STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

94032038

94 APR 28 AM 10:32

SAM ORLICH
RECORDER

Ticor-M.O.
185518
Doleman

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A.J. Jackson, being first duly sworn upon oath, deposes and says:

1. That Beatrice Jackson died on January 10, 19 94 at Merrillville, Indiana.

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

Lot 23 and the South 1/2 of Lot 22 in Block 12 in George and William Earle's Second Glen Park Addition to Gary, as per plat thereof, recorded in Plat Book 9 page 19, in the Office of the Recorder of Lake County, Indiana.

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.

Further affiant sayeth not.

A.J. Jackson
A.J. Jackson

Subscribed and sworn to before me, a Notary Public, this 22nd day of April, 1994.

FILED

APR 27 1994

AUDITOR LAKE COUNTY

Barbara J. Hall
Barbara J. Hall Notary Public

My Commission expires:

1-21-95

County of Residence:

Porter

This Instrument prepared by A.J. Jackson

01688

800

INDIANA STATE DEPARTMENT OF HEALTH

Local No. E277-94 — **CERTIFICATE OF DEATH** — State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
Beatrice Jackson	Female	4:57 A M	January 10, 1994

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
312-34-2631	74			January 17, 1919	Proctor, Arkansas

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	N/A	HOSPITAL XXX Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Methodist Hospital Southlake	Merrillville	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	A. J. Jackson	Homemaker	Home

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Gary	3986 Jefferson Street

13e ZIP CODE	13f INSIDE CITY LIMITS	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN?	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
					Elementary/Secondary (0-12)	College (1-4 or 5+)
46408	13g ON A FARM? XXX No ☐ Yes	U.S.A.	XXX No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc)	Black	8th	

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
Birchie Newsom	Leslie Foster

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
A. J. Jackson	3986 Jefferson Street Gary, Indiana 46408	Husband

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
XXX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	January 15, 1994 Evergreen Cemetery	Hobart, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Roosevelt Allen Jr.	#01051701	XXX No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Valerie Broadus	08700646	~~83007704~~ Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404

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 Stroke	~~1-2 Hours~~
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b DUE TO (OR AS A CONSEQUENCE OF)	
	c DUE TO (OR AS A CONSEQUENCE OF)	
	d DUE TO (OR AS A CONSEQUENCE OF)	

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Diabetes mellitus. Seizure. Urinary tract infection, Deep vein thrombosis.	No	No	

CERTIFIER

29a CERTIFIER (Check only one)
- XXX 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
Niridula Prasad	#50003301	January 29, 1994

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Prasade 115 East 80th Ave. Merrillville, IN 46410

31 HEALTH OFFICER'S SIGNATURE: Alexander D. Rollins, M.D.

32 DATE FILED (Month Day Year): February 1, 1994

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER 00