Hold for Levy

93034281

A F F I D A V I T

FILED
MAY 26 1993
Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Frances James aka Mary Frances James, being duly sworn upon her
aka Mary F. James
oath says:

THAT she is the surviving spouse of Arese F. James, Sr. aka Arese James, her husband hxxxxxx.

AFFIANT further states that Arese James Sr., aka Arese James departed this life on April 18, 1990, that during their lifetime, they were the owners and grantees of the following described real estate in Lake County, Indiana, to wit:

The east 12.5 feet of Lot 45, Block 2 of the Main Street Annex to Logan Park in the City of Gary, Lake County Indiana.

Commonly known as 1410 W. 17th Ave. Gary, Indiana

Key # 46-20-45

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

STATE OF INDIANA/S.S.NO. LAKE COUNTY FILED FOR RECORD
MAY 26 11 45 AM '93
SAMUEL ORLICH RECORDER

THAT on the death of the said spouse, Arese James, this affiant, as survivor, became and is now the owner in fee simple of the above described real estate and that she makes this affidavit in order to enable the Auditor to transfer the title of said property to the name of this affiant Frances James, aka Mary Frances James aka Mary F. James for the purpose of taxation.

Frances James AKA
Mary F. James
(Spouse)
AKA Mary Frances James

Subscribed and sworn to before me this 26th day of May.

My commission expires 2-18-95

Vera Stevens Pearce
(Notary Public)

NOTARY PUBLIC

This affidavit was prepared by owner.

200

01712

Key # 46-20-45
Main St Annex Logan Park
E, 1042 F1, 05 6,45 Bl 2

Local No. 861-90

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Arese F. James Sr.
2 SEX: Male
3a TIME OF DEATH: 10:40A M
3b DATE OF DEATH (Month Day Yr): April 18, 1990
4 SOCIAL SECURITY NUMBER: 317-16-6895
5a AGE—Last Birthday (Years): 63
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo. Day, Yr): JUL 11, 1926
7 BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a WAS DECEDENT A U.S. VETERAN?: Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
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): Methodist Hospital Southlake
9c CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Mary Frances Larson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Insurance Agent
12b KIND OF BUSINESS/INDUSTRY: Western And Southern In
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Gary
13d STREET AND NUMBER: 1410 West 17th Avenue
13e ZIP CODE: 46407
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify): Afro Am
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

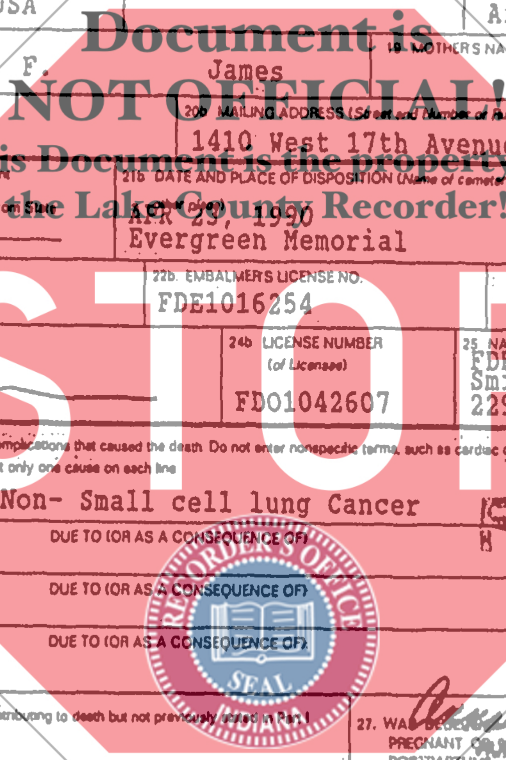
18 FATHER'S NAME (First, Middle, Last): Lonnie F. James
19 MOTHER'S NAME (First, Middle, Maiden Surname): Clara Burns

INFORMANT

20a INFORMANT'S NAME (Type/Print): Mary Frances James
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1410 West 17th Avenue, Gary, Indiana 46407
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): APR 23, 1990 Evergreen Memorial
21c LOCATION—City or Town, State: Hobart, Indiana
22a EMBALMER'S NAME: Sherman G. Banks
22b EMBALMER'S LICENSE NO.: FDE1016254
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01042607
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FDH3002487 Smith Bizzell & Warner 2295 Washington St. Gary, In. 46407



CAUSE OF DEATH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. Non- Small cell lung Cancer
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

FILED MAY 26 1993 [signature] AUDITOR LAKE COUNTY

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AUTOPSY PERFORMED?: No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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) as stated.
☐ CORONER 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.
29b SIGNATURE AND TITLE OF CERTIFIER: THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
29c MEDICAL LICENSE NO: 01031484
29d DATE SIGNED (Month, Day, Year): April 19, 1990
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Ray [illegible] 1012 Merrillville Road, Merrillville, Indiana 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]
32 DATE FILED (Month, Day, Year): APR 19, 90

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
APR 2 1993
[signature] LAKE COUNTY HEALTH COMMISSIONER
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY OCCURRED:
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):
34g DATE PRONOUNCED DEAD (Month, Day, Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

011713

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PO 1