

NOT AN OFFICIAL DOCUMENT

3

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-019936

3:58 PM 2024 Jul 26

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

ANITA L. BERBER-JAMES
deposes and says:

("Affiant"), being first duly sworn upon oath,

1. That ANDREW MOSLEY, JR
Community Hospital ER, Munster, Indiana
hereto as Exhibit A.

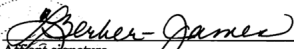
died on JULY 2, 2024 at
. A certified copy of the death certificate is attached

2. That ANDREW MOSLEY, JR. and ANITA L. BERBER-JAMES
acquired title as joint tenants with rights of survivorship to the following described real estate, recorded on
November 15, 2013 as 2013 085822 in the records of LAKE County, Indiana:
Lot 29 to 32, both inclusive, Block 8, the North half of the vacated Howard Avenue adjoining Lot 29 on the
East, as evidenced in Confirmatory Resolution No. 2481, recorded June 24, 1977, as Document No. 414012,
Morris Addition to the City of Hammond, as shown in Plat Book 6, page 22, in Lake County, Indiana.

Property address: 1046 (Mailing Address) 1050 (Tax ID) Merrill Street, Hammond, Indiana, 46320
Parcel ID: 45-07-06-326-09.00-023 (original deed) also listed as 45-07-06-326-009-000-023 (current deed)

3. That ANITA L. BERBER-JAMES makes these representations to set forth the present
ownership of title to the above real estate pursuant to IC 32-17-2-1(c).

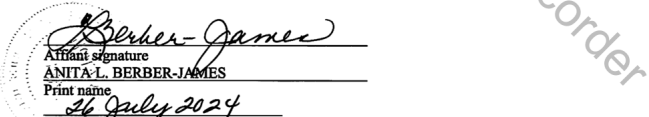
Further affiant sayeth not.



Affiant signature
ANITA L. BERBER-JAMES

Print name
26 July 2024

Date



25
CC
RM

FILED

JUL 26 2024

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ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF Lake) SS:

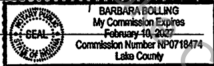
Before me, a notary public in and for said county and state, and a resident of _____ County, Indiana, personally appeared ANITA L. BERBER-JAMES who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 26th day of July, 2024.

Notary signature: _____

Print name: Barbara Bulling

My commission expires: _____



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.

This document was prepared and affirmation made by:

ANITA L. BERBER-JAMES
5716 CYPRESS POINT
SCHERTZ, TEXAS 78108
(919) 330-3411

Anita L. Berber-James
Prepare's signature

ANITA L. BERBER-JAMES

Print name

After recording, please return instrument to:

ANITA L. BERBER-JAMES
5716 CYPRESS POINT
CIBOLO, TEXAS 78108



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 409173

Local No 002489

EDR No 000011743728

State No 2024-036571

1. Decedent's Legal Name (First, Middle, Last) Andrew Mosley Jr				1a. Maiden Name (if female)		2. Gender Male		3. Time Of Death 08:12 PM		4. Date Of Death (Month/Day/Year) 07/02/2024			
5. Social Security Number [REDACTED]		6a. Age - Yrs 72		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 08/30/1951			
8. Ever in U.S. Armed Forces?		10. If Death Occurred In A Hospital:		11a. If Death Occurred Somewhere Other Than A Hospital		11b. Decedent's Home		11c. Nursing Home/Long-term Care Facility		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
11. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster													
12. City Or Town, State, And Zip Code Munster, Indiana 46321						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 checked="" 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 Laborer		17. Kind Of Business/Industry Lear Corporation			
18. Residence - State IN		18a. County Lake		18b. City Or Town Hammond		18c. Apt. No.		18d. Zip Code 46320		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 1046 Merrill Street													
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino				21. Decedent's Race Black or African American					
22. Parents Name (First, Middle, Last) Andrew Mosley Sr						23. Parents Name (First, Middle, Last) Dorothy Berber			23a. Parents Last Name Before First Marriage Wright				
24. Informant's Name Amette Willis		24a. Relationship To Decedent Sister		24b. Mailing Address (Street And Number, City, State, Zip Code) 13901 Highway 90 W Lot 2, San Antonio, TX, 78245									
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) Concordia Cemetery				25c. Location - City, Town, And State Hammond, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hinton & Williams Funeral Home, Inc. (Lake) 4859 Alexander Ave, East Chicago, Indiana, 46312				27a. Funeral Home License Number: FH83001520							
27b. Signature Of Indiana Funeral Service Licensee: Tracy Cheri Williams						27c. License Number (Of Licensee): FD08600238							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE COUNTY HEALTH DEPARTMENT. Approximate Interval: Onset To Death													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. heart failure 1 hour													
B. cardiac disease 1 year													
C. _____													
D. _____													
28. Part II. Enter Other Significant Conditions Contributive 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 Finding 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 checked="" 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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If 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"/> Could Not Be Determined									
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 <input checked="" type="checkbox"/> NOT A DRIVER/OPERATOR													
41. Signature, Of Person Certifying Cause Of Death: Kamaldeep Singh Heyer				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. Physician Number 01072417A		43a. Year Certified 07/18/2024			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kamaldeep Singh Heyer 1701 N Senate Boulevard, Indianapolis, IN 46202				44. Year Registered 2017		44. Year Registered 2017		44. Year Registered 2017		44. Year Registered 2017			
46. Additional Funeral Service Provider:				47. Signature Of Local Health Officer: Chandana Vavilala		48. For Registrar Only (Do Not Fill In): 07/18/2024							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													