

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE DECEDENT:
MARIE E. TERRY

STATE OF INDIANA
FILED
MAR 25 11 05 AM '94
S. RECORDER OF DEED

94022552

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now **BRENDA T. JOHNSON**, being duly sworn upon her oath and states as follows:

That **BRENDA T. JOHNSON** owns one-half (1/2) interest, **LEO BOGEE, SR.** owns one-twelfth (1/12) interest and **LINDA WYATT, LOIS BOGEE, LOWERY BOGEE, LEO BOGEE, JR., LYDIA ALSTON** and **LENNETTE PARKS** own five-seventy second (5/72) interest each, as tenants in common of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Document is NOT OFFICIAL!

DUEY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

Gary Land Company's 1st Subdivision, All Lot 16 Block 4, Gary, Lake County, Indiana.

More commonly known as: 840 Van Buren Street, Gary, Indiana 46402, Key No. 44-0004-19.

MAR 25 1994

Anna M. Antony
AUDITOR LAKE COUNTY

That the decedent, **MARIE E. TERRY**, and her mother, **ANNA W. TERRY**, held said real estate as tenants in common by way of Warranty Deed dated July 8, 1969, and recorded in the Office of the lake County Indiana Recorder on July 11, 1969, until the death of **ANNA W. TERRY**, on the 3rd day of July, 1970, at which time the decedent, **MARIE E. TERRY**, and the heirs at law provided under the laws of intestate succession in the Indiana Probate Code of **ANNA W. TERRY**, to-wit: the decedent, **MARIE E. TERRY**, Affiant, **BRENDA T. JOHNSON** and **EUNICE INETTE BOGEE**, acquired title to the real estate as tenants in common.

That the gross value of the estate of **ANNA W. TERRY**, deceased, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the estate of **ANNA W. TERRY**, deceased, was not subject to Federal Estate Tax.

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1600

That the estate of ANNA W. TERRY, deceased, was not subject to Indiana Inheritance Taxes.

That the decedent, MARIE E. TERRY, Affiant, BRENDA T. JOHNSON, and EUNICE INETTE BOGEE, held said real estate as tenants in common until the death of EUNICE INETTE BOGEE, on the 8th day of October, 1991, at which time the decedent, MARIE E. TERRY, Affiant, BRENDA T. JOHNSON, and the heirs at law as provided under the laws of intestate succession in the Indiana Probate Code of EUNICE INETTE BOGEE, to-wit: LEO BOGEE, SR., LINDA WYATT, LOIS BOGEE, LOWERY BOGEE, LEO BOGEE, JR., LYDIA ALSTON and LENNETTE PARKS, acquired title to the real estate as tenants in common.

That the gross value of the estate of EUNICE INETTE BOGEE, deceased, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the estate of EUNICE INETTE BOGEE, deceased, was not subject to Federal Estate Tax.

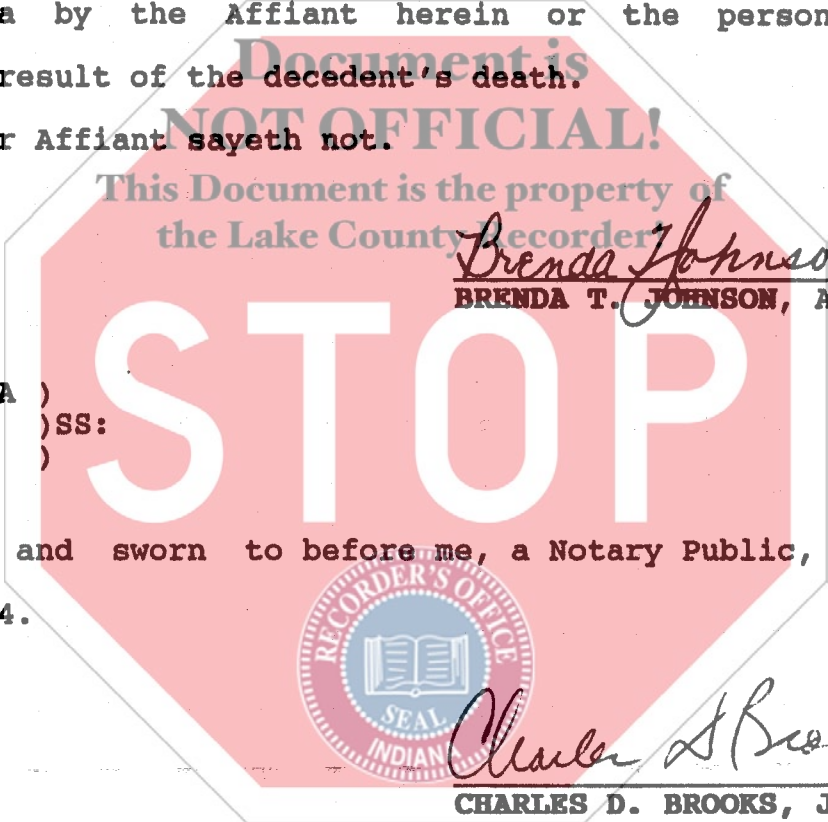
That the estate of EUNICE INETTE BOGEE, deceased, was not subject to Indiana Inheritance Taxes.

