FILED
Nov 29 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023 57907
11/29/2023 12:24 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 2
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Virginia Higgins, being first duly sworn upon her oath, deposes and says:

1. That she is the daughter of **Fred M. Matthews and Dorothy Matthews** and is knowledgeable of the facts stated herein.

2. That **Fred M. Matthews and Dorothy Matthews** were married on the date that they acquired interest as tenants by the entirety to certain real estate by deed recorded **on October 3, 1967 as Document No. 724025** in the Office of the Recorder of Lake County, Indiana, more particularly described as follows, to-wit:

Lot 35 Block 2 Mid-Village Addition to Gary as shown in Plat Book 28 page 3, Lake County, Indiana.

Commonly known as 2440 Gerry Street, Gary, IN 46406

Tax Key No. 45-07-13-178-029.000-003

3. That the relationship which existed between **Fred M. Matthews and Dorothy Matthews** continued unbroken from the time they so acquired title to said real estate until the death of **Fred M. Matthews** on **November 19, 2019** at which time **Dorothy Matthews** acquired title to said real estate as surviving tenant by the entirety. A copy of the Certificate of Death is attached.

4. That the purpose of this affidavit is to induce the **Lake County** Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

Virginia Higgins Personal Representative
Virginia Higgins, Affiant

Before me, a Notary Public in and for said County and State personally appeared **Virginia Higgins,** who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial Seal this 28th day of NOV, 2023.

Notary Public: Deborah Ann Wajwda
Commission Expires: 6/16/2027
Commission No.: 735830
County of Residence: Jasper

Deborah Ann Wajwda
Notary Public Seal State of Indiana
Jasper County
Commission Number NP0720820
My Commission Expires 06/16/2027

MAIL TAX BILLS TO: **Estate of Dorothy Matthews**
12260 Perry St Crown Point In 46307
12260 Perry St Crown Point In 46307

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, #5575-56 Attorney at Law 325 N. Main Street, Crown Point, IN 46307 (219) 662-2977.
File No: IN-23-68397-02

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:
Debbie Wajwda

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 214311

Local No 904243 EDR No 00000743769 State No 057381

1 Decedent's Legal Name (First, Middle, Last)	1a Maiden Name (If Female)	2 Sex	3 Time Of Death	4 Date Of Death (Month/Day/Year)
FRED MILTON MATTHEWS SR		MALE	03:26 AM	11/19/2019

5 Social Security Number	6a Age - Yrs	6b Under 1 Year	6c Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date of Birth (Month/Day/Year)	8 Birthplace (City and State or Foreign Country)
	96	Months	Days	Hours	Minutes	11/09/1923	RASH, AL

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)
GOLDEN LIVING CENTER - MERRILLVILLE

12 City Or Town, State, And Zip Code	13 County Of Death	14 Marital Status At Time Of Death
MERRILLVILLE, IN, 46410	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
DOROTHY LEONA MATTHEWS	CURTIS	MACHINE OPERATOR	CORN PRODUCT PRODUCTION

18 Residence - State	18a County	18b City Or Town	18c Street And Number	18d Apt No	18e Zip Code	18f Inside City Limits?
INDIANA	LAKE	GARY	2440 GERRY STREET		46406	☒ Yes ☐ No

19 Decedent's Education	20 Decedent Of Hispanic Origin	21 Decedent's Race
8TH GRADE OR LESS	NOT HISPANIC	White

22 Parent's Name (First, Middle, Last)	23 Parent's Name (First, Middle, Last)	23a Parent's Last Name Before First Marriage
JOHN FRANCIS MATTHEWS	LIZZIE MATTHEWS	ASHLEY

24 Informant's Name	24b Relationship To Decedent	24c Mailing Address (Street And Number, City, State, Zip Code)
VIRGINIA HIGGINS	DAUGHTER	12260 PERRY STREET, CROWN POINT, IN 46307

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)	CHAPEL LAWN MEMORIAL GARDENS	CROWN POINT, IN

26 Was Cremation Contested?	27 Name And Complete Address Of Funeral Facility	27a Funeral Home License Number
☐ Yes ☒ No	CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., CROWN POINT, IN 46307	FH19900051

27b Signature Of Indiana Funeral Service Licensee	27c License Number (Or Licensee)
SHERRY L PRESSLEY , BY ELECTRONIC SIGNATURE	FD20700074

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
Immediate Cause (Final Disease Or Condition Resulting In Death)	A CARDIOPULMONARY FAILURE (Due To (Or As A Consequence Of))	1 DAY
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 OF CHRONIC DISEASE (Due To (Or As A Consequence Of))	3 YEARS
	C CONGESTIVE HEART FAILURE (Due To (Or As A Consequence Of))	3 YEARS
	D.	

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

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

31 Did Tobacco Use Contribute To Death?	32 If Female:	33 Manner Of Death
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ 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	☒ 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 Addr. No.	38d Zip Code

39 Describe How Injury Occurred

40 If Transportation Injury, Specify ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other

41 Signature Of Person Certifying Cause Of Death
ORANU G. IBEKIE , BY ELECTRONIC SIGNATURE

42 Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43 Name, Address And Zip Code Of Person Certifying Cause Of Death
ORANU G. IBEKIE , 751 E 81ST PLACE, MERRILLVILLE, IN 46410

44 License Number 01054231A

45 Date Certified 11/22/2019

46 Additional Funeral Service Provider

47 [illegible]

48 Signature of Local Health Officer
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE

49 For Registrar Only | Date Filed (Month/Day/Year) NOV 25 2019

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue responsibility Disclosure is voluntary and will not be denied for refusal to provide