Com # 159201

TICOR TITLE INSURANCE

91021659 AFFIDAVIT

FILED
APR 30 1991
Anna M. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

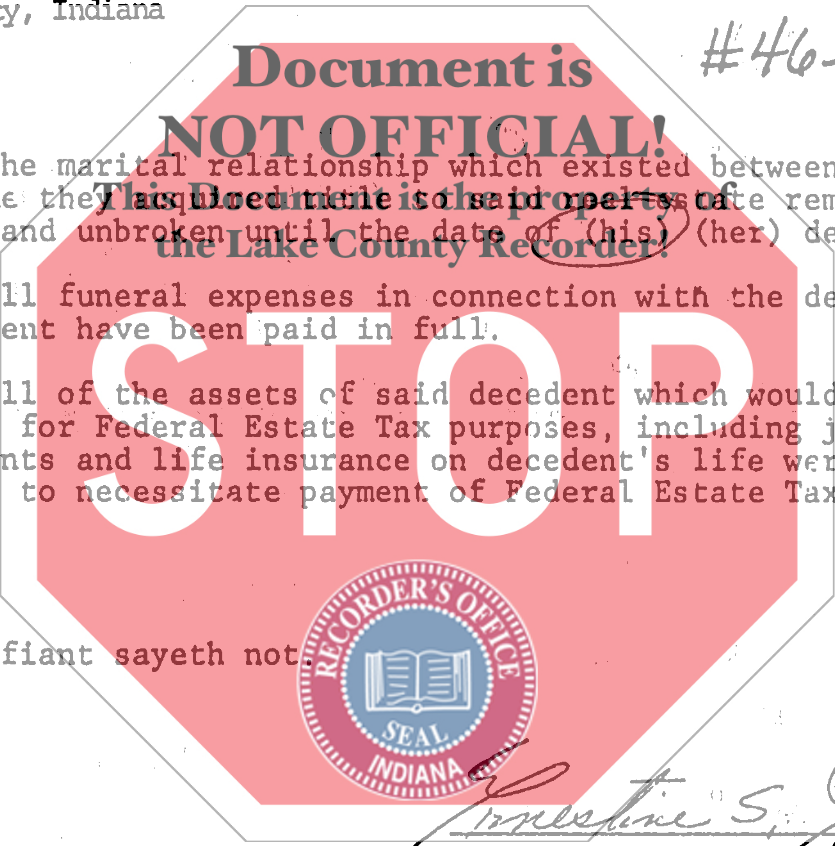
Ernestine S. Jones, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Hancy Jones II, a/k/a Hancy Jones died (without leaving a will) (leaving a will) on 11-26 & a/k/a Hancy Jones 1988 at Gary Indiana Jr.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 47 in Andrew Means Fourth Park Manor, in the City of Gary, as per plat thereof, recorded in Plat Book 33, page 7, in the Office of the Recorder of Lake County, Indiana

#46-586-47



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STOP

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED
MAY 8 10 05 AM '91
ROBERT ... RECORDER

Further affiant sayeth not.

Ernestine S. Jones

Ernestine S. Jones

Subscribed and sworn to before me, a Notary Public, this 16th day of April, 1991.

Kelly M. Dallas
Notary Public
Kelly M. Dallas

My Commission expires:
10-22-91

County of Residence: Lake

This Instrument prepared by Ernestine S. Jones

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01745

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159201

Local No. 88 831

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME FIRST MIDDLE LAST: Hancy Jones Jr.
2. SEX: Male
3. DATE OF DEATH (Mo, Day, Yr): Nov 26, 1988
4. SOCIAL SECURITY NUMBER: 407-09-8444
5a. AGE—Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 12/23/1921
7. BIRTHPLACE (City and State or Foreign Country): Mayfield, Ky.
8. YEAR LAST SERVED IN US ARMED FORCES?: 1945
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mercy HOspital
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ernestine
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Landscape Architect
12b. KIND OF BUSINESS/INDUSTRY: ~~Gary Park Dept.~~
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 466 W. 20th Place
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 46404
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+): 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hancy Jones Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Laura Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Ernestine Jones
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 466 W. 20 Place Gary, Indiana
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 1, 1988 Oak Hill Cem.
20c. LOCATION—City or Town, State: Gary, Ind.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER (of Licensee): #1008847
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Ennols & Robinson Mem Chpl 1900 W. 15th Av. Gary, In

