COUNTY OF.

The undersigned affiant, being first duly sworn, on oath says, and also covenants with and warrants to the grantee hereinafter named:

That affiant has an interest in the premises described below or in the proceeds thereof or is the grantor in the deed dated 27 February , 1987 , to _ JOYCE L. MITCHELL 14151 Anabella Street, San Antonio, Texas 78247 grantee, conveying the following described premises:

All of Lot Thirty-two (32), and the South Fifteen (15) feet of Lot Thirty-three (33), in Block Eight (8), in Gary Investment Company's First Subdivision in the City of Gary as per plat thereof recorded in Plat Book 6, page of Gary as per process.

32, in Lake County, Indiana.

Commonly known as: 1963-67 Carolina Street, Gary, Indiana 46407.

Key number:

Subject to all taxes due or payable, liens, restrictions, covenants and any other encumbrances of record.

FILED

FEB 27 1987

That no labor or material has been furnished for premises within the last four months, that is not

<u>July 23</u> ___, 19<u>64___</u>, in the report on title issued That since the title date of ___ Lake County Title Company (Chicago Title Co.) . affiant has not done or suffered to be done anything that could in any way affect the title to premises, and no proceedings have been filed by or against affiant, nor has any judgment or decree been rendered against affiant, nor is there any judgment note or other instrument that can result in a judgment or decree against affiant within five days from the date hereof.

That the parties, if any, in possession of premises are bona fide tenants only, and have paid promptly and in full their rent to date, and are renting from _____month to month not for any longer term, and have no other or further interest whatsoever in premises.

That all water taxes, except the current bill, have been paid, and that all the insurance policies assigned have been paid for.

That this instrument is made to induce, and in consideration of, the said grantee's consummation of the purchase of premises.

Affiant further states:

That my wife, DAISY TOWNSEND, formerly of 1965 Carolina Street, Gary, Indiana 46407 is now deceased. She died in Gary, Indiana (Certificate of Death H.I. 70-1432).

