

152355 *Subsida*

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

*2*

WILE INSURANCE  
Highland, Indiana

098455

AFFIDAVIT OF SAME NAME

I, JILL J. DOMAZET, this 18<sup>TH</sup> day of APRIL, 1990,  
after being duly sworn upon my oath, state as follows:

1. I am an adult under no disability;
2. My natural father's name is JULIAN R. WALTERS, who passed away on the 29th day of November, 1989;
3. My natural mother's name is GRACE A. WALTERS, who passed away on the 21st day of February, 1982;
4. When my mother died, her name at that time was GRACE GARRISON ARMSTRONG;
5. That attached hereto is the true copy of my mother's death certificate.



FURTHER AFFIANT SAYETH NOT.

*Jill J. Domazet*  
JILL J. DOMAZET

STATE OF INDIANA / S. NO. [unclear]  
FILED FOR RECORD  
MAY 13 19 11 AM '90  
ROBERT BOE [unclear] CLANG  
RECORDER

I, JILL J. DOMAZET, do hereby swear and affirm under the penalties for perjury that the facts and matters contained in the above and foregoing Affidavit are true and correct, in substance and in fact, to the best of my knowledge and belief.

*Jill J. Domazet*  
JILL J. DOMAZET

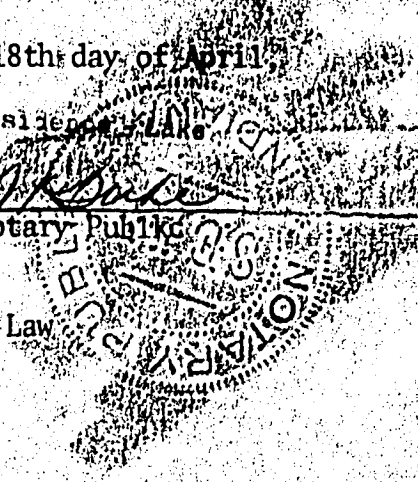
Subscribed and sworn to before me by a Notary Public this 18th day of April, 1990.

County of Residence: LAKE

*Linda J. McBride*  
Linda J. McBride Notary Public

My Commission Expires: 1-26-91

This instrument was prepared by: John F. Tweedle, Attorney at Law



550  
+1

TICOR TITLE INSURANCE  
 Crown Point, Indiana  
 Highland

Suzelle v Ledia  
 2633-15th  
 00001, Highland

STATE OF TEXAS

CERTIFICATE OF DEATH

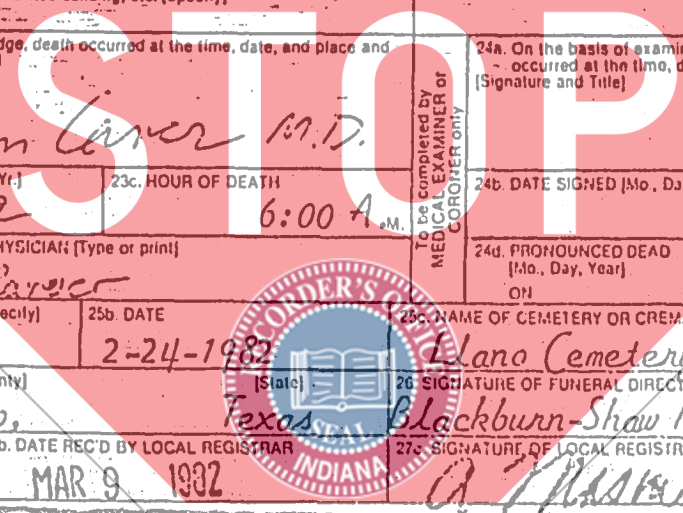
STATE FILE NO.

