

LEGAL DESCRIPTION:

Lots 34, 35, and 36, Block 5, Sanford Tubb's Second Addition to Gary, as shown in Plat Book 18 page 34, in Lake County, Indiana

93082920

PROPERTY ADDRESS: 4049 Pierce Street Gary, IN 46408

ESTATE AFFIDAVIT

Leroy Cotton, Affiant, states that:

STATE OF INDIANA  
CLERK OF SUPERIOR COURT  
LAKE COUNTY, INDIANA  
Dec 9 10 37 AM '93

1. Mary Cotton, deceased, died on the 19th day of FEBRUARY, 1991;

2. Affiant is:  the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;

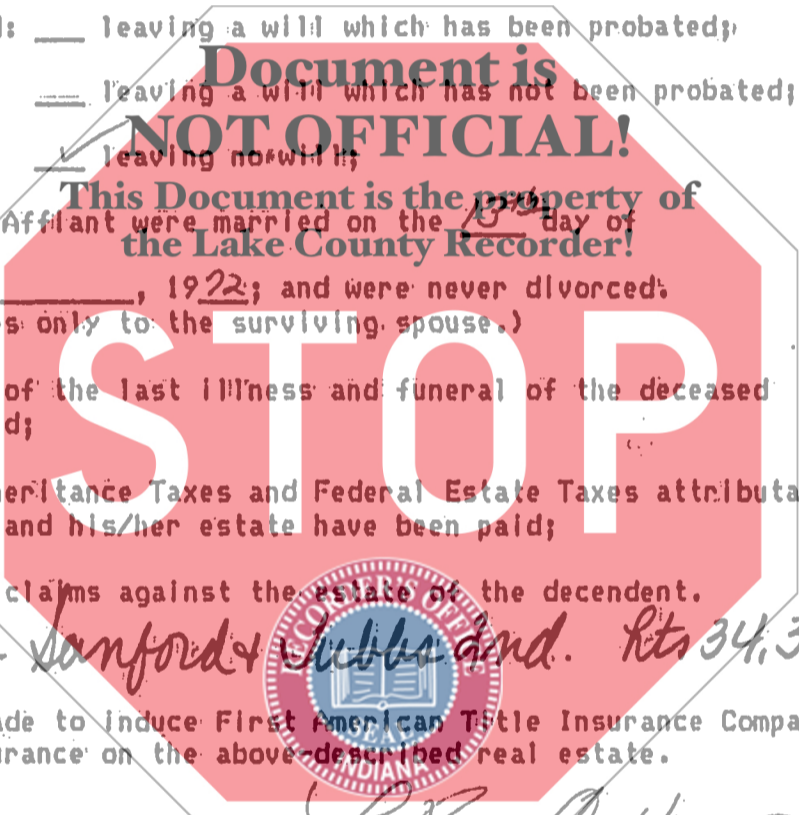
3. The deceased died:  leaving a will which has been probated;  
 leaving a will which has not been probated;  
 leaving no will;

4. The deceased and Affiant were married on the 13th day of August, 1972; and were never divorced.  
(This item applies only to the surviving spouse.)

5.  All expenses of the last illness and funeral of the deceased have been paid;

6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7.  There are no claims against the estate of the decedent.



Re # 47-7-38 - Sanford Tubb's 2nd. Pts 34, 35, 36 Bl 5

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date 11-19-93  
**FILED**

Leroy Cotton  
Signature of Affiant Leroy Cotton

NOV 30 1993

Leroy Cotton  
Printed Name of Affiant

State of Indiana, County of Lake  
Andrea A. Widlowski  
AUDITOR LAKE COUNTY

Subscribed and sworn to before me, this 19th day of November, 1993.

