

91021019

Frank R. Martinez III
7803 W. 75th Ave. Ste 1

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ADJUSTMENT

Schuel
46375

MAY 2 1991

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

Clara N. Union
AUDITOR LAKE COUNTY

AFFIDAVIT OF DEATH AND SURVIVORSHIP

Affiant, Sallie M. Simpson, states as follows:

1) That I am the only child of one Sol Anderson and one Rosie Anderson;

2) That the aforementioned Sol Anderson was married to the aforementioned Rosie Anderson;

3) That there was one child of the marriage of Sol Anderson and Rosie Anderson, that child myself, Sallie M. Simpson;

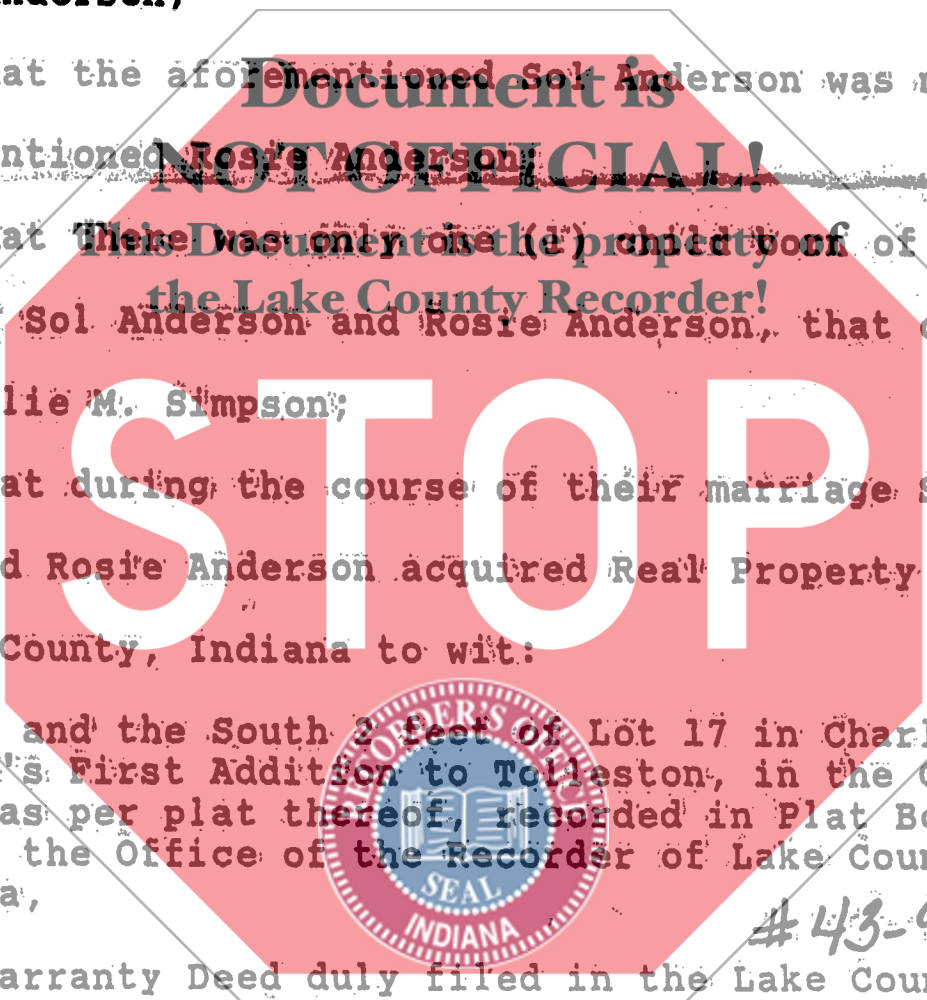
4) That during the course of their marriage Sol Anderson and Rosie Anderson acquired Real Property located in Gary, Lake County, Indiana to wit:

Lot 18 and the South 2 feet of Lot 17 in Charles O. Fenton's First Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 7 page 35, in the Office of the Recorder of Lake County, Indiana,

By way of Warranty Deed duly filed in the Lake County Recorder's Office on 12/19/57.

5) That the aforementioned Sol Anderson died on 3/2/70 and was survived by his wife, Rosie Anderson and only one child, Sallie Mae Simpson (a copy of the Death Certificate of Sol Anderson attached hereto as Exhibit "#1");

6) That the aforementioned Rosie Anderson died on 5/14/72 and was survived by her only child Sallie Mae Simpson (a copy of the Death Certificate of Rosie Anderson is



MAY 2 2 20 PM '91
ROBERT W. PELLAND
RECORDER

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR PL. 080

#43-9-18

00146

Handwritten initials/signature

attached hereto as Exhibit "#2";

7) That the Estate of Sol and Rosie Anderson was not subject to Indiana Inheritance Tax or Federal Estate Taxes;

8) That under the laws of Interstate Succession as prescribed in Indiana Code 29-1-2-1, Affiant, Sallie M. Simpson is entitled to the aforementioned Real Estate.