That the decedent, MARIE E. TERRY, Affiant, BRENDA T. JOHNSON, and LEO BOGEE, SR., LINDA WYATT, LOIS BOGEE, LOWERY BOGEE, LEO BOGEE, JR., LYDIA ALSTON and LENNETTE PARKS, held said real estate as tenants in common until the death of MARIE E. TERRY, on the 27th day of July, 1993, at which time the Affiant, BRENDA T. JOHNSON, and LEO BOGEE, SR., LINDA WYATT, LOIS BOGEE, LOWERY BOGEE, LEO BOGEE, JR., LYDIA ALSTON and LENNETTE PARKS, and the heirs at law as provided under the laws of intestate succession in the Indiana Probate Code of MARIE E. TERRY, to-wit: LINDA WYATT, LOIS BOGEE, LOWERY BOGEE, LEO BOGEE, JR., LYDIA ALSTON and LENNETTE PARKS, acquired title to the real estate as tenants in common.

That the gross value of the estate of MARIE E. TERRY, deceased, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the estate of MARIE E. TERRY, deceased, was not subject to Federal Estate Tax.

That the estate of the decedent, MARIE E. TERRY, was subject to Indiana Inheritance Taxes and the Indiana Inheritance Tax assessed as a result of this specific transfer has been paid to the Treasurer of Lake county, Indiana by the Affiant herein or the persons who received transfers as a result of the decedent's death.

Further your Affiant sayeth not.



Brenda Johnson
BRENDA T. JOHNSON, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 24, day of March, 1994.

Charles D. Brooks, Jr.
CHARLES D. BROOKS, JR.,
Notary Public

Resident of Lake County
My Commission Expires 2-13-96.

This Instrument was prepared by CHARLES D. BROOKS, JR., Attorney at Law
5857 Broadway
Merrillville, Indiana 46410
(219) 884-6444

