNATURE													
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GEETA KURRA, 200E 89TH AVE, 2A, MERRILLVILLE, IN 46410													
44. License Number 01067855A						45. Date Certified 06/05/2013							
46. Additional Funeral Service Provider: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE													
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 17 2013													

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)