Your Affiant Sayeth Further Not.

Sallie M. Simpson
Document is Sallie M. Simpson

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)

COUNTY OF)

SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 26th day of

April, 1991



K. A. M...
, Notary Public

My Commission Expires:

Resident Lake County

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 0362

State No.

PRINT WITH INK
IS A PERMANENT RECORD

E.W. Towns
4263
LICENSE No.

PERMANENT INK - SEE HANDBOOK FOR INSTRUCTIONS

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
SOL				ANDERSON	Male	3-2-70					
RACE (SPECIFY)		AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH					
Negro		5a. 60	5b.	5c.	3-11-1909	7a. Lake					
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)								
7b. Gary		7c. Yes	7d. Methodist Hospital								
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Miss.		9. U.S.A.		10. Married		11. Rosie Anderson					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
125-10-2017		13a. Laborer		13b. Youngstown Sheet & Tube							
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP						
14a. Indiana		Lake	Gary	Yes	14c. Plumet						
STREET AND NUMBER		14b. IS RESIDENCE ON A MAP					14d. YES [] NO []				
1768 Rutledge Street		the Lake County Recorder!									
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST		
15. Clayton				Anderson (D)	16. Sally				Smith (D)		
INFORMANT - NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Rosie Anderson		17b. Wife		17c. 1768 Rutledge St., Gary, Ind.							
PART I - DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. (a) Arteriosclerosis		Colon					5 mo.				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Due to, or as a consequence of, Toxemia									
CAUSE		PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					AUTOPSY (YES OR NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
GIVEN IN PART I (A)							19a. No		19b.		
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)			DATE SIGNED (MONTH DAY YEAR)						
20a. AM		20b.			M.		21a.				
CERTIFIER - NAME (TYPE OR PRINT)		SIGNATURE			(DEGREE OR TITLE)						
21. William S. Yocum		22b. [Signature]			MD						
MAILING ADDRESS - CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23. 6 West 16th Gary Ind.				Gary		Ind.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE		FUNERAL HOME NUMBER	
24a. Burial		24b. Evergreen Park		24c. Hobart, Ind.						249	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. 3-7-70		25a. Towns Funeral Home 1900 W. 15th Ave., Gary, Ind.									
FUNERAL DIRECTOR'S SIGNATURE		HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER							
[Signature]		[Signature]		MAR 11 1970							

C.O. Towns 1.06
At 1.7.00 Re 18
4263-9-18

FUNERAL DIRECTOR'S LICENSE No.

Permit
No



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 72-0774

State No. 00148

PERMANENT INK: SEE HANDBOOK FOR INSTRUCTIONS
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ROSIE ANDERSON 2. Female 3. 5-14-72

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR 'MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. Black 5a. 58 5b. 5c. 6. 8-26-13 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Gary 7c. YES 7d. Methodist Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED () NEVER MARRIED () SURVIVING SPOUSE () WIFE, GIVE MAIDEN NAME ()

8. Miss. 9. U.S.A. 10. WIDOWED () DIVORCED ()

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 13a. Homemaker 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Gary 14d. YES 14e. Calumet

STREET AND NUMBER WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 1771 Rutledge St. Gary, Ind. Yes () No ()

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Frank Simpson (D) 16. Gennie Goldsboro (D)

INFO. MANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Sallie Simpson 17b. Daughter 17c. 1771 Rutledge St. Gary, Ind.

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. (a) Central Venous Thrombosis 10 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A).

19a. YES () NO () 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES () NO ()

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 21a.

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22. W. Lion S. Yocum 22b. W. Lion S. Yocum M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 3656 Mary St. Hobart, Ind.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Evergreen Park 24c. Hobart, Ind.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 5-20-72 25a. Towns Funeral Home 1900 W. 15th Ave. Gary, Ind.

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 113-3 PD:10 100M MAY 18 1972

PRINT WITH INK
FURNAL HOME No. 249
FURNAL DIRECTOR'S LICENSE No. 627
FURNAL DIRECTOR'S SIGNATURE
EMBALMER'S NAME
C. O. Funtom, et al. 1709 St. 9
1239-18
1263

