

NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-028211

9:53 AM 2023 Oct 6

AFFIDAVIT OF DEATH OF REATHER FULLWOOD

MELVIN FULLWOOD, being first duly sworn, upon oath deposes and states as follows:

- 1. Affiant resides at 867 Ohio Street, Gary, Indiana 46402.
- 2. Affiant, Melvin Fullwood, is the spouse of the decedent, Reather Fullwood. This Affidavit is to establish the death of Reather Fullwood, who died a resident of Lake County, Indiana, on June 17, 2020. A certified copy of the Death Certificate is attached.
- 3. At the time of death, Reather Fullwood owned the following parcel of real estate located in Lake County, Indiana, to wit as husband and wife, with Melvin Fullwood:
Legal Description:

ALL OF LOT 13, BLOCK 2 AND THE NORTH 11 FEET OF LOT 14, BLOCK 2 IN THE RESUBDIVISION OF GARY LAND COMPANY'S 13TH SUBDIVISION, IN THE CITY OF GARY, LAKE COUNTY, INDIANA.

Commonly known as: 877 Ohio Street, Gary, Indiana 46402.
Tax I.D. No.: 45-08-03-481-010.000-004

- 4. Affiant states that there never was an estate probated concerning the death of Reather Fullwood; there were no claims filed as a result of the death of Reather Fullwood; and the funeral expenses and all expenses of illness were paid at the time of her death. No estate is anticipated to be commenced.
- 5. There were no Federal Estate taxes of Indiana Inheritance taxes due as a result of her death.
- 6. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, and to induce the Auditor of Lake County, Indiana to transfer ownership of the real estate described above to Melvin Fullwood, fee simple.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 9-18-23

Melvin Fullwood
MELVIN FULLWOOD

EXECUTED AND DELIVERED in my presence:

Witness: *M Farmer*

Printed: M Farmer

FILED

OCT 06 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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27696
KD

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State of Indiana)
)ss:
County of Lake)

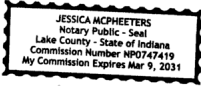
Before me, a Notary Public in and for said County and State, personally appeared Melvin Fullwood who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this Monday, September 18, 2023

My commission expires:

Signature
Printed
Resident of

Jessica L. McPheeters
JESSICA L. MCPHEETERS
Lake County, Indiana



Prepared by: Jessica L. McPheeters, Esq., Weiss, Schmidgall and Hires, P.C., 6 West 73rd. Ave., Merrillville, IN 46410.

Grantee: Melvin Fullwood: 877 Ohio Street, Gary, IN 46402
Return To: Melvin Fullwood: 867 Ohio Street, Gary, IN 46402
Send tax bills to Melvin Fullwood: 867 Ohio Street, Gary, IN 46402

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to our client.

Jessica L. McPheeters

Jessica L. McPheeters, Esq. 35020-45

Property of Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 240012

Local No 002716

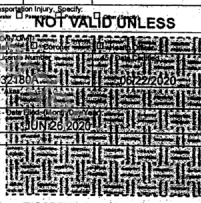
EDR No 00000787338

State No 034806

1. Decedent's Legal Name (First, Middle, Last) REATHER MAE FULLWOOD		1a. Maiden Name (if female) RUFUS		2. Sex FEMALE	3. Time Of Death 04:05 PM	4. Date Of Death (Month/Day/Year) 06/17/2020	
5. Social Security Number 80	6a. Age - Yrs 80	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) 10/29/1939	
8. 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 checked="" type="checkbox"/> Inpatient <input 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)		8. Birthplace (City and State or Foreign Country) SUMTER, SC	
11. Facility Name (if Not Institution, Give Street and Number) VIBRA HOSPITAL OF NORTHWESTERN INDIANA				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	
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME	
13. Surviving Spouse's Name MELVIN FULLWOOD		18a. County LAKE		18b. City Or Town GARY		18c. Apt. No.	
18. Residence - State INDIANA		18d. Zip Code 46402		18e. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Street And Number 867 OHIO STREET		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) ALEXANDER RUFUS		23. Parent's Name (First, Middle, Last) ROBERTHA RUFUS		23a. Parent's Last Name Before First Marriage MCDOWELL			
24. Informant's Name SHERITA POWELL		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3452 PENINSULA DRIVE APT 10, PORTAGE, IN 46368			
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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBERT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404		27a. Funeral Home License Number FH83007704			
27b. Signature Of Indiana Funeral Service Licensee CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD29700070					
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. ACUTE RESPIRATORY FAILURE Due to (D) As A Consequence Of:							
B. END STAGE RENAL FAILURE Due to (D) As A Consequence Of:							
C. PNEUMONIA Due to (D) As A Consequence Of:							
D. CONGESTIVE HEART FAILURE							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 Within The First 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	
38. Location Of Injury - State		38a. City Or Town		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: SURENDRA SHAH, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify)			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410				44. License Number 010323100			
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER				47. Date Of Death JUN 26 2020			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only			

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

JUN 30 2020



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