

40813

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

LAWYERS TITLE INS. CORP.
700 BROADWAY
MERRILLVILLE, IN 46410

873882

AFFIDAVIT OF HEIRSHIP

Comes now Willie Veal, Jr., who being first duly sworn upon his oath states a follows:

1. That he is a son of the decedent, Juanita Powell, who died intestate, a resident of Lake County, Indiana, on February 22, 1980.

2. That said Juanita Powell left surviving her the following heirs at law:

- Willie Veal, Jr. (adult son)
- Adrian R. MaGee (adult daughter)
- Corriette D. Burks (adult daughter)
- Jamie D. Veal (adult son)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
SEP 9 9 08 AM '86
RECORDERS
REDDOLPH CLAY

3. That no Petition for the Appointment of a personal Representative is pending or has been granted in any jurisdiction.

4. That the value of the gross probate estate, wherever located, less liens and encumbrances thereon, did not exceed the exemptions available to the heirs and that there are no federal estate taxes and/or Indiana inheritance taxes due.

5. That to the best of the affiant's knowledge, all debts, funeral expenses and doctor bills of the decedent have been fully paid.

6. That attached hereto as Exhibit "A" and made a part hereof is a certified copy of the Death Certificate issued by the Indiana State Board of Health for Juanita Powell, deceased.

FURTHER your affiant sayeth not.

Lot 20, Block 7, Gary Land Company's Second Subdivision, in the City of Gary, as shown in Plat Book 10, page 16, Lake County, Indiana.

#44-126-14

Willie Veal Jr.
WILLIE VEAL, JR.
556 Pierce Street
Gary, Indiana 46402

FILED
AUG 28 1986
Auditor Lake County

SUBSCRIBED AND SWORN to before me a Notary Public on this 19th day of August, 1986.

Gerald M. Bishop
GERALD M. BISHOP, Notary Public

My Commission Expires: 3-10-89
My County of Residence: Lake

This instrument was prepared by Gerald M. Bishop, 518 E. 86th Ave., Merrillville, IN.

1656

5.00
14

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Flow for State Office Use

A _____
B _____
C *Hand Co's 2nd Sub.*
D *all 2.20 Bl. 7*
E *Key # 44-126-14*
F _____
G _____
H _____
I _____
J _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME *Clinton Williams*

LICENSE No. *972*

FUNERAL DIRECTOR'S SIGNATURE
John B. Williams

FUNERAL DIRECTOR'S LICENSE No. *1785*

FUNERAL HOME No. *152*

818382

Local No. *80-0142*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CO. INC.

Walter Neal
556 Pierce St
Gary, 46402
State No. _____

DECEASED—NAME FIRST MIDDLE LAST Juanita Powell		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 2-22-1980
RACE—(e.g. White, Black, American Indian, etc.) (Specify) Black	AGE—Last Birthday (Year) 52	UNDER 1 YEAR MONTHS DATE 6-26-1927	UNDER 1 DAY HOURS MINUTE 6-26-1927
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION—Name (if not an entire street and number) St. Mary's Medical Center	IF HOSP. OR INST. OF LONG-TERM INSTITUTION Inpatient
STATE OF BIRTH (if not in U.S.A. name country) Ala.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	SURVIVING SPOUSE (if wife give maiden name) No
SOCIAL SECURITY NUMBER 420-22-8007		USUAL OCCUPATION (Enter last of work done during most of working life, even if retired) Cab Driver	KIND OF BUSINESS OR INDUSTRY Cab Co
RESIDENCE—STATE Ind.	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 556 Pierce St.		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST J.D. Johnson		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Idell Patton	
INFORMANT—NAME (Type or print) Adrain MaGee		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN 2481 Penn. St. Gary, Ind. 46407	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Fern Oaks Cemetery	LOCATION CITY OR TOWN STATE Griffith, Ind.
DATE (MONTH, DAY, YEAR) 2-28-1980		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Hinton-Williams 4859 Alexander Ave. East Chicago, Ind. 46312	
21a (Signature) <input checked="" type="checkbox"/> <i>Benjamin F. Grant</i>		DATE SIGNED (Mo., Day, Yr.) 2-26-80	HOUR OF DEATH 2-22-80
NAME OF ATTENDING PHYSICIAN (Type or print) Benjamin F. Grant, M.D.			
MAILING ADDRESS—PHYSICIAN 3195 Broadway Gary, Indiana			
HEALTH OFFICER—SIGNATURE <i>E. N. Caldwell</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 26 1980	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Massive Myocardial Infarction		Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	

SBH 06-003
REV. 10/77

FILED
SEP 3 1985

John B. Williams
AUDITOR LAKE COUNTY

400

20 2 1 1980

E. N. Caldwell, M.D.
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAR 31 1980

40813
R. [unclear]
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