152-355

Texas Department of Health - BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED (Type or print) [a] First: <u>Grace</u> [b] Middle: <u>Garrison</u> [c] Last: <u>Armstrong</u>			2. SEX <u>Female</u>	3. DATE OF DEATH <u>2-21-1982</u>	
4. RACE <u>Caucasian</u>	5a. WAS THE DECEDENT OF SPANISH ORIGIN? <u>No</u>	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	6. DATE OF BIRTH <u>8-10-1925</u>	7. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months: Days: Hours: Minutes:
8a. PLACE OF DEATH - COUNTY <u>Potter</u>		8b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Amarillo</u>	8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Northwest Texas Hosp.</u>		8d. INSIDE CITY LIMITS? <u>yes</u>
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. BIRTHPLACE (State or foreign country) <u>Washington D.C.</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <u>no</u>	13. SURVIVING SPOUSE (If wife, give maiden name) <u>Marvin Armstrong</u>	
14. SOCIAL SECURITY NO. <u>577-34-1737</u>		15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk typist</u>	15b. KIND OF BUSINESS OR INDUSTRY <u>Quarter Horse Association</u>		
16a. RESIDENCE - STATE <u>Texas</u>	16b. COUNTY <u>Potter</u>	16c. CITY OR TOWN (If outside city limits, show rural) <u>Amarillo</u>	16d. STREET ADDRESS (If rural, give location) <u>1564 Parr</u>	16e. INSIDE CITY LIMITS? <u>yes</u>	
17. FATHER'S NAME <u>Edgar P. Allen</u>		18. MOTHER'S MAIDEN NAME <u>Julia Garrison</u>		19. SIGNATURE OF INFORMANT <u>William W. Armstrong</u>	
20. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))					
PART I		(a) <u>Cardio pulmonary arrest</u>			Interval between onset and death
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(b) <u>Metabolic Acidosis</u>			Interval between onset and death
		(c) <u>Sepsis</u>			Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					21. AUTOPSY? <u>No</u>
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		22b. DATE OF INJURY (Mo., Day, Yr.)	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED	
22e. INJURY AT WORK (Specify yes or no)		22f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22g. LOCATION	STREET OR R.F.D. NO. CITY OR TOWN - STATE
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <u>Gwynn Carter M.D.</u>			23b. DATE SIGNED (Mo., Day, Yr.) <u>3/5/82</u>		
23c. NAME OF ATTENDING PHYSICIAN (Type or print) <u>Gwynn Carter</u>			23c. HOUR OF DEATH <u>6:00 A.M.</u>	23d. DATE SIGNED (Mo., Day, Yr.)	23e. HOUR OF DEATH
23d. NAME OF ATTENDING PHYSICIAN (Type or print)			23e. HOUR OF DEATH	23f. DATE SIGNED (Mo., Day, Yr.)	23g. HOUR OF DEATH
24a. 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) stated (Signature and Title)		24b. DATE SIGNED (Mo., Day, Yr.)			
24c. PRONOUNCED DEAD (Mo., Day, Year)		24d. PRONOUNCED DEAD (Hour) AT			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>2-24-1982</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Elano Cemetery</u>		
25d. LOCATION (City, town, or county) <u>Amarillo, Texas</u>		25e. SIGNATURE OF FUNERAL DIRECTOR <u>Mark D. Jinnott</u>			
26a. REGISTRAR'S FILE NO. <u>280</u>		26b. DATE REC'D BY LOCAL REGISTRAR <u>MAR 9 1982</u>	26c. SIGNATURE OF LOCAL REGISTRAR <u>G. M. Kahan, M.D.</u>		

Document is the property of the Lake County Recorder!



TICOR TITLE INSURANCE  
 Crown Point, Indiana

CITY OF AMARILLO  
 POTTER COUNTY, TEXAS

When Impressed with the seal of the City of Amarillo, this is certified to be the true copy of the permanent record filed in the Bureau of Vital Statistics, Austin, Texas.

Date Issued: APR 12 1990 Robert J. Carson  
 (Local Registrar)  
Debra R. Carson  
 (Deputy Registrar)

