

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
2022-024865
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
10:16 AM 2022 Aug 2

SURVIVORSHIP AFFIDAVIT

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STATE OF Indiana)
COUNTY OF Lake) SS:

Tamatha J. Hall, being first duly sworn upon oath, deposes and says:

- That Jeffrey A. Hall died on June 24, 2022 at Lowell, Indiana.
(City/State)
- That Jeffrey A. Hall and Tamatha J. Hall were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Location - 542 Indiana Ave, Lowell, IN 46356
Legal description - PT. E2, NE, SE, S, 23 T. 33 R. 9. 454 AC.
- That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Parce# 45-19-23-427-009-008-008 Tamatha J. Hall Affiant Signature

STATE OF Indiana)
COUNTY OF Lake)

ACKNOWLEDGEMENT

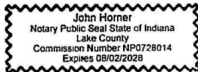
Before me, a Notary Public in and for said County and State, personally appeared Tamatha J. Hall who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 2nd day of August, 2022.

Resident of LAKE County, Indiana. Signature [Signature]

My Commission Expires: 08/02/2028 Printed John Horner

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. WTH

This instrument prepared by Online Form (Name)



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CRASH
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FILED

AUG 02 2022

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 330034

Local No 002630

EDR No 000011391973

State No 2022-035479

1. Decedent's Legal Name (First, Middle, Last) Jeffrey Hall				1a. Maiden Name: (if female)		2. Gender Male		3. Time Of Death 04:32 PM		4. Date Of Death (Month/Day/Year) 06/24/2022											
5. Social Security Number [REDACTED]		6a. Age - Yrs 57		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) 04/25/1965		8. Birthplace (City and State or Foreign Country) Hammond, Indiana																			
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 <input type="checkbox"/> Other (Specify)																					
10. 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) 542 Indiana Avenue																					
12. City Or Town, State, and Zip Code Lowell, Indiana 46356						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"/> Divorced												
15. Surviving Spouse's Name Tamantha Hall				15a. Last Name Before First Marriage Campbell				16. Decedent's Usual Occupation Community Service Project Lead Auto				17. Kind Of Business/Industry									
18. Residence - State IN				18a. County Lake				18b. City Or Town Lowell				18c. Apt. No.									
18d. Zip Code 46356				18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				16c. Street And Number 542 Indiana Avenue				18f. 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 White			22. Parent's Name (First, Middle, Last) Frank D Hall									
23. Parent's Name (First, Middle, Last) Donna Hall						23a. Parent's Last Name Before First Marriage Kragelund			24. Informant's Name Tamantha Hall												
24a. Relationship To Decedent Wife						24b. Mailing Address - (Street And Number, City, State, Zip Code) 542 Indiana Avenue, Lowell, IN, 46356						25. Place Of Disposition									
25a. Method Of Disposition <input 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) Geisen Cremation Centre			25c. Location - City, Town, And State Lowell, IN			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
27. Name And Complete Address Of Funeral Facility Sheets Funeral Home And Cremation Services 604 E. Commercial Avenue, Lowell, Indiana, 46356						27a. Funeral Home License Number: FH83004277						27b. Signature of Indiana Funeral Service Licensee: <i>Jennifer Lynn Osburn</i>									
27c. License Number Of Licensee: FD21300013						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. Carcinoma of the Pancreas						Approximate Interval: Onset To Death 1 year									
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 B.						C.						D.									
Part II. Enter Other Significant Conditions Contributing To Death: (But Not Resulting In The Underlying Cause Given in Part I)												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 type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <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 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"/> Cause Not To Be Determined				34. Date Of Injury (Month/Day/Year)									
35. Time Of Injury				35a. 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"/> Driver/Operator <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death (Print Name) Yomi Adeyemi		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01Q71793A		45. Date Certified 06/26/2022	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Yomi Adeyemi 9515 Indianapolis Boulevard #6P, Highland, IN 46322												46. Additional Funeral Service Provider:		47. Area		48. Signature of Local Health Officer: <i>Chandana Varisala</i>		49. For Registrar Only - Date Filled (Month/Day/Year): 06/27/2022			
48. Signature of Local Health Officer: <i>Chandana Varisala</i>												49. For Registrar Only - Date Filled (Month/Day/Year): 06/27/2022		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		LAKE COUNTY HEALTH OFFICER		RAISED SEAL AFFIXED			

THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
INDIANA DEPARTMENT OF HEALTH

JUN 28 2022

LAKE COUNTY HEALTH OFFICER