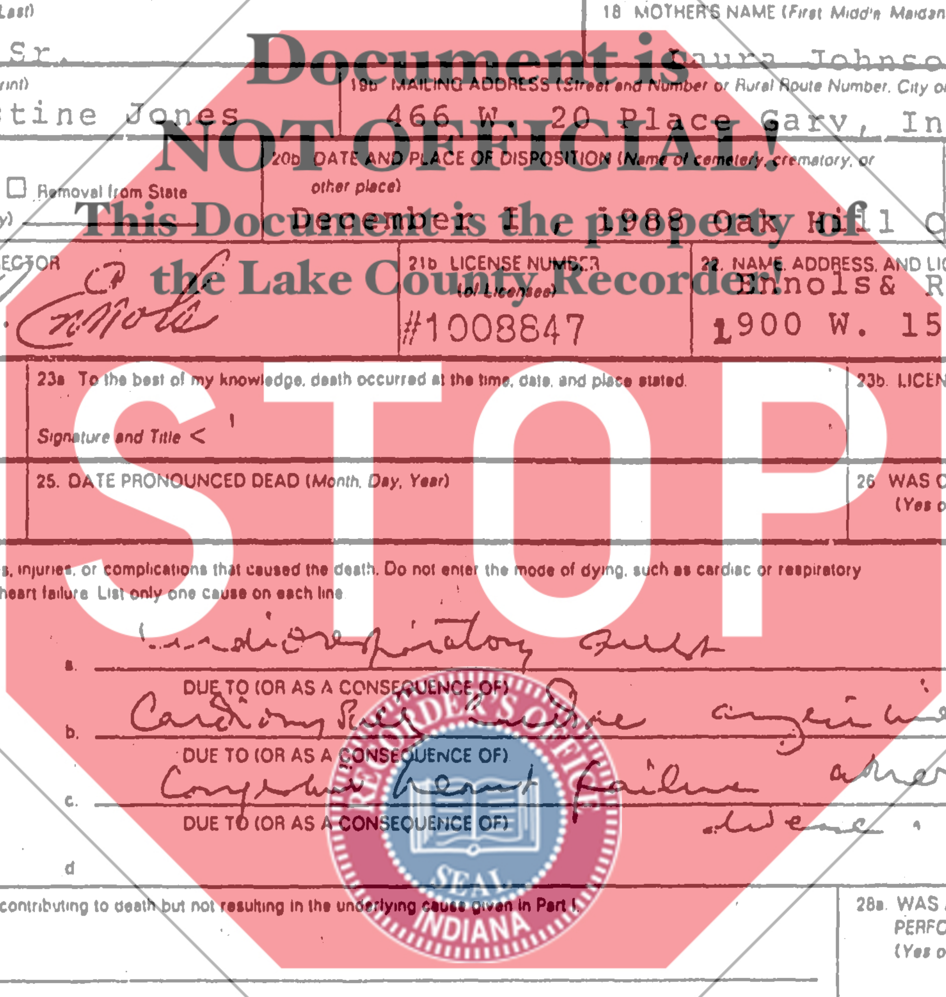
PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

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)

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

24. TIME OF DEATH: 1:57 P M
25. DATE PRONOUNCED DEAD (Month, Day, Year)
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)



CAUSE OF DEATH — SEE INSTRUCTIONS

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 resulting in death)
a. Cardiorespiratory arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiomyopathy ... angina
DUE TO (OR AS A CONSEQUENCE OF):
c. Congestive heart failure atherosclerotic heart disease
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER — SEE INSTRUCTIONS

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ 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.
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER 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.

FILED
APR 30 1991
Anna M. Antone
AUDITOR LAKE COUNTY

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. LICENSE NUMBER: 27477
29d. DATE SIGNED (Month, Day, Year): Nov 30, 1988
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): 1360 S. Lake Park, Hobart, Ind 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month, Day, Year): DEC 05 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
01749
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TICOR TITLE INSURANCE Crown Point, Indiana
Lt 47
#46-586-87 Andrew Maine & H Oak Manor