

FILED

Mar 23 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-508478
03/24/2023 10:56 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2398280-1753-0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 669 Buchanan Street, Gary, IN 46402
Property County: Lake

Margaret L. Johnson, of adult age, being first duly sworn, upon deposes and says:

That Margaret L. Johnson, is the Wife of Richard E. Johnson aka Richard Earl Johnson, deceased, who died on November 28, 2021 a resident of Lake County, Indiana.

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

SEE ATTACHED LEGAL DESCRIPTION *Death Cert see Attached "A"*

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Richard E. Johnson also known as Richard Earl Johnson recorded September 16, 2013 as Document No. 2013 067456 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 Margaret L. Johnson, surviving spouse or tenant of the decedent.

Further, Affiant sayeth not.

MTC File No.: 23-1058 (AOS)

Page 1 of 4

NOT AN OFFICIAL DOCUMENT

State of FL County of Pasco ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Margaret L. Johnson** 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 16 day of March, 2023.

8-29-20
My Commission Expires:

HH 306412
Commission No.

Pasco Florida
Notary Public County and State of Residence

Rachel Jewell
Signature of Notary Public

Rachel Jewell
Printed Name of Notary



RACHEL JEWELL
Commission # HH 306412
Expires August 26, 2026

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
1120 W. Oak Street, Ste. 250, Zionsville, IN 46077

Property Address:
669 Buchanan Street
Gary, IN 46402

Grantee's Address and Mail Tax Statements To:

28724 Cottagewood Dr
Westley Chapel FL 33545

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Andrew R. Drake

NOT AN OFFICIAL DOCUMENT

LEGAL DESCRIPTION

Lot 18 and the South 15 feet of Lot 17 in Block 5 in Gary Land Company's Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 10 page 16, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-08-04-308-012.000-004

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH



Exhibit 'A'

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3666427

Local No 000725

EDR No 00001203336

State No 2021-070860

1. Decedent's Legal Name (First, Middle, Last) **Richard Earl Johnson** 3a. Maiden Name (If Any)

2. Sex Male Female Date of Birth **02-25-PM** 4. Date of Death (Month/Day/Year) **11/26/2021**

5. Social Security Number **90** 6a. Under 1 Year **90** 6b. Under 1 Month **90** 6c. Under 1 Day **90** 7. Date of Birth (Month/Day/Year) **11/08/1931** 8. Birthplace (City and State or Foreign Country) **Fahmin, Mississippi**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. a. Death Occurred in a Hospital? Yes No Unknown b. Emergency Department Outpatient? Yes No Unknown c. Dead on Arrival? Yes No Unknown

11. Facility Name (If Not Position, Give Street and Number) **Aperion Care - Tolleston Park**

12. City or Town, State, and Zip Code **Gary, Indiana 46404** 13. Cause of Death **Lake** 14. Usual Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Burial or Disposition Name **Margaret L Johnson** 16a. Last Name Before First Marriage **Williamson** 16b. Decedent's Usual Occupation **Steelworker** 17. Kind of Institution **Inland Steel**

18. Residence - State **IN** 19a. County **Lake** 19b. City or Town **Gary**

19c. Street and Number **669 Buchanan Street** 19d. Apt. No. **669** 19e. Zip Code **46402** 19f. Inside City Limit? Yes No

18. 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. Parents Name (First, Middle, Last) **John Welton Johnson** 23. Parents Name (First, Middle, Last) **Sudie Mae Perry** 23a. Parents Last Name Before First Marriage **Pardins**

24. Informant's Name **Margaret L Johnson** 24a. Relationship to Decedent **Wife** 24b. Address (Street and Number, City, State, Zip Code) **669 Buchanan Street, Gary, IN, 46402**

25a. Method of Disposition Burial Cremation Donation Entombment Removal from State Other (Specify): **Oak Hill Crematory** 25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) **Gary, IN** 25c. Location - City, Town, And State

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **City & Alden Funeral Directors** 27a. Address (Street and Number, City, State, Zip Code) **Inc. 2959 West 11th Avenue, Gary, Indiana, 46404** 27b. Funeral Home License Number **FH8300704**

27c. Signature Of Indiana Funeral Service Licensee **Carmelita W. Perry** 27d. License Number (If Licensed) **FD2970070**

28. Part I. Enter The Class Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator Failure Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary.

Intermediate Cause (Final Disease Or Condition Resulting In Death) **A. Acute myocardial infarction** Hours **1**

B. Hypertension Hours **1**

C. Diabetes mellitus Hours **1**

D. Peripheral vascular disease Hours **1**

29. Part II. Enter Only Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I **Dyslipidemia, Failure to thrive in adult, COVID-19 exposure**

30. Was An Autopsy Performed? Yes No

31. Did Reported Cause Contribute To Death? Yes No

32. Was Autopsy Finding Available To Complete The Cause Of Death? Yes No

33. Pending Investigation Yes No

34. Date of Injury (Month/Day/Year) **11/26/2021** 35. Time of Injury **11:00 AM** 36. Place of Injury (S.O. Decedent's Home, Construction Site, Restaurant, Wooded Area) **Lake** 37. Injury At Work? Yes No

38. Location of Injury - State **IN** 38a. City or Town **Gary** 38b. Street & Number **669 Buchanan Street** 38c. Apt. No. **669** 38d. Zip Code **46402**

39. Describe How Injury Occurred **Falling from a height** 40. If Transportation Injury, Specify: Motor Vehicle Pedestrian Other (Specify): **Other**

41. Signature Of Person Certifying Cause Of Death **Adolphus A Anekwe** Electronically Signed 42. Center (Check Only One) Coroner Health Officer

43. Name, Address, And Zip Code Of Person Certifying Cause Of Death **Adolphus A Anekwe 3195 Broadway, Gary, IN-46409** 44. License Number **01036654A** 45. Date Certified **12/10/2021**

46. Additional Funeral Service Provider **Ryan D Walker** 47. "Date": **12/10/2021**

48. Signature of Local Health Officer **Ryan D Walker** Electronically Signed 49. For Registrar Only - Date Filed (Month/Day/Year) **12/10/2021**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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PROPERTY OF THE STATE OF INDIANA

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