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FILED

FEB 07 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-005557

3:49 PM 2024 Feb 7

**SURVIVORSHIP AFFIDAVIT**

Affiant, Dora Hurd, being duly sworn upon her oath, deposes and says:

1. She is the adult daughter of William E. Curtis and Virgie Curtis a/k/a Verge Curtis.
2. Together, William E. Curtis and Virgie Curtis a/k/a Verge Curtis, as Husband and Wife, acquired title to real estate located in Lake County, Indiana and more particularly described as:  
  
Lot 15, Block 4, Hawthorne Hills Unit No. 2, as shown in Plat Book 34, Page 4, in Lake County, Indiana.  
  
Commonly known as: 3517 W. 123<sup>rd</sup> Pl., Crown Point, IN 46307  
  
Parcel Number: 45-16-18-477-001.000-041
3. Virgie Curtis a/k/a Verge Curtis, died on the 25<sup>th</sup> day of May, 2023.
4. A copy of Virgie Curtis, a/k/a Verge Curtis's, Death Certificate is attached as Exhibit A.
5. William E. Curtis and Virgie Curtis a/k/a Verge Curtis were continuously married until the time of Virgie Curtis, a/k/a Verge Curtis's, death.
6. To the best of Affiant's knowledge there is no federal or state estate or inheritance tax liability by reason of the death of said decedent.

FURTHER AFFIANT SAYETH NOT.

*Dora M Hurd*  
\_\_\_\_\_  
Dora Hurd  
121 Vickroy Dr.  
Crown Point, IN 46307

25 -  
CC  
RM





# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Tracking No. **351786**

Local No 001913

EDR No 000011555353

State No 2023-027373

1. Decedent's Legal Name (First, Middle, Last) <b>Virgie Curtis</b>		1a. Maiden Name (if female) <b>Clemens</b>		2. Gender <b>Female</b>	3. Time of Death <b>08:00 PM</b>	4. Date of Death (Month/Day/Year) <b>05/25/2023</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>88</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>03/20/1935</b>	
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 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 checked="" 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) <b>Unknown, Kentucky</b>	
11. Facility Name (if Not Institution, Give Street and Number) <b>3517 W 123 Place</b>							
12. City or Town, State, and Zip Code <b>Crown Point, Indiana 46307</b>				13. County of Death <b>Lake</b>		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 <b>William Curtis</b>		16a. Last Name Before First Marriage <b>Curtis</b>		16. Decedent's Usual Occupation <b>House wife</b>		17. Kind Of Business/Industry <b>Own Home</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Crown Point</b>		18c. Apt. No.	
18d. Street And Number <b>3517 W 123 Place</b>		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>Unknown</b>		20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>Bryan Clemens</b>			23. Parent's Name (First, Middle, Last) <b>Rose Clemens</b>			23a. Parent's Last Name Before First Marriage <b>Bailey</b>	
24. Informant's Name <b>Gwendolyn Wayne</b>		24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>100 Rome Boulevard 213, Hebron, IN, 46341</b>			
25. Place Of Disposition							
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) <b>DeMotte Cemetery</b>		25c. Location - City, Town, and State <b>Demotte, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Frazier Funeral Home-Todd Chapel R21 Hallock, Demotte, Indiana, 46310.</b>				27a. Funeral Home License Number: <b>FH1230007</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>Robert D. Estman</b>		Electronically Signed		27c. License Number (Of Licensee): <b>FD21700003</b>			
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 One Cause Of Death On Each Line. Add Additional Lines If Necessary.						Approximate Interval: Onset To Death <b>Year</b>	
Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. Alzheimer Disease</b>						<p style="font-size: 1.2em; font-weight: bold;">THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</p> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">JUN 01 2023</p> </div>	
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>B.</b>							
<b>C.</b>							
<b>D.</b>							
Part II. Enter Other Significant Conditions Contributing In Death But Not Resulting In The Underlying Cause Given In Part I						28. 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"/> Not Pregnant, But Pregnant Within The Past 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"/> Cause Not Yet Determined		37. 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)		38a. Zip Code	
30. Location Of Injury - State		38a. City or Town		38b. Street & Number		38c. Apt. No.	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS	
41. Signature, Of Person Certifying Cause Of Death: <b>Brent Arlyn Jacobus</b>				Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Brent Arlyn Jacobus 9150 E 109th Ave, Suite 2a, Crown Point, IN 46307</b>				44. License Number <b>02001090A</b>		45. Date Certified <b>05/30/2023</b>	
46. Additional Funeral Services Provider:				47a. Witness		47b. Date Filed (Month/Day/Year) <b>05/31/2023</b>	
48. Signature of Local Health Officer: <b>Chandana Verivala</b>				Electronically Signed		49. Per Registrar Only	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							