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# NOT AN OFFICIAL DOCUMENT

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA            )  
   ) SS:  
 COUNTY OF LAKE            )

GINA PIMENTEL  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDED AS PRESENTED

**2024-019927**

**2:42 PM    2024 Jul 26**

On this 26<sup>th</sup> day of **July 2024** before me personally appeared Affiant **RICKY GOLDMAN** to me personally known, and being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is the son of the former life estate holder HELEN C. GOLDMAN A/K/A HELEN GOLDMAN.
3. The legal description of the premises in question is:

*See attached legal description*

Key No.: 45-06-01-256-002.000-023

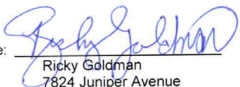
Commonly known as: 744 Jackson Street Gary, IN 46402

4. Said premises were formerly owned as tenants in common by RICKY GOLDMAN holding the fee interest with a Life Estate reserved to HELEN C. GOLDMAN A/K/A HELEN GOLDMAN.
5. Said HELEN C. GOLDMAN A/K/A HELEN GOLDMAN died on 02/18/2024 leaving no will;
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 decedent HELEN C. GOLDMAN A/K/A HELEN GOLDMAN:
8. Affiant's relationship to the deceased was son of descendent.

**FILED**

JUL 26 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Signature:   
 Ricky Goldman  
 7824 Juniper Avenue  
 Gary Indiana 46403

25.00  
cash  
ST

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STATE OF INDIANA )  
                          )SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State personally appeared **RICKY GOLDMAN** acknowledged the execution of the foregoing Survivorship Affidavit.

Witness my hand and Notarial Seal this 26<sup>th</sup> day of July, 2024.

My Commission Expires: 06/09/2032  
Resident of Lake County

  
\_\_\_\_\_  
Robert H. Sorge/ NOTARY PUBLIC



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.

PREPARED BY: \_\_\_\_\_

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

394822

Local No 000850

FDR No 000011882988

State No 2024-008708

1. Decedent's Legal Name (First, Middle, Last) <b>Helen Goldman</b>		16. Maiden Name (if female) <b>Caldwell</b>		2. Gender <b>Female</b>		3. Time of Death <b>12:40 PM</b>		4. Date of Death (Month/Day/Year) <b>02/18/2024</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>88</b>		6b. Under 1 Year <b>Months</b> (Days) Hours: Minutes		7. Date of Birth (Month/Day/Year) <b>04/12/1935</b>		8. Birthplace (City and State or Foreign Country) <b>Lexington, Mississippi</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 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"/> Other (Specify)		10b. Residence (City and State or Foreign Country) <b>Lexington, Mississippi</b>		10c. Naming Home/Long-term Care Facility	
11. Facility Name (If Not Institution, Give Street and Number) <b>Towne Centre Health Care</b>				12. City or Town, State, and Zip Code <b>Merrillville, Indiana 46440</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 <b>[REDACTED]</b>		16a. Last Name Before First Marriage <b>[REDACTED]</b>		16. Decedent's Usual Occupation <b>Seamstress</b>		17. Kind of Business/Industry <b>Clothing</b>			
17. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Gary</b>		19a. Apt. No. <b>[REDACTED]</b>		19b. Zip Code <b>46402</b>	
19c. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Street and Number <b>744 Jackson Street</b>		21. Decedent's Education <b>9th-12th grade, No Diploma</b>		22. Decedent of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. Decedent's Race <b>Black or African American</b>	
24. Parents' Names (First, Middle, Last) <b>Clovie Caldwell</b>		25. Decedent's Relationship to Decedent <b>Son</b>		26. Decedent's Place of Birth (Month/Day/Year) <b>[REDACTED]</b>		27. Decedent's Last Name Before First Marriage <b>Hicks</b>			
28. Informant's Name <b>Ricky Goldman</b>		29. Relationship to Decedent <b>Son</b>		30. Mailing Address (Street and Number, City, State, Zip Code) <b>7824 Juniper Avenue, Gary, IN, 46403</b>		31. Place of Disposition <b>Regional Cremation</b>		32. Location - City, Town, Apt. or Suite <b>Munster, IN</b>	
33. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Flotation From State <input type="checkbox"/> Other (Specify)		34. Name and Complete Address of Funeral Facility <b>Ridgeland Funeral Home, Inc. 420 W. Ridge Road, Gary, Indiana, 46403</b>		35. Telephone Number <b>[REDACTED]</b>		36. License Number <b>FD29700012</b>		37. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Signature of Public Health Service Physician <b>[REDACTED]</b>		39. Signature of Medical Examiner <b>[REDACTED]</b>		40. Cause of Death (See Instructions And Examples) <b>Electronically Signed</b>		41. Approximate Interval From Death to Death <b>Immediate</b>			
42. Part I. Enter The Underlying Cause - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator Failure Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Add Additional Lines If Necessary.		43. Part II. Enter The Underlying Cause (Disease Or Condition Resulting In Death)		44. Part III. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		45. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. Date Of Injury (Month/Day/Year)		48. Location Of Injury - State		49. City Or Town		50. Street & House No.		51. Apt. No.	
52. How Injury Occurred		53. Date Of Death		54. Time Of Death		55. Place Of Injury (Specify If Necessary)		56. Injury At Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Signature of Person Certifying Cause of Death <b>Chirag Patel</b>		58. Signature of Physician <b>[REDACTED]</b>		59. Signature of Medical Examiner <b>[REDACTED]</b>		60. Signature of Registrar <b>[REDACTED]</b>		61. Signature of Local Health Officer <b>Christiana Vardola</b>	
62. Name, Address And Zip Code Of Person Certifying Cause of Death <b>Chirag Patel 521 East 86th Avenue, Suite 212</b>		63. Name, Address And Zip Code Of Person Certifying Cause of Death <b>[REDACTED]</b>		64. Name, Address And Zip Code Of Person Certifying Cause of Death <b>[REDACTED]</b>		65. Name, Address And Zip Code Of Person Certifying Cause of Death <b>[REDACTED]</b>		66. Name, Address And Zip Code Of Person Certifying Cause of Death <b>[REDACTED]</b>	
67. Additional Funeral Service Provider <b>[REDACTED]</b>		68. Additional Funeral Service Provider <b>[REDACTED]</b>		69. Additional Funeral Service Provider <b>[REDACTED]</b>		70. Additional Funeral Service Provider <b>[REDACTED]</b>		71. Additional Funeral Service Provider <b>[REDACTED]</b>	
72. Signature of Local Health Officer <b>Christiana Vardola</b>		73. Signature of Local Health Officer <b>[REDACTED]</b>		74. Signature of Local Health Officer <b>[REDACTED]</b>		75. Signature of Local Health Officer <b>[REDACTED]</b>		76. Signature of Local Health Officer <b>[REDACTED]</b>	

THIS IS A TRUE COPY OF THE ORIGINAL NEARBY ON FILE WITH THE  
FEB 26 2024  
LAKESIDE COMMUNITY HEALTH CENTER

RAISED SEAL AFFIXED

# NOT AN OFFICIAL DOCUMENT

## LEGAL DESCRIPTION

GARY LAND COMPANY'S 1<sup>ST</sup> SUBDIVISION BLOCK 29, LOTS 29, 30 AND 31 AS RECORDED IN THE OFFICE OF THE RECORDER IN LAKE COUNTY INDIANA.

Property of Lake County Recorder