

AFFIDAVIT

MARGARET IRENE WOOD, formerly known as Margaret Irene Wright, now residing at 4180 Marshall Road, Atoka, Tipton County, State of Tennessee, 38004, being first duly sworn upon her oath deposes and says:

1. That she and DEMPSEY EARL WOOD, also known as Dempsey Wood, were married on the 29th day of May, 1992 at Brownsville, Tennessee and that they continuously thereafter lived and cohabited together as husband and wife until the said DEMPSEY EARL WOOD, died on the 9th day of August, 1992, in Memphis, Tennessee, as evidenced by a certified copy of his Death Certificate attached hereto and made a part hereof.

2. That during his lifetime the said DEMPSEY EARL WOOD, also known as Dempsey Wood, acquired the fee simple title to the following described real estate situated in Lake County, Indiana, to-wit:

Lot 2, Block 2, in Aetna Manor Fourth Subdivision in the City of Gary as shown in Plat Book 29, page 99, in Lake County, Indiana, commonly known as 1033 Clay Street, Gary, Indiana. (Key # 41-276-2).

3. That the Last Will and Testament of Dempsey Earl Wood was duly admitted to probate in the Office of the Clerk and Master of Tipton County, State of Tennessee, under Cause No. P-1012, on the 23rd day of October, 1992, and thereafter and on the 11th day of March, 1994, a certified and exemplified copy of said Last Will and Testament of Dempsey Earl Wood was filed and spread of record only in the Lake Superior Court Room 3, Gary, Indiana, under probate cause number 45DO3-9403-ES-047.

4. That pursuant to the Fourth Paragraph of the Last Will and Testament of Dempsey Earl Wood, all of the said decedent's property was given, devised and bequeath to your affiant under her former name of Margaret Irene Wright.

95057905

MARGARET IRENE WOOD
RECORDER

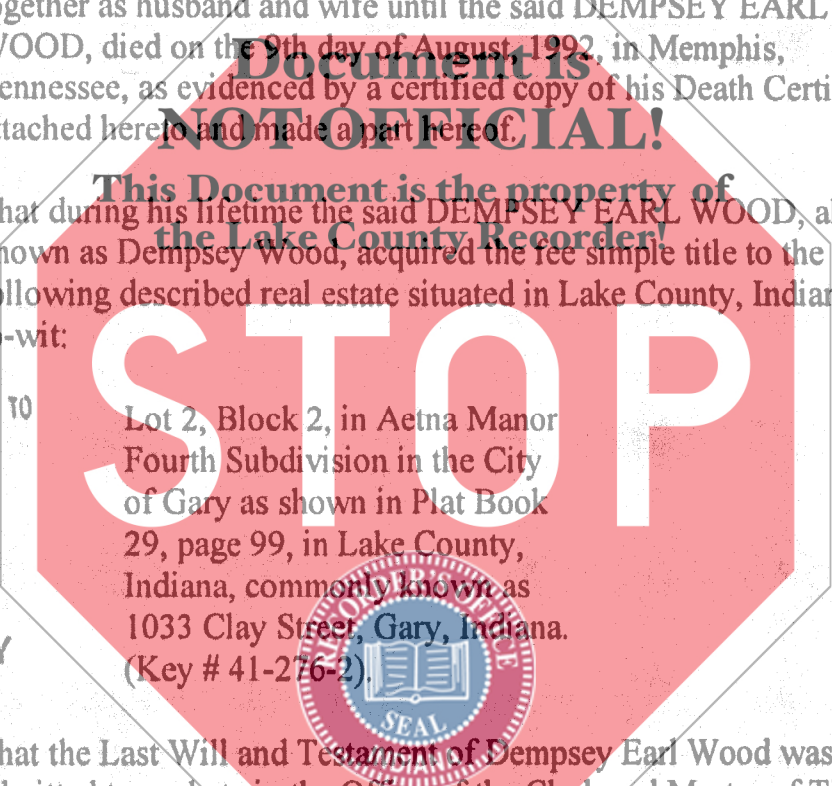
95 SEP 26 AM 10:49

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

SEP 26 1995

SAM ORLICH
AUDITOR LAKE COUNTY



300

001099

5. That to your affiant's knowledge, best information and belief, no Federal Estate Tax nor Indiana Inheritance Tax was due or assessable as a result of the death of Dempsey Earl Wood as aforesaid.
6. That your affiant makes this affidavit for the sole and only purpose of clearing the record title to the above described real estate and to show the vesting of said title in herself.

