

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
2024-011941  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
11:18 AM 2024 Apr 29

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

GINA PIMENTEL  
RECORDER

2024-021555

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

10:44 AM 2024 Aug 18

NEVELYN LEE CATT AKA NEVELYN L CATT DC, being first duly sworn upon oath, deposes and says:

- 1. That JACKIE RAY CATT died on MARCH 16, 2022 at 4:10 PM
- 2. That JACKIE RAY CATT and NEVELYN LEE CATT were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

RE IN LAKE COUNTY IN THE STATE OF INDIANA, AS FOLLOWS, TO WIT: LOT 13 IN DALECARLIA FAIRWAYS SUBDIVISION, FIRST SECTION, AS PER PLAT THEREOF, RECORDED IN PLATBOOK 35, PAGE 78 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Nevelyn Lee Catt  
Affiant Signature  
AKA NEVELYN LEE CATT AKA  
NEVELYN L CATT DC

STATE OF Indiana )  
COUNTY OF Lake )

ACKNOWLEDGEMENT

NEVELYN L CATT DC

Before me, a Notary Public in and for said County and State, personally appeared Nevelyn Lee Catt AKA 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 25th day of April, 2024.

Resident of Lake County, Indiana.

Signature Taylor Swart

My Commission Expires: July 25, 2027

Printed Taylor Swart

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. [Redacted]

This instrument prepared by DAVID B CATT DC

FILED

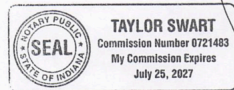
AUG 16 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

FILED

APR 29 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



RECORDING TO ADJUST NAME DC

25-1 CASH  
25 CASH  
LK

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 001343		EDR No 00001260469		State No 2022-017102	
1. Decedent's First Name (First, Middle, Last) <b>Jackie Ray Catt</b>		1a. Maiden Name (if female)		2. Gender <b>Male</b>	3. Time Of Death <b>04:10 PM</b>
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>86</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours
7. Date of Birth (Month/Day/Year) <b>02/26/1936</b>		8. Birthplace (City and State or Foreign Country) <b>Unavailable, Indiana</b>			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Deceased Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died 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)	
11. Facility Name (If Not Institution, Give Street and Number) <b>5606 W 154th Court</b>					
12. City Or Town, State, And Zip Code <b>Lowell, Indiana 46356</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>Nevelyn Lee Catt</b>		15a. Last Name Before First Marriage <b>Dyer</b>		16. Decedent's Usual Occupation <b>Lineman</b>	
17. Kind Of Business/Industry <b>AT&amp;T</b>		18. Residence - State <b>IN</b>		18a. County <b>Lake</b>	18b. City Or Town <b>Lowell</b>
18c. Street And Number <b>5606 W 154th Court</b>		18d. Apt. No.		18e. Zip Code <b>46356</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>Not Spanish-/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>	
22. Parents Name (First, Middle, Last) <b>Walter A. Catt</b>		23. Parents Name (First, Middle, Last) <b>Delta Catt</b>		23a. Parents Last Name (Before First Marriage) <b>Willis</b>	
24. Informant's Name <b>Nevelyn Lee Catt</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5606 W 154th Court, Lowell, IN, 46356</b>	
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Gelsen Cremation Centre</b>		25c. Location - City, Town, And State <b>Crown Point, IN</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Gelsen Funeral, Cremation &amp; Reception Centre 608 East 113th Avenue, Crown Point, Indiana, 46307</b>		27a. Funeral Home License Number: <b>FH10700031</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>Larry Allen Gelsen</b>		Electronically Signed		27c. License Number (Of Licensee): <b>FD09000013</b>	
<b>Cause Of Death (See Instructions And Examples)</b>					
28. Part I. Enter The <u>Chain Of Events</u> - 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 Only One Cause ON <u>15 COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</u>					
Immediate Cause (Final Disease Or Condition Resulting In Death)					
A. <b>congestive heart failure</b> <span style="float: right;">years</span>					
B. <b>atrial fibrillation</b> <span style="float: right;">years</span>					
C. <b>type 2 diabetes mellitus</b> <span style="float: right;">years</span>					
D. <b>essential hypertension</b> <span style="float: right;">years</span>					
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					
Part II. Enter Other Significant Conditions Contributing 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. (When Autopsy Finding Available To Complete The Cause Of Death?) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Inconclusive <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Pending Further Study					
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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <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)	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>Jon David Misch</b>		Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Sanitarian <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> ESS	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Jon David Misch 13963 Morse Street, Cedar Lake, IN 46303</b>		44. License Number <b>02000900A</b>		45. Date Certified <b>03/18/2022</b>	
46. Additional Funeral Service Provider:					
48. Signature of Local Health Officer: <b>Claudiana Martella</b>		Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): <b>03/21/2022</b>	
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>					

RAISED SEAL AFFIXED