Please Return To:

ARNOLD KREVITZ
Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

95002466

AMASA G. COLE
CHIEF DEP. RECORDER

95 JAN 12 PM 2:41

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JUANITA SCOTT, being first duly sworn upon her oath, deposes and says:

1. That she was married to **LEWIS SCOTT** on August 6, 1959, who died a resident of Gary, Lake County, Indiana, on September 7, 1989, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of his death, **LEWIS SCOTT** and **JUANITA SCOTT**, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

South 45' of Tract 33, Suburban Acres, in the City of Gary, as per plat thereof, recorded in Plat Book 23, page 13, in the Office of the Recorder of Lake County, Indiana.

3. That the Affiant and the Decedent, **LEWIS SCOTT**, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate to the time of his death on September 7, 1989.

4. That the Estate of **LEWIS SCOTT**, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

Juanita Scott
JUANITA SCOTT

Subscribed and sworn to before me, a Notary Public, this 9th day of January, 1995.

Mary P. Coons
MARY P. COONS, Notary Public
Resident of Porter County

My Commission Expires:
January 6, 1997

FILED
JAN 12 1995
SAM ORLICH
AUDITOR LAKE COUNTY

This Instrument Prepared by: ARNOLD KREVITZ
Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

000098

11.00

RE-SUB

INDIANA STATE BOARD OF HEALTH

Local No. 4129-89

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): LEWIS SCOTT
2 SEX: MALE
3a TIME OF DEATH: 04:30 PM
3b DATE OF DEATH (Month, Day, Yr.): SEPTEMBER 7, 1989
4 SOCIAL SECURITY NUMBER: 309-12-7956
5a AGE—Last Birthday (Years): 69
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day. Yr.): June 15, 1920
7 BIRTHPLACE (City and State or Foreign Country): Clarksdale, Mississi
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): HOSPITAL XX Inpatient; ER/Outpatient; DOA. OTHER: Nursing Home; Other (Specify); Residence
9b FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Hobart
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Juanita Johnson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use 'retired'): Foreman
12b KIND OF BUSINESS/INDUSTRY: U.S. Reduction
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Gary
13d STREET AND NUMBER: 941 Colfax St.
13e ZIP CODE: 46406
13f INSIDE CITY LIMITS: No XX Yes
13g ON A FARM? XX No Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): Afro. Amer.
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): Unknown
19 MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Unknown

INFORMANT

20a INFORMANT'S NAME (Type/Print): Juanita Scott
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 941 Colfax St. Gary, IN 46406
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: XX Burial; Cremation; Donation; Entombment; Removal from State; Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 12, 1989 Oakhill Cem
21c LOCATION—City or Town, State: Gary, IN
22a EMBALMER'S NAME: Sherman G. Banks 3rd
22b EMBALMER'S LICENSE NO.: FD01042607
23 WAS DEATH REPORTED TO CORONER? XX No Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Ed Wa[illegible]
24b LICENSE NUMBER (of Licensee): FDO 1042607
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner FDH 3002487 2295 Washington St. Gary 46407

CAUSE OF DEATH

28 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Intra cerebral hemorrhge
DUE TO (OR AS A CONSEQUENCE OF):
b. hypertension
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

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously listed in Item 28

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): C
28a WAS AN AUTOPSY PERFORMED? (Yes or no)
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

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

JAN 09 1995

Alexander B. Killian M.D.

CERTIFIER

29a CERTIFIER (Check only one): XX 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: Vijay Dave
29c MEDICAL LICENSE NO.: 01[illegible]51
29d DATE SIGNED (Month, Day, Year): September 8, 19

FILED

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): Dr. Vijay Dave 202 East 86th Place Merrillville, IN 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Paul E. Johnson JAN 12 1995
32 DATE FILED (Month, Day, Year): OCT 18 89

SAM ORLICH AUDITOR LAKE COUNTY

CORONER USE ONLY

33 MANNER OF DEATH: Natural; Accident; Suicide; Homicide; Pending Investigation; Could not be Determined
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.