Andrea A. Widlowski  
Printed Name of Notary

Andrea A. Widlowski  
Signature of Notary

My Commission expires: 9-17-97

My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY:

LAKE COUNTY, INDIANA  
NOTARY PUBLIC  
ANDREA A. WIDLOWSKI  
11-17-97

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mary</b>		1B. MIDDLE <b>Elizabeth</b>	1C. LAST (FAMILY) <b>Cotton</b>	2A. DATE OF DEATH—MO., DAY, YR. <b>February 19, 1991</b>
4. RACE <b>Negro</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO., DAY, YR. <b>November 22, 1923</b>	7. AGE IN YEARS <b>67</b>
8. STATE OF BIRTH <b>IN</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>Monroe Smith</b>	10B. STATE OF BIRTH <b>MS</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Mary Dabney</b>
12. MILITARY SERVICE? <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>317-16-6414</b>	14. MARITAL STATUS <b>Married</b>	15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME! <b>Leroy Cotton</b>
16A. USUAL OCCUPATION <b>Marketing</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Food</b>	16C. USUAL EMPLOYER <b>Demo Unlimited</b>	16D. YEARS IN OCCUPATION! <b>3</b>
17. EDUCATION—YEARS COMPLETED <b>12</b>		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>4048 Gelber Street #12</b>		
18B. CITY <b>Los Angeles</b>		18C. ZIP CODE <b>90008</b>		
18D. COUNTY <b>Los Angeles</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>22</b>	18F. STATE OR FOREIGN COUNTRY <b>California</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LeRoy Cotton - Husband 4048 Gelber Street #12 Los Angeles, CA. 90008</b>
19A. PLACE OF DEATH <b>Alcott Rehabilitation Hosp</b>		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>Los Angeles</b>	21. TIME INTERVAL BETWEEN ONSET AND DEATH <b>2 Wks.</b>
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>3551 West Olympic Boulevard</b>		19E. CITY <b>Los Angeles</b>		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE <b>(A) Respiratory Failure</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO <b>(B) Pulmonary Metastasis</b>		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO <b>(C) Carcinoma Of Colo-Rectum</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Abdominal Carcinomas</b>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? YES LIST TYPE OF OPERATION AND DATE: <b>Left Hemicolectomy Subtotal. Proctectomy with end-colostomy 4-6-89</b>		27. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Cyrus T. Green</b>		
27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>3/20/89</b>		27C. CERTIFIER'S LICENSE NUMBER <b>C178940</b>		
27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>C. Green, M.D., 4319 Leimert Blvd., Los Angeles, CA</b>		27D. DATE SIGNED <b>2/19/91</b>		
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>		28B. DATE SIGNED <b>[Date]</b>		
29. MANNER OF DEATH—(1) SUDDEN, (2) SUICIDE, (3) ACCIDENT, (4) HOMICIDE, (5) OTHER INVESTIGATION OF WHICH DATE NOT BE DETERMINING		30A. PLACE OF INJURY <b>[Blank]</b>		
30B. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) <b>[Blank]</b>		30C. DATE OF INJURY 1 31 HOUR MONTH, DAY, YEAR: <b>[Blank]</b>		
30D. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>[Blank]</b>		30E. JOB INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
34A. DISPOSITION(S) <b>BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Oakdale Memorial Park 1401 S. Grand Ave., Glendora, CA</b>	34C. DATE MO., DAY, YEAR <b>2-23-91</b>	34D. SIGNATURE OF EMBALMER <b>Mark A. Cresswell</b>
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Oakdale Mortuary</b>		35B. LICENSE NO. <b>1427</b>	35C. SIGNATURE OF LOCAL REGISTRAR <b>Robert C. [Signature]</b>	35D. LICENSE NUMBER <b>E-7121</b>
36. REGISTRATION DAY <b>FEB 22 1991</b>		37. REGISTRATION DAY <b>FEB 22 1991</b>		
38. STATE REGISTRAR		39. CENSUS TRACT		

153.0. 52! MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS 01-9-1-0012

*Sanford & Tubbs And.  
Rts 34, 35, 36 Bl 5*

*# 47-7-38*  
**FILED**

NOV 30 1993

*Anna N. Anton*  
AUDITOR LAKE COUNTY

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

**FEB 25 1991**

3 *[Signature]*  
Director of Health Services and Registrar

*1744-A*