

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-033218

9:23 AM 2023 Dec 8

AFFIDAVIT OF SURVIVORSHIP

3

AFFIANT, being first duly sworn upon his oath, states:

- I am the Affiant, JERRY BLACKWELL, residing at 1445 Parkview Avenue, Whiting, IN 46394, am an adult, and I am familiar with the facts contained in this Affidavit, which is made to induce the transfer of the following real estate located in Lake County, IN:
The North 25 feet of Lot Twenty-Six (26) and the South 15 feet of Lot Twenty-Seven (27), Block Three (3), Park View Addition to Hammond, as shown in Plat Book 18, Page 19, in Lake County, Indiana.
(Tax ID #45-02-01-427-017.000-023)
(Common address: 1445 Parkview Avenue, Whiting, IN 46394).
Hereafter, this may be referred to as the "Real Estate".
- Affiant and Georgette Blackwell took title to the Real Estate as husband and wife, by deed dated March 11, 2005, and recorded on March 14, 2005 as Document #2005 018233 in the Office of the Lake County Recorder.
- Georgette Blackwell ("Decedent"), died a resident of Lake County, IN on July 26, 2023, and a copy of her death certificate is attached to this Affidavit and made part hereof. Decedent and Affiant were husband and wife at the time they took title to the Real Estate and remained married until Decedent's death, at which time Affiant became the sole owner of the Real Estate.
- No estate was opened for Decedent nor is such an estate anticipated. There are no taxes of any kind owed to the United States of America or the State of Indiana. This Affidavit is made to induce the transfer of the Real Estate to your Affiant.

Further, your Affiant saith not.

Jerry Blackwell

JERRY BLACKWELL

FILED

DEC 05 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Di-5952
ck- J

(5)

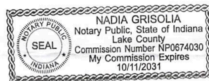
NOT AN OFFICIAL DOCUMENT

Before me, a Notary Public for the above county and state, personally appeared, JERRY BLACKWELL, known or proven to me, who, being duly sworn by me, deposes and says that the statements made in the foregoing Affidavit of Survivorship are true and correct and were made for the purposes set forth therein.

WITNESS my hand and seal this November 24th, 2023.

Nadia Grisolia

NOTARY PUBLIC



My Commission expires: 10/11/2031

In accordance with IC 36-2-7.7, I do affirm under the penalties of perjury that I have reviewed the foregoing document for the purpose of identifying and, to the extent permitted by law, redacted, all Social Security Numbers; and that the foregoing declarations are true.

John R. Stanish

JOHN R. STANISH, Attorney at Law

PREPARED BY: JOHN R. STANISH, Attorney at Law, 10120 Devonshire Ln., Munster, IN 46321

RETURN TO: JOHN R. STANISH, Attorney at Law, 10120 Devonshire Lane, Munster, IN 46321



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No 312974

Local No 002651

EDR No 00001585228

State No 2023-038701

1. Decedent's Legal Name (First, Middle, Last) Georgette M. Blackwell			1a. Maiden Name (if female) Hauser			2. Gender Female		3. Time of Death 07:25 PM		4. Date of Death (Month/Day/Year) 07/26/2023					
5. Social Security Number [REDACTED] 77		6a. Age - Yrs 77		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) 03/28/1946						8. Birthplace (City and State or Foreign Country) Chicago, Illinois									
9. 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 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 checked="" 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) 1445 Parkview Avenue															
12. City Or Town, State, And Zip Code Whiting, Indiana 46394						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						
15. Surviving Spouse's Name Jerry L. n/a						15a. Last Name Before First Marriage Blackwell			16. Decedent's Usual Occupation Homemaker			17. Kind Of Business/Industry Own Home			
18. Residence - State IN				18a. County Lake				18b. City Or Town Whiting							
18c. Street And Number 1445 Parkview Avenue				18d. Apt. No.				18e. Zip Code 46394		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education 9th-12th grade, No Diploma						20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) Charles Hauser						23. Parent's Name (First, Middle, Last) Marie Hauser			23a. Parent's Last Name Before First Marriage Saxinger						
24. Informant's Name Jerry L. Blackwell				24a. Relationship To Decedent Husband				24b. Mailing Address (Street And Number, City, State, Zip Code) 1445 Parkview Avenue, Whiting, IN, 46394							
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) Oak Hill Cemetery				25c. Location - City, Town, And State Hammond, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Baran & Son Inc 1235 119th Street, Whiting, Indiana, 46394				27a. Funeral Home License Number FH8307267							
27b. Signature Of Indiana Funeral Service Licensee: Martin A. Dybel						Electronically Signed			27c. License Number Of Licensee PC01019456						
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. malignant neoplasm of the vulva															
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. _____ C. _____ 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within This Past Year									
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				38b. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Other/Operator <input checked="" type="checkbox"/> NOT A TRANSPORTATION INJURY									
41. Signature, Of Person Certifying Cause Of Death: Jose Luis Agusti						Electronically Signed									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number 01061624A			45. Date Certified 07/31/2023			
46. Additional Funeral Service Provider:						47. *Axis									
48. Signature of Local Health Officer: Chandana Yavilala						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 08/01/2023						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)															

Property of State of Indiana

THIS IS A TRUE COPY OF THE RECORD ON THE VITALS OF THE STATE OF INDIANA
AUG 02 2023
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED