

STATE OF INDIANA)
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

ERIK SMITH, being duly sworn upon her oath, says:

1. That ROSA L. SMITH was the surviving spouse of GILBERT M. SMITH, deceased, who died domiciled in Lake County, Indiana on April 7, 2023. A certified copy of the death certificate of GILBERT M. SMITH has been attached hereto and labeled as Exhibit "A".

2. That GILBERT M. SMITH and ROSA L. SMITH acquired title to certain real estate as husband and wife via Warranty Deed dated August 12, 1988, which such real estate is described as follows:

Lot: 62 in Crescent Lake Unit #2, an addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 51 page 77, in the Office of the Recorder of Lake County, Indiana, and more commonly known as 4114 West 76th Lane, Merrillville, Indiana 46410.

More Commonly known as: 4114 W. 76th Lane, Merrillville, IN 46410
Parcel Number: 45-12-18-377-012.000-030

2. That GILBERT M. SMITH and ROSA L. SMITH were married and acquired title to the above-referenced real estate as Husband and Wife by Warranty Deed and recorded in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between GILBERT M. SMITH and ROSA L. SMITH continued unbroken from the time they acquired title to the real estate until the death of GILBERT M. SMITH.

4. That any required federal estate tax return has been filed and any assessed taxes paid, or the gross value of the estate did not require the filing of a federal estate tax return.
Further Affiant sayeth not.

[Signature]
ERIK SMITH

STATE OF VIRGINIA)

COUNTY OF ~~Montgomery~~

Before me, a Notary Public in and for said County and State, this 10th day of January, 2024, personally appeared Erik Smith, and who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Maj Leonard S. M. A.
JUDGE ADVOCATE, U.S. MARINE CORPS
NOTARY AND CONSUL OF THE UNITED STATES
UNDER AUTHORITY OF 10 U.S.C. SEC 1044a
COMMISSION EXPIRES: INDEFINITE

County of Residence:
Commission Expires:

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Prepared by:
Smith & Fankhauser, P.C.
2260 W. 93rd Avenue
Merrillville, IN 46419
(219) 769-3051

FILED

FEB 13 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

4265229

1. Decedent's Legal Name (First, Middle, Last) Gilbert Marchmann Smith		3. Gender Male		4. Date of Death (Month/Day/Year) 04/07/2023	
5. Social Security Number 83		6a. Under 1 Year Months		6b. Under 1 Month Days	
7. Date of Birth (Month/Day/Year) 06/04/1939		8. Birthplace (City and State or Foreign Country) New Orleans, Louisiana		9. Cause of Death (See Instructions and Examples) Failure to thrive	
10. If Death Occurred in a Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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		10b. 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	
11. Facility Name (If Not Institution, Give Street and Number) Simmons Loving Care Health Facility					
12. City or Town, State, and Zip Code Gary, Indiana 46407		13. County of Death Lake		14. Marital Status At Time of Death: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name: Rosa L. Smith		15a. Last Name Before First Marriage: Howard		16. Decedent's Usual Occupation: Military Police	
17. Kind of Business/Industry: Marine Corp		18. Residence - State IN		18a. County Lake	
18b. City or Town Merrillville		19. Street and Number 4114 W 76th Lane		19a. Apt. No. 46410	
19b. Zip Code 46410		19c. Yes <input type="checkbox"/> No <input type="checkbox"/>		19d. Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)					
21. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		22. Decedent's Race Black or African American		23. Parent's Name (First, Middle, Last) William Wallace Smith	
24. Parent's Name (First, Middle, Last) William Wallace Smith		25. Parent's Name (First, Middle, Last) Hannel Smith		26. Parent's Last Name Before First Marriage Marchmann	
27. Informant's Name Rosa L. Smith		28a. Relationship to Decedent Wife		28b. Mailing Address (Street and Number, City, State, Zip Code) 4114 W 76th Lane, Merrillville, IN, 46410	
29. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Natural Burial Site <input type="checkbox"/> Other (Specify):		30. Place of Disposition (Name of Cemetery, Crematory, Other Place) Northwest Indiana Cremation Services		31. Location - City, Town, And State: Crown Point, IN	
32. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307		34. Funeral Home License Number: EHBS002445	
35. Signature Of Indiana Funeral Service Licensee: Shawn F. Blaine		36. Electronically Signed		37. License Number (Of Licensee) FD01009461	
38. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death; 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. failure to thrive 6 months B. dysphagia 1 year C. stroke 1 year D. 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: A. B. C. D.					
39. Part II: Enter Other Significant Conditions Contributing to Death (But Not Resulting In The Underlying Cause Given In Part I): PEG tube placement					
40. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. If Female: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 12 Months Of Death <input type="checkbox"/> Pregnant At Time Of Death To 1 Year Before Death <input type="checkbox"/> Pregnant At Time Of Death To 1 Year After Death		42. Manner Of Death: <input 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	
43. Date Of Injury (Month/Day/Year)		44. Type Of Injury		45. Place Of Injury (E.G., Decedent's Home, Consumption Site, Restaurant, Wooded Area)	
46. Location Of Injury - State		46a. City Or Town		46b. Street & Number	
46c. Apt. No.		46d. Zip Code		47. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
48. Describe How Injury Occurred		49. Transportation Injury, Society: <input type="checkbox"/> Transportation <input type="checkbox"/> Passenger <input type="checkbox"/> Suburban <input type="checkbox"/> Street Vehicle		50. For Registrar Only - Date Filed (Month/Day/Year): 04/17/2023	
51. Signature, Of Person Certifying Cause Of Death: Shawn V. Patel		52. Electronically Signed		53. Certifier (Check Only One): <input type="checkbox"/> Deputized <input type="checkbox"/> Passenger <input type="checkbox"/> Suburban <input type="checkbox"/> Street Vehicle	
54. Name, Address And Zip Code Of Person Certifying Cause Of Death: Shawn V. Patel 2230 Indianapolis Blvd., Whiting, IN 46394		55. License Number 02005122A		56. Date Certified 04/14/2023	
57. Additional Funeral Service Provider:		58. Signature of Local Health Officer: Roland H. Walter		59. For Registrar Only - Date Filed (Month/Day/Year): 04/17/2023	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

State Form 53399- ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT