

# NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2023-012934

3:56 PM 2023 May 16

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Re: MICHAEL A. WOODS, Deceased  
Parcel No.: 45-11-19-201-013.000-032

## AFFIDAVIT OF SURVIVORSHIP

Comes now LISA M. WOODS, being duly sworn upon her oath, and states as follows:

1. That she is the surviving spouse of MICHAEL A. WOODS, deceased, and makes this Affidavit based upon personal knowledge.

2. Michael A. Woods and Lisa M. Woods are the owners of the following described real estate located in Lake County, Indiana:

Lot 41 in Reed's Addition, Unit 5, as per plat thereof, recorded in Plat Book 42 page 41, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 13412 Linden Street, Dyer, IN 46311

3. The real estate was transferred by two (2) separate Quitclaim Deeds to Michael A. Woods and Lisa M. Woods, Husband and Wife, as tenants by the entireties, on November 16, 1998. Said Deeds were duly recorded as Document Numbers 98091120 and 98091121 in the Office of the Recorder of Lake County, Indiana, on November 17, 1998.

4. Michael A. Woods and Lisa M. Woods were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Michael A. Woods on February 18, 2023, at which time Lisa M. Woods acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of Michael A. Woods, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Lisa M. Woods and to induce the Auditor of Lake

**FILED**

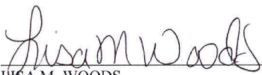
MAY 16 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

  
LISA M. WOODS

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public in and for said County and State, personally appeared LISA M. WOODS, and she being first duly sworn by me upon her oath, affirmed that the facts stated in the foregoing Affidavit were true and acknowledged the execution of the foregoing Affidavit as her free and voluntary act.

Signed and sealed this 16<sup>th</sup> day of May, 2023.



  
LAURA L. RYBICKI, Notary Public

**THIS INSTRUMENT WAS PREPARED BY:**

Laura L. Rybicki, Attorney No.: 21389-45  
LAURA L. RYBICKI, LLC  
9495 Keilman, Suite 2B, St. John, Indiana 46373  
Telephone: (219) 365-7766

**Mail Tax Statements To:**  
Lisa M. Woods  
13412 Linden Street  
Dyer, IN 46311

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.

/s/ Laura L. Rybicki

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INDIAN STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 0557246

Local No. 1000672

EDR No. 0001151028

State No. 2023-009564

1. Decedent's Legal Name (Last, Middle, Initial) Michael Andrew Woods  
2. Sex Male  
3. Date of Birth (Month/Day/Year) 12/19/1974  
4. Date of Death (Month/Day/Year) 02/18/2023  
5. Time of Death (Month/Day/Year) 11:36 PM

6. Social Security Number (Last 4) 748  
7. Race White  
8. Under 1 Year None  
9. Under 1 Month None  
10. Under 1 Day None  
11. Under 1 Hour None  
12. Cause of Death (Immediate Cause) Hemothorax  
13. Cause of Death (Intermediate Cause) Pneumonia  
14. Cause of Death (Underlying Cause) COVID-19

15. Place of Death (Name of Facility) Hospice Home  
16. Place of Death (Address) 3412 Linden Street  
17. Kind of Facility (Home, Hospice, etc.) Hospice Home

18. City or Town, State, and Zip Code Dyer, Indiana 46311  
19. County of Death Lake

20. Marital Status at Time of Death Married  
21. Name of Spouse (Last, First, Middle) Lisa Marie Woods  
22. Decedent's Usual Occupation Conductor  
23. Kind of Business or Industry Railroad

24. Signature of Local Health Officer (Name) Chandana Yarrala  
25. Signature of Physician (Name) [Redacted]

26. Street and Number 3412 Linden Street  
27. Address (City, State, Zip Code) Dyer, IN 46311

28. Decedent's Education High School graduate or GED completed  
29. Decedent's Hispanic Origin Not Spanish or Spanish/Latino

30. Parents' Name (First, Middle, Last) Thomas Woods Sr.  
31. Parents' Name (First, Middle, Last) Sandra Woods  
32. Parents' Last Name Before First Marriage Worth

33. Informant's Name Lisa Marie Woods  
34. Relationship to Decedent Wife  
35. Mailing Address (Street and Number, City, State, Zip Code) 13412 Linden Street, Dyer, IN 46311

36. Method of Disposition Burial  
37. Place of Disposition (Name of Cemetery, Crematory, Other Place) Chapel Lawn Funeral Home and Memorial Garden  
38. Location, City, Town, and State Schererville, IN

39. Was Coroner Contacted? Yes  
40. Name and Complete Address of Funeral Facility Smith Funeral Home 2121 Pleasant Springs Lane, Dyer, Indiana, 46311  
41. Funeral Home License Number FH11000037

42. Signature of Indian Funeral Service Director (Name) Chandana Yarrala  
43. Electronically Signed  
44. License Number (of Licensee) FD20700065

45. 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. List Only One Cause of Death. Indicate Cause of Death if Necessary.

46. Immediate Cause of Death (Disease or Injury that Initiated the Event Resulting in Death) COVID-19

47. Intermediate Cause of Death (Disease or Injury that Initiated the Event Resulting in Death) Pneumonia

48. Underlying Cause of Death (Disease or Injury that Initiated the Event Resulting in Death) COVID-19

49. Part II. Enter One Significant Condition Contributing to Death but Not Resulting in the Underlying Cause Given in Part I. (Leave Blank if None) None

50. Was an Autopsy Performed? No  
51. Were Autopsy Findings Available to Complete the Cause of Death? No

52. Did Tobacco Use Contribute to Death? No  
53. Form of Death: Natural  
54. Manner of Death: Natural

55. Date of Entry (Month/Day/Year) 02/18/2023  
56. Time of Entry (Month/Day/Year) 09:40 PM  
57. Place of Entry (Home, Cemetery, Home, etc.) Home

58. Location of Injury (State) Indiana  
59. City or Town Dyer  
60. Street and Number 3412 Linden Street  
61. Zip Code 46311

62. Describe How Injury Occurred Hanging  
63. Transportation Injury (Specify) None

64. Signature of Person Causing Cause of Death Yvette Manfrody  
65. Signature of Person Causing Cause of Death Yvette Manfrody 2600 W 93rd Avenue, Crown Point, IN 46001

66. Signature of Local Health Officer (Name) Chandana Yarrala  
67. Signature of Physician (Name) [Redacted]

68. Signature of Local Health Officer (Name) Chandana Yarrala  
69. Signature of Physician (Name) [Redacted]

70. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  
71. LAKE COUNTY HEALTH OFFICER

72. Date of Amendment 02/26/2023  
73. Signature of Local Health Officer (Name) Chandana Yarrala  
74. Signature of Physician (Name) [Redacted]

75. State Form 5332B - ATTENTION: ESTATE If the Social Security # is being requested by this state agency in order to pursue responsibility, Disclosure is voluntary.

