

006615

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:)

SURVIVOR'S AFFIDAVIT

Richard Childress, being first duly sworn upon oath, deposes and says:

1. His permanent residence is 12391 Gibson Street, Crown Point, Indiana

2. During his lifetime, and while married to Starr P. Childress, he and his said wife were owners as tenants by the entireties of the following-described real property in Lake County, Indiana, to-wit:

Key # 15-305-7

Lot 7, Block 5, Santry's Manor, a Subdivision to Gary, as shown in Plat Book 31, Page 89, in Lake County, Indiana.

3. The Affiant and his said wife were never divorced and remained husband and wife until their marriage was terminated by her death on October 29, 1988, while a resident of Lake County, Indiana.

4. His said wife, Starr P. Childress, died intestate, and only a wrongful death action under Cause No. 45CO1-88-11-ES-382-0 was ever opened for her. No other estate assets have been located.

This Document is the property of

5. No estate for Starr P. Childress, and no estate administration is contemplated. All debts, including those of last illness and burial have been paid by this Affiant and his said wife's estate, including her interest in the above-described real property, and all other real and personal property is not of sufficient value to require the filing of a federal estate tax return, or the payment of any federal estate tax; and all real estate assets were held as tenants-by-the-entireties, which assets are exempt from Indiana Inheritance Tax.

6. This Affidavit is made for the purpose of establishing that this Affiant is the owner of the above-described real property by reason of survivorship of a tenancy by the entireties with his said wife, and no Indiana Inheritance Tax is due by reason of this transfer.

APR 20 1990

Ann N. Antos
AUDITOR LAKE COUNTY

Richard Childress (SEAL)
Richard Childress

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for Lake County, Indiana, this 30th day of March, 1990.

My Commission Expires:
January 27, 1994

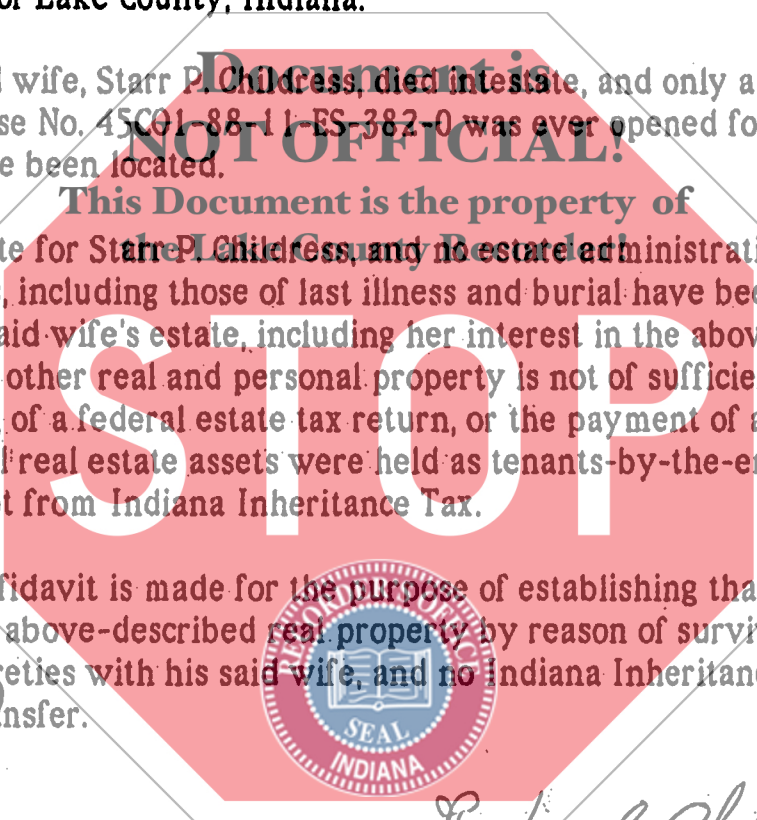
Stacey Gray
(signature) Notary Public
Stacey Gray
(printed)

County of Residence: Lake

This instrument was prepared by: Marc H. Donaldson, Attorney at Law.

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

APR 23 1 06 PM '90
RECORDED
ROBERT J. ...
LAKE COUNTY



5.50
OK

000308

INDIANA STATE BOARD OF HEALTH

Local No. 2-239-88

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST STARR PATRICIA CHILDRESS			2 SEX Female	3 DATE OF DEATH (Mo Day Yr) October 29, 1988	
4 SOCIAL SECURITY NUMBER 317-60-8948	5a AGE—Last Birthday (Years) 36	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) Mar. 17, 1952	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana					
8 YEAR LAST SERVED IN U.S. ARMED FORCES No		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) Graber Ditch near 109th & Colorado St.			9c CITY, TOWN OR LOCATION OF DEATH Center Township	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Richard Childress	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b KIND OF BUSINESS/INDUSTRY At Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 94 E. 67th Place		
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46410	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Secondary 10-12) College (11-4 or 5+) 12					
17 FATHER'S NAME (First, Middle, Last) Harry Ross			18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Arney		
19a INFORMANT'S NAME (Type/Print) Richard Childress Sr.		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 94 E. 67th Place Merrillville, In 46410		19c Relationship Husband	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 31, 1988 Calumet Park Cemetery		20c LOCATION—City or Town, State Merrillville, Indiana	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarik</i>		21b LICENSE NUMBER (of Licensee) FDE1005912	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. FDH3007762 7905 Broadway Merrillville, In 46410		
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)		
24 TIME OF DEATH 3:22 A M		25 DATE PRONOUNCED DEAD (Month, Day, Year) October 29, 1988		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes	
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition) Traumatic transection of aorta; Rupture of liver. Unknown					
MIDDLE CAUSE (Cause of death) Hemothorax; Hemoperitoneum. Due to blunt trauma. FILED					
BASE CAUSE (Cause of death) Due to (or as a consequence of) ... FILED					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes			28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes LAKE COUNTY		
29a CERTIFYING PHYSICIAN (Physician certifying cause of death. Physician has performed and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. APR 18 1990 <i>David P. ...</i> LAKE COUNTY					
29b PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29c MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29d SIGNATURE AND TITLE OF CERTIFIER <i>David P. ...</i>		29e LICENSE NUMBER 16120	29f DATE SIGNED (Month, Day, Year) Oct. 31, 1988		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN 46307					
31 HEALTH OFFICER'S SIGNATURE <i>David P. ...</i>			32 DATE FILED (Month, Day, Year) 10/31/88		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Oct. 29, 1988	34b TIME OF INJURY No	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Auto accident 000309
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) Colorado & Graber Ditch, Lake Co., IN.		



FILED

APR 20 1990

APR 18 1990

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Bl. 5

15-305-7