Margaret Irene Wood
MARGARET IRENE WOOD,
formerly Margaret Irene Wright

STATE OF TENNESSEE)
) SS:
COUNTY OF TIPTON)

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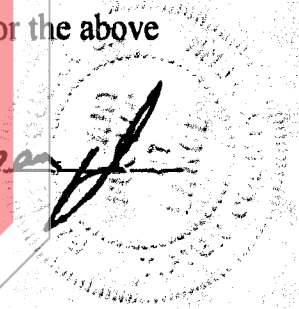
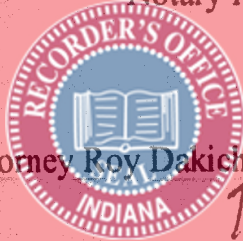
STOP

Subscribed and sworn to before me, a Notary Public in and for the above
County and State this 21ST day of September, 1995.

My Commission Expires:

9/12/98

Ralph Conroy
Notary Public



This instrument prepared by Attorney Roy Dakich, 100 E. 90th Drive, Merrillville,
IN 46410

XC 04456032

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
STRUCTURE
E HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) DEMPSEY EARL WOOD				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) AUG 9, 1992 05:25 PM			
4. SOCIAL SECURITY NUMBER 410 24 1317		5a. AGE - LAST BIRTHDAY (Years) 70	5b. UNDER 1 YEAR MOSE DAYS	5c. UNDER 1 DAY HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) DEC 9, 1921	7. BIRTHPLACE (City and State or Foreign Country) BRIGHTON, TENNESSEE		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) VA MEDICAL CENTER				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS	9d. COUNTY OF DEATH SHELBY
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MARGARET IRENE LANE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) STEELE WORKER		12b. KIND OF BUSINESS/INDUSTRY STEEL			
13a. RESIDENCE - STATE TENNESSEE		13b. COUNTY TIPTON	13c. CITY, TOWN OR LOCATION ATOKA		13d. STREET AND NUMBER OR RURAL LOCATION 4180 MARSHALL RD				
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38004	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE—American Indian, Black, White, etc. (Specify) WHITE	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th College (1-4 or 5+)				
17. FATHER'S NAME (First, Middle, Last) SAM WOOD				18. MOTHER'S NAME (First, Middle, Maiden Surname) MARGARET IRENE SMITH					
19a. INFORMANT'S NAME (Type/Print) MARGARET IRENE WOOD		19b. RELATIONSHIP TO DECEASED WIFE	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4180 MARSHALL RD ATOKA, TN 38004						
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) HELEN CRIGGER CEMETERY			20c. LOCATION—City or Town, State MUNFORD, TN				
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER		21d. LICENSE NUMBER OF EMBALMER				
22a. NAME AND ADDRESS OF FUNERAL HOME MUNFORD FUNERAL HOME MUNFORD, TN				22b. LICENSE NUMBER OF FUNERAL HOME					
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) AUG 19 1992					
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER MD 17334		25c. DATE SIGNED (Month, Day, Year) 8/11/92					
25a. MEDICAL EXAMINER — 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.									
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		25b. LICENSE NUMBER		25c. DATE SIGNED (Month, Day, Year)					
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) RANDY THOMAS, MD VA MEDICAL CENTER, 1030 JEFFERSON AVE, MEMPHIS, TN 38104									
28. PART I. Enter the diseases, injuries, 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. METASTATIC SMALL CELL CANCER OF LUNG					Approximate Interval Between Onset and Death			
Due to (or as a consequence of):	b. _____								
Due to (or as a consequence of):	c. _____								
Due to (or as a consequence of):	d. _____								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PNEUMONIA					29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31d. DESCRIBE HOW INJURY OCCURRED				
31a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							



NAME OF DECEDENT: For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued AUG 25 1992

by Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

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