

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-003272

3:38 PM 2023 Jan 23

Property Number:
45-08-17-227-001.000-004

Tax Mailing Address:
2101 ARTHUR ST
GARY IN 46404-3062

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Kesia S. Taylor, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Kesia S. Taylor is an adult residing 2101 Arthur Street, Gary, IN 46404, in the County of Lake, State of Indiana, and has personal knowledge of the facts stated herein as the surviving spouse of Ronald J. Taylor Sr.

2. Kesia S. Taylor is the owner of the following described real estate:

Lots 47 and 48, Block 1, Gary Park Fourth Addition, to the City of Gary, as per plat thereof, recorded in Plat Book 8, page 31, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2101 Arthur Street
Gary, IN 46404

Property Number: 45-08-17-227-001.000-004

3. Said real estate was formerly owned by Ronald J. Taylor Sr. and Kesia S. Taylor, husband and wife, as tenants by the entireties.

4. Ronald J. Taylor Sr. and Kesia S. Taylor, husband and wife, obtained title to said real estate by the Warranty Deed dated August 11, 2020, and recorded August 12, 2020, as Document No. 2020-052609, in the Office of the Recorder of Lake County, Indiana, made by Kesia S. Taylor, formerly known as Kesia S. Pannell, to Ronald J. Taylor Sr. and Kesia S. Taylor, husband and wife, as tenants by the entireties.

(Survivorship Affidavit – 2101 Arthur Street, Gary, IN 46404 - page 1 of 3)

FILED

JAN 23 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25

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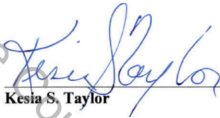
RV

NOT AN OFFICIAL DOCUMENT

5. Ronald J. Taylor Sr. was also known as Ronald J. Taylor.
6. Ronald J. Taylor Sr. died on January 15, 2023, 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 as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
7. Ronald J. Taylor Sr. and Kesia S. Taylor 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 Ronald J. Taylor Sr.'s death.
9. As a result of the death of Ronald J. Taylor Sr., Kesia S. Taylor, 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 Ronald J. Taylor Sr. and that Kesia S. Taylor, as the surviving spouse of Ronald J. Taylor Sr., became the sole owner of said real estate as a result of the death of Ronald J. Taylor Sr..

Further Affiant saith not.

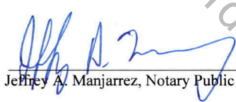
State of Indiana)
) SS:
County of Lake)



Kesia S. Taylor

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Kesia S. Taylor, the Affiant, on this 23rd day of January, 2023.





Jeffrey A. Manjarrez, Notary Public

Notary's County of Residence: Lake
Notary's Commission Expires: August 17, 2025

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After recording return to and Mailing Address of Affiant:

Kesia S. Taylor
2101 ARTHUR ST
GARY IN 46404-3062

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).

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

3939328



Local No 000013

EDR No 000011492650

State No 2023-002096

1. Decedent's Legal Name (First, Middle, Last) Ronald J. Taylor				1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 12:42 PM		4. Date Of Death (Month/Day/Year) 01/15/2023			
5. Social Security Number 86		6a. Age - Yrs 86		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) 09/20/1936								8. Birthplace (City and State or Foreign Country) Gary, 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 checked="" 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 Inc-Nlake Campus													
12. City Or Town, State, And Zip Code Gary, Indiana 46402				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					
15. Surviving Spouse's Name Kesia Taylor				15a. Last Name Before First Marriage Pannell				16. Decedent's Usual Occupation Tech 4		17. Kind Of Business/Industry Gary Sanitary District			
18. Residence - State IN				18a. County Lake				18b. City Or Town Gary					
18c. Street And Number 2101 Arthur 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 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) J.B. Taylor				23. Parent's Name (First, Middle, Last) Cleo Taylor				23a. Parent's Last Name Before First Marriage Grimes					
24. Informant's Name Kesia Taylor				24a. Relationship To Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 2101 Arthur 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 Site <input type="checkbox"/> Other (Specify)													
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Hill Crematory				25c. Location - City, Town, And State Gary, IN				25d. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Facility Inc. 2959 West 11th Avenue, Gary, Indiana, 46404				27a. Funeral Home License Number FH83007704					
27b. Signature Of Indiana Funeral Service Licensee Valerie J Broadnax				27c. License Number (Of Licensee) FD08700646				27d. License Number (Of Licensee)					
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.													
Cause of Death (See Instructions And Examples)													
Immediate Cause (Final Disease Or Condition Resulting in Death)													
A. Cardiac Arrest													
B. _____													
C. _____													
D. _____													
29. 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 checked="" type="checkbox"/> Probably <input 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													
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				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"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)													
41. Signature, Of Person Certifying Cause Of Death: Paul Chike Okolocha				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: Paul Chike Okolocha 2054 Grant Street, Gary, IN 46404					
44. Additional Funeral Service Provider:				44. License Number 01041856A				45. Date Certified 01/16/2023					
46. Signature of Local Health Officer: Rolanda H Walker													
47. "Attest:"													
48. For Registrar Only - Date Filed (Month/Day/Year) 01/18/2023													

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Exhibit
A
attached to Survivorship
Affidavit

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Property of Lake County Recorder

Roland A. Walker

