

FILED

Dec 06 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, Sandra A. Adams, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Charles Adams, the deceased, and is knowledgeable of the facts stated herein.

2. That Charles Adams and Sandra A. Adams, who were married at the time that the Property was acquired and remained married until the time of his death, acquired title to certain Real Estate in Lake County, Indiana to-wit:

Lots 12,13, and 14, in Block 1 in Hosford's Park Subdivision, City of Gary, as shown in Plat Book 4, page 6, Lake County, Indiana.

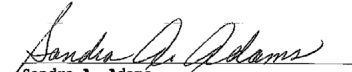
Key No. 45-08-32-229-019.000-001

Commonly known as 4544 GRANT ST, GARY IN 46408

3. That Charles Adams died on April 14, 2016, at which time Sandra A. Adams acquired title as the sole owner. A copy of his death certificate is attached hereto.

4. That the purpose of this affidavit is to induce the Lake County Auditor to Charles Adams from title to the subject parcel and to establish Sandra A. Adams as the sole owner to the subject parcel.

AFFIANT FURTHER SAYETH NOT.


Sandra A. Adams

THIS INSTRUMENT PREPARED BY: Michael D. Kvachkoff, Attorney at Law, 405 N. Main Street, Crown Point, IN 46307, 219-661-9500.

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared **Sandra A. Adams** and acknowledged the execution of the foregoing Affidavit of Survivorship this **1st Day of December, 2023.**

My Commission Expires:

6-12-30

Deborah M Haddad
Notary Public

Resident of Lake County, IN



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

Mary Kalotta

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. **384958**



Local No 001374

EDR No 00001981622

State No 2018-016807

1. Decedent's Legal Name (First, Middle, Last) CHARLES ADAMS SR		19. Maiden Name (If female)		2. Gender Male		3. Time of Death 02:02 PM		4. Date of Death (Month/Day/Year) 04/14/2018									
5. Social Security Number 84		6a. Age - Yrs. 64		6b. Under 1 Year Months Days		6c. Under 1 Month Days Hours		6d. Under 1 Day Minutes Seconds		7. Date of Birth (Month/Day/Year) 01/11/1932		8. Birthplace (City and State or Foreign Country) LERNER, Mississippi					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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"/> Based 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE		12. City or Town, State, and Zip Code Merrillville, Indiana 464107059		13. County of Death Lake		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. Surname Spouse's Name SANDRA ADAMS		16a. Last Name Before First Marriage FREELAND		16. Decedent's Usual Occupation CRANEMAN		17. Kind Of Business/Industry STEEL MILL		18. Residence - State IN		19a. County Lake		19b. City or Town Gary					
19c. Street and Number 4544 GRANT Street		19d. Apt. No.		19e. Zip Code 46408		19f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent's Education 9th-12th grade, No Diploma		20. Uneducated Of Hispanic Origin Not Spanish or Mexican/Latino		21. Decedent's Race Black or African American					
22. Parents Name (First, Middle, Last) ALVIN ADAMS		23. Parents Name (First, Middle, Last) MARY JANE MILTON ADAMS		24. Parents Last Name Before First Marriage MILTON		25. Mailing Address (Street AND Number, City, State, Zip Code) 4544 GRANT Street, Gary, IN, 46409		26a. 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)		26b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN CEMETERY		26c. Location - City, Town, And State Hobart, IN					
27a. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27b. Signature Of Indiana Funeral Service Licensee ANDREW BORMANN		27c. License Number (Of Licensee) FDQ2600080		27d. Funeral Home License Number FH11100005		28. Part I. Enter The Chain Of Events - Disease, Injury, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) ACUTE CEREBROVASCULAR ACCIDENT		28a. Approximate Interval From Onset To Death 5 DAYS							
28. Part II. Enter The Chain Of Events - Disease, Injury, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events On A Line. Add Additional Lines If Necessary. Sequentially List Conditions. If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Series Resulting In Death) Last		29. Name And Complete Address Of Funeral Facility Manuel Memorial Funeral Home 421 W 6TH ST, Gary, Indiana, 46402		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. 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		32. Cause Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) DEMENTIA		33. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
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"/> Driver/Operator NOT VALID UNLESS		41. Signature, Of Person Certifying Cause Of Death: AUGUSTINE IKECHEKWU IZAH		42. Coroner (Check Only If Applicable): <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: AUGUSTINE IKECHEKWU IZAH 5857 BROADWAY, Merrillville, IN 46459		44. Additional Funeral Service Provider:		45. Signature of Local Health Officer: SUSAN W. WEST		46. For Registrar Only (Do Not Fill In): Date of Death: 04/14/2018 Time of Death: 02:02 PM Place of Death: MERRILLVILLE, IN Manner of Death: NATURAL Cause of Death: ACUTE CEREBROVASCULAR ACCIDENT			

Electronically Signed
THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 0 1 2023
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED