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Survivorship Affidavit – 4928 Ivy Street, East Chicago, Indiana

ACKNOWLEDGEMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared EBONY M. BATES AS PERSONAL REPRESENTATIVE OF THE UNSUPERVISED ESTATE OF HOWARD L. MOORE, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

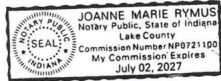
Witness my hand and Notary Seal this 1st day of August, 2022.

My Commission Expires: July 2, 2027
County of Residence: Lake


Joanne Marie Rymus, Notary Public

Mail tax statements and return this document to:

EBONY M. BATES
4928 Ivy Street
East Chicago, Indiana 46312-3745



Pursuant to IC §36-2-11-15, 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.

By: 
Daniel Zamudio, Attorney-at-Law

Date: August 1, 2022

ss

This document was prepared by: Daniel Zamudio, Zamudio Law Professionals, PC, 233 South Colfax Street, Griffith, Indiana, 46319

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0026682

DATE ISSUED 04/13/2010

DECEDENT'S LEGAL NAME JULIA E MOORE		SEX FEMALE	DATE OF DEATH MARCH 30, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH JUNE 26, 1954		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME HOWARD MOORE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4928 IVY STREET	APT. NO.	CITY OR TOWN EAST CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46312	FATHER'S NAME PAUL WATKINS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELIZABETH HUGLEY
INFORMANT'S NAME HOWARD MOORE	RELATIONSHIP HUSBAND	MAILING ADDRESS 4928 IVY STREET, EAST CHICAGO, IN, 46312		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK HILL CEMETERY	LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION APRIL 06, 2010	
FUNERAL HOME CALAHAN FUNERAL HOME INC, 7030 SOUTH HALSTED STREET, CHICAGO, IL, 60621				
FUNERAL DIRECTOR'S NAME LOLITA PATRICE SCHAEFFER		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014794		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR APRIL 9, 2010		
CAUSE OF DEATH PART I: INTRACEREBRAL HEMORRHAGE				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of)</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. _____ <small>Due to (or as a consequence of)</small>		
		c. _____ <small>Due to (or as a consequence of)</small>		
<small>Due to (or as a consequence of)</small>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 30, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 31, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RICHARD TEMES, 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036118860	

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



David Orr
David Orr
Cook County Clerk



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000027

EDR No 000011049709

State No 2021-006418

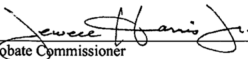
1. Decedent's Legal Name (First, Middle, Last) Howard Moore		1a. Maiden Name (If female)		2. Gender Male	3. Time Of Death 03:52 AM	4. Date Of Death (Month/Day/Year) 01/04/2021	
5. Social Security Number [REDACTED]	6a. Age - Yrs 70	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/29/1950	
8. Birthplace (City and State or Foreign Country) Detroit, Michigan		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 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) St. Catherine Hospital - East Chicago							
12. City Or Town, State, And Zip Code East Chicago, Indiana 46312				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 Pipe Strutter		17. Kind Of Business/Industry Inland Steel
18. Residence - State IN		18a. County Lake		18b. City Or Town East Chicago		18d. Apt. No.	18e. Zip Code 46312
18c. 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 Spanish/Hispanic/Latino		21. Decedent's Race Black or African American					
22. Parent's Name (First, Middle, Last) David Sanders			23. Parent's Name (First, Middle, Last) Eva Lee Moore			23a. Parent's Last Name Before First Marriage Comer	
24. Informant's Name Ebony Bates		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 4928 Ivy Street, East Chicago, IN, 46312			
25. Place Of Disposition							
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) Oak Hill Cemetery		25c. Location - City, Town, And State Gary, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Divinity Funeral Home 3831 Main Street, East Chicago, Indiana, 46312				27a. Funeral Home License Number: FH83001570	
27b. Signature Of Indiana Funeral Service Licensee: Samuel Smith Jr		Electronically Signed		27c. License Number (Of Licensee): FD01019692			
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. ACUTE HYPOXEMIC RESPIRATORY FAILURE							
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Event Resulting In Death) Last							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
SEPTIC SHOCK				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 45 Days Of Death <input type="checkbox"/> Unknown (Specify Month 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 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. Signature, Of Person Certifying Cause Of Death: Chittaranjan Ambalal Patel		Electronically Signed		40. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		41. License Number 01039547A	
41. Name, Address And Zip Code Of Person Certifying Cause Of Death: Chittaranjan Ambalal Patel 2075 Indianapolis Boulevard, Whiting, IN 46394		42. Additional Funeral Service Provider:		43. License Number 47. FASBS		43. Date Certified 02/10/2021	
44. Signature of Local Health Officer: Paula Benedict Ahring		Electronically Signed		44. For Real-time Only (Not Piled) (Month/Day/Year): 02/10/2021			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
Disposition-Funeral Home Street Number- amended on APR-27-2021; formerly blank; , Disposition-Funeral Home Street Name- amended on APR-27-2021; formerly 3831 Main St.; , Disposition-Funeral Home Street Designator- amended on APR-27-2021; formerly blank; , Local Health Officer-First Name-amended on APR-27-2021; formerly Kathy; , Local Health Officer-Middle Name -amended on APR-27-2021; formerly blank; , Local Health Officer-Last Name- amended on APR-27-2021; formerly Osanna;							

State Form 53395 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.

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duties imposed by IC § 29-1-7-7.5.

ALL OF WHICH IS FOUND AND RECOMMENDED July 7, 2021.



Probate Commissioner
Lake Circuit Court Probate Division^{MS}

ALL OF WHICH IS ORDERED AND APPROVED July 7, 2021.



Judge MS
Lake Circuit Court Probate Division

Property of Lake County Recorder

