

# NOT AN OFFICIAL DOCUMENT

**FILED**

Apr 25 2023 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

2023-512140  
04/26/2023 11:27 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## AFFIDAVIT OF SURVIVORSHIP

Property Address: 740 Hovey Street, Gary, IN 46406  
Property County: Lake

**Gloria Marie Draper**, of adult age, being first duly sworn, upon deposes and says:

That **Gloria Marie Draper**, is the Wife of Finnell Draper Jr., deceased, who died on April 27, 2012 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:

**The South 19 feet of Lot Ten (10) and the North 22 feet of Lot Eleven (11), Block Three (3), Van Liew and Funkey First Subdivision, as shown in Plat Book 21, page 10, in Lake County, Indiana.**

**Parcel No. 45-07-01-477-024.000-004**

and hereinafter sometimes called "the Real Estate" for convenience by a Warranty Deed from Rudolph Perez and Myrtha Perez, husband and wife, recorded March 7, 1969 as Document No. 8201 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 **Gloria Marie Draper**, surviving spouse or tenant of the decedent.

Further, Affiant sayeth not.

*see attached death Certificate*

①

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Gloria Marie Draper  
Gloria Marie Draper

State of IN, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Gloria Marie Draper** 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 28 day of Feb 2023.

Oct 5, 2030  
My Commission Expires:

Natalie Pedroza  
Signature of Notary Public

0658912  
Commission No.

Natalie Pedroza  
Printed Name of Notary

Lake IN  
Notary Public County and State of Residence



This instrument was prepared by:  
Casey S. Collins, Attorney-at-Law #36382-48  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**  
740 Hovey Street  
Gary, IN 46406

**Grantee's Address and Mail Tax Statements To:**  
740 Hovey St  
Gary IN 46406

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. Casey S. Collins

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000163

EDR No 00000257730

State No

1. Decedent's Legal Name (First, Middle, Last) <b>FINNELL DRAPER JR</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>04:01 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/27/2012</b>	
3. Social Security Number		5a. Age - Yrs <b>71</b>		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours	
5e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>03/17/1941</b>		8. Birthplace (City and State or Foreign Country) <b>HUNTSVILLE, AL</b>					
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							
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) <b>METHODIST HOSPITAL, NORTH LAKE</b>			13. County Of Death <b>LAKE</b>			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			
12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>GENERAL MANAGER</b>		17. Kind Of Business/Industry <b>REPUBLIC STEEL</b>	
15. Surviving Spouse's Name <b>GLORIA DRAPER</b>		15b. County <b>HOWARD</b>		16b. City Or Town <b>GARY</b>		18d. Apt. No.		18e. Zip Code <b>46404</b>	
18. Residence - State <b>INDIANA</b>		18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
18a. Street And Number <b>740 HOVEY STREET</b>		19a. County <b>LAKE</b>		19b. City Or Town <b>GARY</b>		18d. Apt. No.		18e. Zip Code <b>46404</b>	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>					
22. Father's Name (First, Middle, Last) <b>FINNELL DRAPER Sr.</b>		23. Mother's Name (First, Middle, Last) <b>VIRGIE DRAPER</b>		25a. Mother's Maiden Last Name <b>BERRY</b>					
24. Informant's Name <b>GLORIA DRAPER</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>740 HOVEY STREET, GARY, IN 46404</b>					
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) <b>EVERGREEN MEMORIAL PARK</b>		25c. Location - City, Town, And State <b>HOBART, IN</b>					
26. Was Coronar Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>		27a. Funeral Home License Number <b>FH83007704</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>		27c. License Number Of Licensee: <b>FD2970007D</b>							
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. <b>COARULOPATHY WITH HYPOTENSION</b>						3 HRS			
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. <b>RUPTURED ABDOMINAL AORTIC ANEURYSM</b>						4 HRS			
C. _____									
D. _____									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
TYPE 2 DIABETES MELLITUS, HYPERTENSION, HYPERCHOLESTEROLEMIA, OBESITY									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
30. Was 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 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"/> Just 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/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, Wounded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State		35a. City Or Town		35b. Street & Number		36c. Apt. No.		36d. Zip Code	
38. Describe How Injury Occurred				39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>BAYNE WALDON SPOTWOOD, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number <b>01033117A</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>BAYNE WALDON SPOTWOOD, 1313 W. CHICAGO AVENUE, EAST CHICAGO, IN 46312</b>				44. Additional Funeral Service Provider:		45. Date Certified <b>05/10/2012</b>			
46. Signature of Local Health Officer: <b>RICARDO HOOD, BY ELECTRONIC SIGNATURE</b>				48. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 11 2012</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									