Carolina Street,

Gary, IN 46407

AREPARED BY: Atty. Clorence L. Huginnie, 4144 Breadway, Gary, IN 46408

| on. | I Gredelasio | | | | | | · | • • | | |
|--|--|--|--|---------------------------|------------------------|----------------------|----------------------|-------------------------------|--|---|
| - • • | TYPE OR PRINT INDIANA STATE BOARD OF HEALTH | | | | | | | | SBH 198* | .4 |
| | PLAINLY WITH | |) | DIVISION OF VITAL RECORDS | | | | | | |
| | UNPADING INK | Local NOO =1 | Naho | | ICAL CERTIFIC | • | | State | 4 | <u> </u> |
| | THIS IS A | The state of the s | Million. | | | | * | 7 | 1 | ₹ |
| | REMANENT | SEE HANCBOOK IN | pariseo nime piner | | MIDDER | NG EMP | St | DATE OF DEATH | THONTH, DAY, MARY | |
| | BECORD 4 | INSTRUCTIONS | DAIS DAIS | | | NSEND | , Pem. | Oct. o. | 19/0 | · · |
| | But Table 10m | | MALE WHITE, NEGRO, AMERICAN INDI | • • • | HOAT (YEARS) HOS. | DATS HOURS | MIN IMONTH DAY | bran | Sent 1 | • • |
| 6 | | W W | ON TOWN, OR LOCATION OF DEATH | IH IN | 57 Jab | HOSPITAL OR OT | HER INSTITUTION—NAMP | Vie bor in siths | MATERIAL AND | |
| | 7 | 5 | Gary | | TOB | , Method | iist Hospita | 4 | | - 1 · 1 |
| . • | SM | Signal Signal | STATE OF BIRTH LIF NOT IN U & A | | A WHAT COUNTRY | MARRIED, NEVER A | MARRIED, SURVIV | VINC SPOUSE THE | PROPERTY HAMES NAM! | <u>, </u> |
| | A | WHO ME STEEDE | Mississippi | 10. | USA | 10 Harri | Led - In | Lenoy | | |
| _ | 3" | PINED IN DEATH | tions of the second | MOST OF W | CUPATION TOIVE HIND OF | ALTIREDI | j | S OR INDUSTRY | 1 | - |
| | ソ き ろ 3 | INSTITUTION GIVE | | 130. | Housekeeper | | INSIDE CITY LIMITS | TIOWNSHIP | | |
| | 2 | ADMISSION | | .ek o | 14 Gary | | INTECTES ATE ON HOT | Calu | ım o t | , ! |
| | KV : | ž | STREET AND NUMBER | | 11** | | 1141 | | SIDEM'S ON A PARM! | |
| | 8 1 # | Ã. | ,41965 Carolina S | | | | | 149 | νεs Π ' No Χ | <u>. </u> |
| • | 100 3 | S | fainte-maile plast | MIDI | | | -MAIDEN NAME FIR | | MIDDLE . LAS | 47 |
| PARENTS 15 Sam Hickoy 16 INFORMANIE-NAME RELATIONSHIP MAILING AC | | | | | | Twaitien: ADCEES LAT | Unknow | WN D, CITY OR TOWN: STATE. | | |
| | D 110 - | - | Tamas Tourse | ind | i ' | 1 | . 1965 Caro | | | **** |
| | PART I. DEATH WAS CAUSED BY JETTER ONLY ONE CAUSE PER LINE FOR [1], IND. AND [1] | | | | | | | APPROLIMATE INTLAV | | |
| ٠.٠. | () | 1 | | - A P | | 11. | | | SETWEEN ONSET AND DE | <u>fath</u> |
| | | | 14/cz | TOW | mary AU | Chizin | | | Maj | |
| | ~ C8 + | į | CONDITIONS IF ANY. DUAL | Il mi | A THINK IN THE | Lusta Sa | Pilothia. | -10 | In The | . ! |
| *. • | 12/11 | 🖊 or - see a succession | MMEDIATE CAUSE (AT. 16) BTATING THE UNDER- | ORASAC | ONSEST NOT OF | WILL T | MAN CONT. | 3Th | VU-laure | 2 |
| • | 3. Heart (12. | M CAUSE | ki | · · | | | <u></u> | | / | ļ |
| | 一年, | | PART II. OTHER SIGNIFICANT CONDIT | ICIS CON | IDITIONS CONTRIBUTING | TO DEATH BUT A | OF ACLATED TO CAUSE | AUIOPSY LYES DA HOL | IF YES WERE FINDINGS O | |
| | 7-W- | | | | | | | 105/10 | CAUSE OF DEATH | |
| | 1.00 | 2 | | | | | •• | | | 1 |
| | DEATH OCCURRED THE DECEDENT WAS PRONOUNCED DEAD DATE SIGNED (MONTH, DAY, YEAR) | | | | | | | | | |
| | 17 | Ž · | (MOUN) | 744 45 2 | MONTH DAY | - 70 | HOUR | 10-9 | - 70 | 1 |
| | 7 | = | CERTIFIER HAME STYES ON PRINTS | | 11. 1 | SILVATUE | 200 | 1 -2/2 | 1014400 30 4171 | 54 |
| | .0 X | CARTIFICA | 220. Jos. (101 D9) | YON! | E.M.D. | 27 | 1211 | MAZ | 106 | 丿. ! |
| 4 | Mar. | | MAILING ADDRESS-CERTIFIER | · | STREET OR R F.D. NO | 17 | KLILL V | ATAIR | | |
| | EX. | | " 3229 BROAD | 711/1 | CREMATORY, FUNERAL HU | 1/17 | ANIUN CITY ON | _/NE | Functal move solv | } |
| Sugar | | | (SPECIFY) | , . | k Hill Cemet | 3 | Gary, Indle | | 5/18 | 31.4 |
| .,\ . ! • | Disposition Permit | A BLAIAL | DATE (MONTH, DAY, YEAR) | FUI-EBAL H | E MILL COMO C | 12k | ISTREET ON N P D NO | | | |
| | Previsional | 3 | 10-12-1970 | 250. Smil | | | | | | |
| • | Certificate A | Δ , | HAND DIRECTOR - SICHESTALE | 3ml | | -3447- | 77 1 3 | 1 | Haddeller Touch | |
| | | | 11 Sukestfram | all | e :61/100 | serblor | | TAL. OCT 1 | 3 1970 | |
| | | • | | 7 | | | | · | , , , , , , , , , , , , , , , , , , , | |

J,