

91006695

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

BEING DULY SWORN UPON OATH DEPOSED AND SAYS:

1. THAT THERE WAS NOT AND THERE WILL BE NO ADMINISTRATION OF THE ESTATE OF WILLARD JACKSON WHO DEPARTED THIS LIFE ON OCTOBER 14, 1987, LEAVING FOUR (4) HEIRS, RONALD WILLARD JACKSON, MELVIN RAY JACKSON, DENISE RUBY JACKSON, AND LAVERNE MONIQUE JACKSON. WILLARD JACKSON DIED INTESTATE
2. THAT AT THE TIME OF DEATH OF THE DESCENDENT, WILLARD JACKSON HAD A ONE HALF INTEREST IN THE FOLLOWING DESCRIBED REAL ESTATE LOCATED IN EAST CHICAGO, INDIANA, TO WIT:  

**Document is NOT OFFICIAL!**  
*Key # 30-403-14*  
 This East Chicago, IN is shown in Plat Book 5, Page 31, IN LAKE COUNTY, INDIANA, C/K/A 4026 DRUMMOND ST.  
*Mail Tax Bills*  
 the Lake County Recorder.
3. YOUR AFFIANTS FURTHER STATE THAT THERE ARE NO FEDERAL TAXES OR INDIANA STATE INHERITANCE TAX DUE BY VIRTUE OF THE DEATH OF WILLARD JACKSON.
4. THIS AFFIDAVIT IS MADE FOR THE PURPOSE OF VESTING TITLE IN THE NAME OF IN RUBY JACKSON, RONALD WILLARD JACKSON, MELVIN RAY JACKSON, DENISE RUBY JACKSON, AND LAVERNE MONIQUE JACKSON.

I AFFIRM UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE.

Ruby Jackson  
RUBY JACKSON



Denise Ruby Jackson  
DENISE RUBY JACKSON

Ronald W. Jackson  
RONALD WILLARD JACKSON

Laverne Monique Jackson  
LAVERNE MONIQUE JACKSON

Melvin Ray Jackson  
MELVIN RAY JACKSON

STATE OF INDIANA/S.S. NO. \_\_\_\_\_  
FILED \_\_\_\_\_  
FEB 25 1 21 PM '91

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY, THIS 4th DAY OF February 1991 CAME THE ABOVE PERSONS AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES JULY 21, 1992. A RESIDENT OF LAKE COUNTY.

Dolores Creswell Allen  
DOLORES CRESWELL ALLEN

NOTARY PUBLIC  
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

THIS INSTRUMENT PREPARED DENISE RUBY JACKSON.

FEB 21 1991

Anna N. Anton  
AUDITOR LAKE COUNTY



01144

800  
OK

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

Below for State Office Use

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H \_\_\_\_\_  
I *Anna N. Anderson*  
J **AUDITOR LAKE COUNTY**  
K \_\_\_\_\_  
L \_\_\_\_\_  
1 *Key # 30-403-14*  
2 *Indiana Harbor 4th Add.*  
3 *413 BL. 20*  
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EMBALMER'S NAME **Tracy C. Williams**

FUNERAL DIRECTOR'S SIGNATURE *John R. Williams*

EMALMENSE NO. **FD300238**

FUNERAL DIRECTOR'S LICENSE NO. **FD010101**

FUNERAL HOME NO. **FD3001520**

FUNERAL HOME NO. **FD3001520**

CO. #0451362

Local No. **332**

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED - NAME 1 <b>Willard Jackson</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>October 14, 1987</b>
RACE - (1) White (2) Black American (3) Other (4) Spanish (5) Other 4 <b>Black</b>	AGE - (1) Infant (2) Child (3) Adult (4) Senior 5 <b>72</b>	UNDER 1 YEAR 6a <b>72</b>	UNDER 1 DAY 6b <b>72</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION - (Name, if not at patient's home, give street and number) 7c <b>4026 Drummond, St.</b>	IF HOSP OR INST UNDER 1 YEAR OF AGE, SEE INSTRUCTIONS 7d _____
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Louisiana</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 <b>Widowed</b>	SURVIVING SPOUSE (If not at home, give maiden name) 11 _____
SOCIAL SECURITY NUMBER 12 <b>438-09-1200</b>	USUAL OCCUPATION (Give kind of work done during most of working life, give # if retired) 13 <b>Laborer (retired)</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>LTV</b>	
RESIDENCE - STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>East Chicago</b>	STREET AND NUMBER 15d <b>4026 Drummond St.</b>
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION; GIVE RESIDENCE BEFORE ADMISSION	16a _____	16b RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16c INSIDE CITY LIMITS (Specify # if not Yes) <b>Yes</b>
17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC			
FATHER - NAME (1) First (2) Middle (3) Last 18 <b>Ben Jackson</b>		MOTHER - MAIDEN NAME (1) First (2) Middle (3) Last 17 <b>Estelle Iford</b>	
INFORMANT - NAME (Type or print) RELATIONSHIP 18a <b>LaVerne Jackson - Daughter</b>		MAILING ADDRESS (Street or R.F.D. No.) CITY OR TOWN STATE ZIP 18b <b>3801 Drummond Street East Chicago, Indiana 46312</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE 19b <b>Oak Hill Cemetery Gary, Indiana</b>	
DATE (MONTH, DAY, YEAR) 20a <b>October 20, 1987</b>		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No.) CITY OR TOWN STATE ZIP 20b <b>Hinton-Williams 4859 Alexander Ave. East Chicago, In.</b>	
To the best of my knowledge, death occurred at the time, date and place specified on this certificate.		DATE SIGNED (Mo., Day, Yr.) 21b <b>10-19-1987</b>	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d <b>M. A. RAHMANY, M. D.</b>		HOUR OF DEATH 21c _____ M	
MAILING ADDRESS - PHYSICIAN 21e <b>3801 RIDGE ROAD HIGHLAND, INDIANA 46322</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>10-19-87</b>	
HEALTH OFFICER - SIGNATURE 22a <i>E. A. Compagnas M.D.</i>		22c _____	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I(a) AND II(a)) 23 <b>acute Cardiac arrest</b>		Interval between onset and death	
PART I (a) DUE TO OR AS A CONSEQUENCE OF 23 <b>acute myocardial infarct</b>		Interval between onset and death	
PART I (b) DUE TO OR AS A CONSEQUENCE OF 23 <b>Coronary art disease</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I(a)) 23 <b>diabetes &amp; complications</b>		AUTOPSY (Specify Yes or No) 24 _____	