

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDED AS PRESENTED

**2023-033233**  
 10:46 AM 2023 Dec 6

## SURVIVORSHIP AFFIDAVIT

AFFIANT, Naomi Frith, being duly sworn on oath states that she resides at 724 Burr Street, Gary, IN 46406 and that:

1. She was the daughter of Calvin Wilkerson, deceased, who, was the owner of the property located in Lake County, Indiana, legally described as follows:  
 See Attached Legal Exhibit A
2. Prior to his death, Decedent Calvin Wilkerson executed a transfer of death deed transferring on death his interest to Naomi Frith.
3. Decedent Calvin Wilkerson died on June 14, 2023, as evidence by the certified copy of the Death Certificate of the Decedent hereto attached as part hereof.
4. The Affidavit is made for the purpose of naming Naomi Frith as sole owner of the above-described premises at the time of Calvin Wilkerson's death, relying on the statements as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.

**FILED**

**DEC 06 2023**

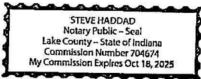
*Naomi Frith*  
 Naomi Frith, Affiant.

STATE OF INDIANA  
 LAKE COUNTY

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR )  
 ) SS:  
 )

*5th* day of *December*, 2023. Subscribed and sworn to by Naomi Frith, before me, a Notary Public in and for said County and State,

Witness my hand and notarial seal.



Signed: *Steve E. Haddad*  
 Printed: Steve E. Haddad  
 Notary Public  
 Residing in Lake County, Indiana

My Commission Expires:  
 October 18, 2025

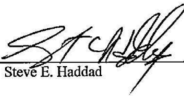
*25-1*  
*cc*  
*[Signature]*

# NOT AN OFFICIAL DOCUMENT

This instrument prepared by Steve E. Haddad, attorney at law, 6949 Kennedy Avenue, Suite D, Hammond, Indiana 46323. 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.

Signed: \_\_\_\_\_

Steve E. Haddad



Prepared by and Mailed to:

Steve E. Haddad  
Attorney at Law  
6949 Kennedy Avenue, Suite D  
Hammond, IN 46323  
219-554-0200  
219-554-0300 fax

Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

## EXHIBIT A

LOTS 7 AND 8 IN BLOCK 9 IN IVANHOE, IN THE CITY OF GARY, AS PER PLAT THEREOF,  
RECORDED IN PLAT BOOK 2 PAGE 56 IN THE OFFICE OF THE RECORDER OF LAKE  
COUNTY, INDIANA.

**COMMONLY KNOWN AS:** 724 Burr Street, Gary, Indiana 46406

**Tax Parcel Number(s):**

45-07-01-377-020.000-004

Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

4266561

Local No 000548

EDR No 000011570964

State No 2023-060681

1. Decedent's Legal Name (First, Middle, Last) <b>Calvin Wilkerson</b>				14. Maiden Name (if female)		2. Gender <b>Male</b>		3. Time Of Death <b>06:55 PM</b>		4. Date Of Death (Month/Day/Year) <b>06/14/2023</b>			
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>85</b>		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) <b>05/08/1938</b>				8. Birthplace (City and State or Foreign Country) <b>Montgomery, Alabama</b>									
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 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)													
11. Facility Name (If Not Institution, Give Street and Number) <b>Methodist Hospital Inc-Nlake Campus</b>													
12. City Or Town, State, And Zip Code <b>Gary, Indiana 46402</b>				13. County Of Death <b>Lake</b>				14. Marital Status At Time Of Death <input 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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Crane Operator</b>					
17. Kind Of Business Industry <b>Inland Steel</b>				18. Residence - State <b>IN</b>				19a. County <b>Lake</b>		19b. City Or Town <b>Gary</b>		19c. Street And Number <b>724 Burr Street</b>	
18. Street And Number <b>724 Burr Street</b>		18d. Apt. No.		18e. Zip Code <b>46406</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>9th-12th grade, No Diploma</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>Black or African American</b>					
22. Parent's Name (First, Middle, Last) <b>McKinley Wilkerson</b>				23. Parent's Name (First, Middle, Last) <b>Alberta Wilkerson</b>				23a. Parent's Last Name Before First Marriage <b>Hutchinson</b>					
24. Informant's Name <b>Naomi Frith</b>				24a. Relationship To Decedent <b>Daughter</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>724 Burr Street, Gary, IN, 46406</b>					
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)				25. Place Of Disposition <b>Fern Oak</b>				25c. Location - City, Town, And State <b>Griffith, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Coleman &amp; Hicks Funeral Home 101 N. Karwick Road, Po Box 171, Michigan City, Indiana, 46360</b>				27a. Funeral Home License Number: <b>FH19900066</b>					
27c. Signature Of Indiana Funeral Service Licensee: <i>Belicia Hick</i>				27c. License Number (Of Licensee): <b>Electronically Signed</b>				27c. License Number (Of Licensee): <b>FD29600125</b>					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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. <b>Sepsis</b>													
B. <b>Chronic Kidney Disease</b>													
C. _____													
D. _____													
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last													
Part E. 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				30. Were Autopsy Findings Available To Complete The Cause Of Death? <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 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 42 Days To 1 year Before Death				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Cause Not Yet Determined					
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked 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													
41. Signature - Of Person Certifying Cause Of Death: <i>Winfred Oniah</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number <b>01057396A</b>					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>Winfred Oniah 2269 W 25th Avenue, Gary, IN 46404</b>				45. Date Certified <b>06/29/2023</b>				46. Additional Funeral Service Provider:					
47. *Attn:				48. Signature of Local Health Officer: <i>Roland H Walker</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>11/27/2023</b>					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.