NOT AN OFFICIAL DOCUMENT

2023-52908
09/11/2023 01:58 PM
TOTAL FEES: 25.00
BY: LAK
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Sep 11 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Property of Lake County Recorder

AFFIDAVIT OF SURVIVORSHIP

I, Bonnie G. Caldwell, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Terry H. Caldwell (also known as Terry Caldwell) and Bonnie G. Caldwell are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 7 in Block 4 in Broadmoor, in the Town of Munster, as per plat thereof, recorded in Plat Book 18 Page 3, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8138 Hohman Avenue, Munster, IN 46321
Affiant's Address: 8138 Hohman Avenue, Munster, IN 46321

Tax ID #45-06-24-126-018.000-027

3. Terry H. Caldwell (also known as Terry Caldwell) and Bonnie G. Caldwell acquired title to said real estate as Husband and Wife by Warranty Deed on the 24th day of October, 2000 and recorded in the Office of the Lake County Recorder on the 31st day of October, 2000 as Document No. 2000 079295.

4. Terry H. Caldwell (also known as Terry Caldwell) died on May 11, 2007. See attached Death Certificate for Terry H. Caldwell (also known as Terry Caldwell).

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5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Bonnie G. Caldwell
Bonnie G. Caldwell, Affiant

Property of Lake County Recorder

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of September, 2023 Personally appeared: Bonnie G. Caldwell and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Garett W. Bonk, Notary Public
My commission expires 1/25/2027
Resident of Lake County

GARETT W. BONK
Lake County
NOTARY PUBLIC
Commission Number
NP0714853
NOTARY SEAL
My Commission Expires
JANUARY 25, 2027
STATE OF INDIANA

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/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 361024

Local No 001145 EDR No 00001526465 State No 2023-016731

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If Female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Terry Caldwell		Male	05:15 PM	03/29/2023

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
- -	81					10/04/1941	Clinchco, Virginia

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 8138 Hohman Avenue

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Munster, Indiana 46321	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Bonnie Caldwell	Ramey	Laborer	Steel

18. Residence - State	18a. County	18b. City Or Town
IN	Lake	Munster

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
8138 Hohman Avenue		46321	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High School graduate or GED completed	Not Spanish/Hispanic/Latino	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Wilbur Ray Caldwell	Nancy Estelle Caldwell	Mooneyham

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Bonnie Caldwell	Wife	8138 Hohman Avenue, Munster, IN, 46321

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	Calumet Wilbert Crematory	Gary, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	Burns-Kish Funeral Home Inc-Munster 8415 Calumet Ave, Munster, Indiana, 46321	FH83004966

27b. Signature Of Indiana Funeral Service Licensee: Brian T. Burns Electronically Signed

27c. License Number (Of Licensee): FD6601763

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

		Due To (Or As A Consequence Of)	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ACS		sudden
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. anemia	Due To (Or As A Consequence Of)	sudden
	C. CKD	Due To (Or As A Consequence Of)	chronic
	D. CKD	Due To (Or As A Consequence Of)	chronic

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I: sudden death

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: Nabil Abdo Electronically Signed

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Medical Examiner

NOT VALID UNLESS RAISED SEAL AFFIXED

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Nabil Abdo 7905 calumet Avenue, Munster, IN 46321

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

APR 05 2023

LAKE COUNTY HEALTH OFFICER

44. License Number: 01068973A1

45. Date Certified: 04/04/2023

46. Additional Funeral Service Provider:

47. Date:

48. Signature of Local Health Officer: Chandana Vavilala Electronically Signed

49. For Registrar Only: Date Filed (Month/Day/Year): 04/04/2023

AMENDMENT TO CERTIFICATE OF DEATH (EN BY OR ORIGINAL)

Property of Lake County Recorder

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary. Page 1 of 2