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1908-93

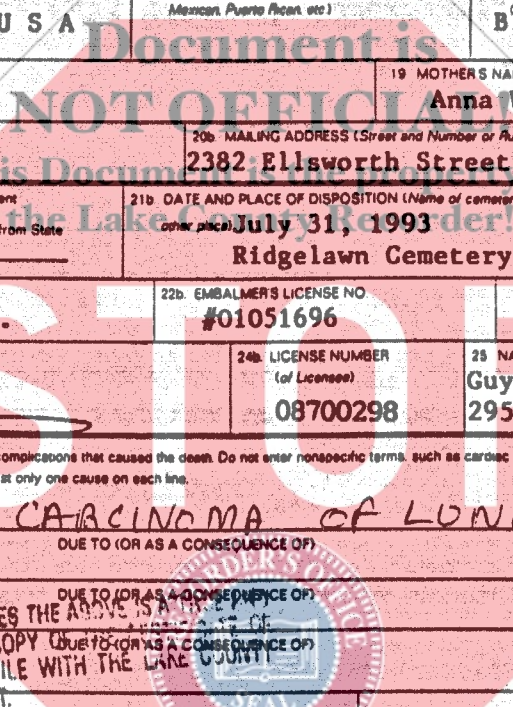
CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Marie Terry				2 SEX Female		3a TIME OF DEATH 9:45 P M		3b DATE OF DEATH (Month Day Yr) July 27, 1993	
4 SOCIAL SECURITY NUMBER 311-32-0924		5a AGE—Last Birthday (Years) 58	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) February 13, 1935		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL Methodist Hospital Southlake <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
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) Never married		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Examiner			12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) RR Donnelly & Sons		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 840 Van Buren Street			
13a ZIP CODE 46402	13i INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5+) 		
18 FATHER'S NAME (First Middle, Last) O. D. Terry				19 MOTHER'S NAME (First Middle, Maiden Surname) Anna Webster					
20a INFORMANT'S NAME (Type/Print) Brenda Johnson				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2382 Ellsworth Street, Gary, Indiana 46404			20c Relationship Sister		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 31, 1993 Ridgelawn Cemetery			21c LOCATION—City or Town, State Gary, Indiana			
22a EMBALMER'S NAME Roosevelt Allen Sr.			22b EMBALMER'S LICENSE NO. #01051696		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR 			24b LICENSE NUMBER (of Licensee) 08700298		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404				
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. CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF) a. CARCINOMA OF LUNG b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Approximate Interval Between Onset and Death 1 yr									
26. PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I AUG 05 1993									
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO					
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Lake County Health Commissioner			29c MEDICAL LICENSE NO. 01030107		29d DATE SIGNED (Month Day, Year) 8-3-93		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) A. H. Parai M.D. 125 East 89th Ave Merrillville, IN 46410									
31 HEALTH OFFICER'S SIGNATURE 						32 DATE FILED (Month Day, Year) August 6, 1993			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED				
CORONER USE ONLY		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.							



THIS CERTIFIES THE ABOVE IS A COMPLETE COPY OF THE CAUSE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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

58H 113-3

Local No. **2010084**

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Anna (Annie) Terry** Female 7/3/1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **Negro** AGE—LAST BIRTHDAY (YEARS) **59** UNDER 1 YEAR MOS. UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) **1/6/1911** COUNTY OF DEATH **Lake**

4. **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Mercy Hospital**

DECEASED 7b. **Mississippi** 8. **U.S.A.** 9. **Widowed** 10. **Widowed** 11. _____

12. **307-20-1761** 13a. **Housekeeper** 13b. _____

14a. **Indiana** 14b. **Lake** 14c. **Gary** 14d. **Yes** 14e. **Calumet**

14f. **840 Van Buren St.** 14g. **Yes** **No**

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

15. **Ed. Webster** 16. **Elizabeth Poole**

17a. **Eunice Rogee** 17b. **Daughter** 17c. **1545 Pierce 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. IMMEDIATE CAUSE (a) **C V H** **2 days**
 (b) **Hypertension** **1 yr.**
 (c) _____

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

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19a. **None other** 19b. **No**

DEATH OCCURRED (HOUR) M. 20b. **July 3 1970** DATE SIGNED (MONTH, DAY, YEAR) **7-3-70**

CERTIFIER CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. **Edwin G. Moore, M.D.** 22b. **Edwin G. Moore, M.D.**

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

23. **26 East 15th Avenue** **Gary** **Indiana** **46407**

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

24a. **Burial** 24b. **Oak Hill Cemetery** 24c. **Gary Indiana** 24d. **250**

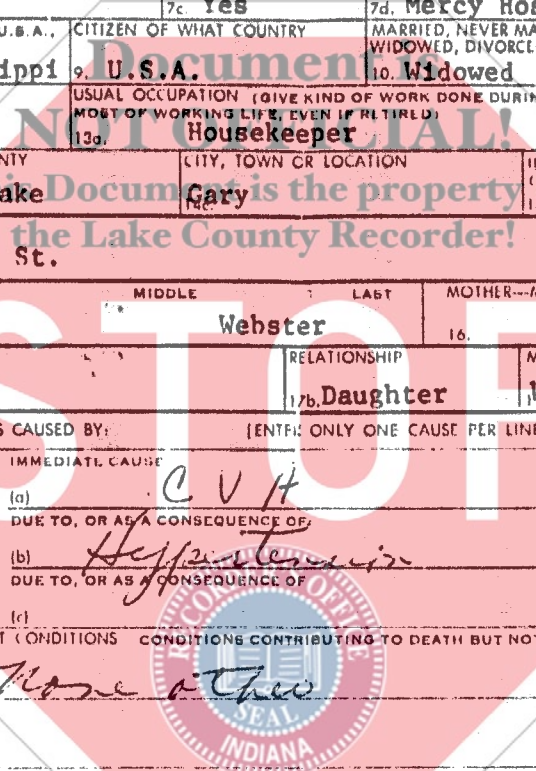
DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)

