

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
ROOM THREE
SITTING AT GARY, INDIANA

FILED

APR 12 1994

Anna N. Anton

IN RE DECEDENT:
ADDIE L. JONES

AFFIDAVIT OF SURVIVORSHIP

94027303

Comes now **THOMAS LEE JONES**, being duly sworn upon his oath and states as follows:

1. That **THOMAS LEE JONES**, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 16 and Lot 15, except the North 20 feet thereof, in Block 23 in Ironwood County Unit "A", Gary, as per Plat thereof, recorded in Plat Book 21 page 4, in the office of the Recorder of Lake County, Indiana.

Commonly known as 2360 Tennessee Street, Gary, Indiana, 46407

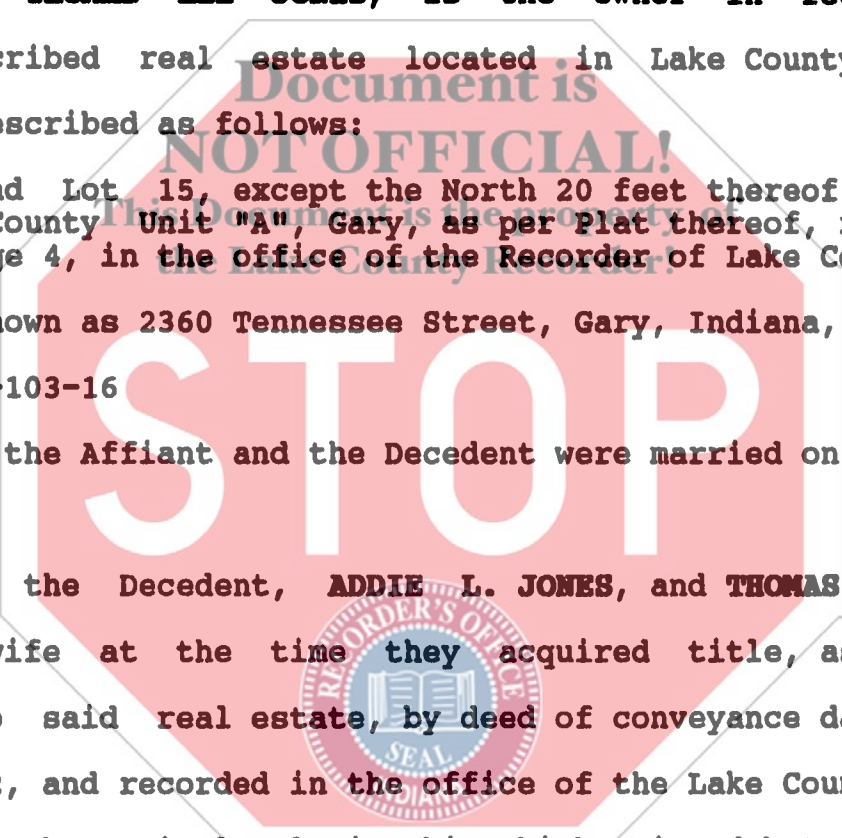
Key No. 45-103-16

2. That the Affiant and the Decedent were married on the 15th day of November, 1961.

3. That the Decedent, **ADDIE L. JONES**, and **THOMAS LEE JONES**, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 2nd day of August, 1962, and recorded in the office of the Lake County Recorder.

4. That the marital relationship which existed between this Affiant and **ADDIE L. THOMAS**, his wife, continued unbroken from the time they so acquired title to said real estate until the death of **ADDIE L. THOMAS**, his wife, on the 2nd day of January 1993, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

5. That the gross value of the estate of the Decedent, **ADDIE L. THOMAS**, as determined for the purpose for Federal and State taxes, was



RECORDER'S OFFICE
APR 12 11 03 AM '94
LAKE COUNTY, INDIANA

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less than the value required for the filing and the Decedent's estate was not subject to Federal Estate Tax.

Further your Affiant sayeth not.

Thomas L. Jones
THOMAS LEE JONES, AFFIANT

State of Indiana)
County of Lake)

Subscribed and sworn to before me, a notary public, this 18th day
of October, 1993.

Charles D. Brooks, Jr.

CHARLES D. BROOKS, JR., NOTARY PUBLIC



Resident: County of Lake
Commission Expires: 2-13-96

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

STOP



This document prepared by:
Charles D. Brooks, Jr.
Attorney at Law
5857 Broadway
Merrillville, IN 46410
(219) 884-6444



93-0004

INDIANA STATE DEPARTMENT OF HEALTH

92-0927

CERTIFICATE OF DEATH

State No.

Local No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DRIVER ONLY

1. DECEASED—NAME (First, Middle, Last) Addie L. Jones				2. SEX Female	3a. TIME OF DEATH 8:55 a.m.	3b. DATE OF DEATH (Month, Day, Year) January 2, 1993
4. SOCIAL SECURITY NUMBER 356-26-8806		5a. AGE—Last Birthday (Year) 58	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) May 20, 1934	7. BIRTHPLACE (City and State or Foreign Country) AR
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Check only one for instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): Residence				
9a. FACILITY NAME (If not institution, give street and number) 2360 Tennessee Street			9b. CITY, TOWN, OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Thomas L. Jones	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Caterer		12b. KIND OF BUSINESS/INDUSTRY Margo's Catering		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2360 Tennessee Street		
14a. ZIP CODE 46407	14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14c. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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) 8th	
18. FATHER'S NAME (First, Middle, Last) John Wesley Geeter			19. MOTHER'S NAME (First, Middle, Maiden Surname) Lettie Lilly			
20a. INFORMANT'S NAME (Type/Print) Thomas L. Jones		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2360 Tennessee St., Gary, IN 46407			20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) January 8, 1993 Chapel Lawn Cemetery		21c. LOCATION—City or Town, State Schererville, IN		
22a. EMBALMER'S NAME Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. 01051701		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, IN 46404 83007704		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, check for heart failure. List only one cause on each line. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Unknown						
DUE TO (OR AS A CONSEQUENCE OF): H/O MITRAL REGURGITATION						
DUE TO (OR AS A CONSEQUENCE OF): HYPERLIPIDEMIA						
DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hepatitis C Infection Thrombocytopenia Recurrent Phlebitis						
27. WAS DECEDENT PRE-EXISTENT 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) ---						
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 <i>[Signature]</i> MD				29c. MEDICAL LICENSE NO. 31025	29d. DATE SIGNED (Month, Day, Year) 1/12/93	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. F. Agaha; 4844 Broadway Gary, IN 46408						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				DATE FILED (Month, Day, Year) Jan 15 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"/> Homicide <input type="checkbox"/> Could not be Determined		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)	33d. DESCRIBE HOW INJURY OCCURRED Owned by 2/1994	
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34b. LOCATION (Street and Number or Rural Route Number, City or Town, State) Owned by 2/1994			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 00675				