24d. **7/7/70** 25a. **Guy & Allen F.D. 2205 Wash. St. Gary, Ind. 46407**

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. **Rosevelt Allen** 26a. **[Signature]** 26b. **JUL 7 1970**

PRINT WITH INK
 3 A
 ENT
 RD
 Office Use
 ENBALMER'S NAME **Roosevelt Allen Jr.**
 LICENSE No. **5170**
 FUNERAL DIRECTOR'S LICENSE No. **2087**
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 No



STATE OF ILLINOIS
County of Cook,

ss. DAVID D. ORR. County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

REGISTRATION DISTRICT NO 16.92		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 1367		MEDICAL CERTIFICATE OF DEATH 91.062177			
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH MONTH DAY YEAR	
1 EUNICE Inette BOGED		2 FEMALE		3 OCTOBER 8, 1991	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		DATE OF BIRTH MONTH DAY YEAR	
4 COOK		5a 68		5b JULY 21, 1923	
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER GIVE STREET AND NUMBER		IF HOSP OR INST INDICATE D.O.A. OR OTHER RES. HOSPITAL (SPECIFY)	
6a PROVISIO TOWNSHIP		6b FOSTER G. MCGAW HOSPITAL		6c INPATIENT	
BIRTHPLACE AND STATE OF DECEASED		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)		MARRIED NAME OF WIFE	
7 Ashland, Miss.		8a MARRIED		8b LEO J BOGED	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10 314-14-8732		11a Nurse		11b Hospital	
RESIDENCE - STREET AND NUMBER		CITY, TOWN, TWP OR ROAD DISTRICT NO		INSIDE CITY YES/NO	
13a 545 PIERCE STREET		13b GARY		13c Yes	
STATE		RACE (WHITE, BLACK, AMER IN, INDIAN OR SPECIFY)		OF HISPANIC ORIGIN* SPECIFY NO OR YES IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR	
13a INDIANA		14a BLACK		14b X NO YES SPECIFY	
FATHER'S NAME FIRST MIDDLE LAST		MOTHER'S NAME FIRST MIDDLE (MAIDEN) LAST			
15 Charles Reaves		16 Anna Webster			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)	
17a SUSAN H. FLORES		17b HOSPITAL RECORDS		17c 2160 S. 1ST AVE., MAYWOOD, ILL 60153	
18 PART I		Enter the diseases, 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.			
Immediate Cause (Final disease or condition resulting in death)		(a) Dilated cardiomyopathy			
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST		(b) ischemic heart disease			
		(c) coronary atherosclerosis			
PART II		AUTOPSY (YES/NO)		WAS AUTOPSY PERFORMED (AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH) (YES/NO)	
19a		19b Yes		19c No	
DATE OF OPERATION IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO	
20a		20b		20c YES/NO	
11 DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a October 8 1991		21b Yes		21c 4:01 P.M.	
TO THE BEST OF MY KNOWLEDGE, BELIEF OR OCCURRENCE AT THE TIME (DATE AND PLACE) AND DUE TO THE CAUSE(S) STATED		DATE SIGNED			
22a SIGNATURE (Type or Print)		22b			
22c 2160 S. 1ST AVE., MAYWOOD, ILL 60153		22d 125-023825			
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
23					
BURIAL, CREMATION, RECREATION (SPECIFY)		FURNITORY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE	
24a Burial		24b Ridgeland		24c Gary, Indiana	
FUNERAL HOME		NAME		CITY OR TOWN STATE	
25a Barker's Mortuary, 8900 S. Throop St., Chicago, Illinois 60643		25b		25c 034-009009	
FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
26a Richard J. Biliak		26b October 9, 1991			

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