

Residence located at 4312 West 20th Avenue, Gary, Indiana 46404, legally described as: All of Lot 39, Block 4 in Tarrytown First Subdivision, in the City of Gary, Indiana. (Key No. 47-440-39)

Vehicles described as: 1989 Oldsmobile Automobile, Vehicle Identification Number: 2G3AJ51R4K2365987 and 1985 Ford Truck, Vehicle Identification Number: 1FTEF14N3FPB15966.

X Helen L Cox

HELEN LOUISE COX, Affiant

4312 West 20th Avenue
Gary, Indiana 46404

**Document is
NOT OFFICIAL!**

STATE OF INDIANA)
) SS. This Document is the property of
) the Lake County Recorder!
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this 7th day of November, 1995.

My Commission Expires:

April 18, 1999



Harriet J Pence
Notary Public

Resident of Lake County

This Affidavit prepared by THOMAS M. DOGAN, ATTORNEY AT LAW.
Chapel Square, Suite 238, 7863 Broadway,
Merrillville, Indiana 46410.
(219) 769-0100

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

4cc

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **95-0611**

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First Middle Last) Excell Cox		2. SEX Male	3a. TIME OF DEATH 4:30 P.	3b. DATE OF DEATH (Month Day, Yr) August 5, 1995	
4. SOCIAL SECURITY NUMBER 409-34-3301	5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) January 5, 1918	
7. BIRTHPLACE (City and State or Foreign Country) Charleston, Mississippi	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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Home OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 4312 West 20th Avenue		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen Grigsby	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter		12b. KIND OF BUSINESS/INDUSTRY Blaw Knox Foundry	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 4312 West 20th Avenue	
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. FATHER'S NAME (First Middle Last) Anniax Cox		17. MOTHER'S NAME (First Middle Maiden Surname) Lenora Byrd			
18. RACE—American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 10th			
20a. INFORMANT'S NAME (Type/Print) Helen Cox		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) the Lake 4312 West 20th Avenue Gary, Indiana 46404		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <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) August 10, 1995 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, 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 <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404	
28. PART I: Enter the disease, 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. Chronic obstructive pulmonary disease				Approximate Interval Between Onset and Death 2 yrs	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic obstructive pulmonary disease				DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
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) 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"/> IDENTIFYING 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>			29c. MEDICAL LICENSE NO. 29392	29d. DATE SIGNED (Month Day, Year) 8/11/95	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Harsh Dalal M D 5820 Broadway Merrillville, Indiana 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month Day, Year) AUG 16 1995	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <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
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 000696			
34g. DATE PRONOUNCED DEAD (Month Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

STOP
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the Lake County Health Department
SAMPLING
LAKE COUNTY

560-97-0001 -141890

CERTIFICATE OF TITLE

STATE OF INDIANA
COMMISSIONER, BUREAU OF MOTOR VEHICLES

State Form 9697 (R2/5-88)

FOR A VEHICLE

I, Commissioner of the Bureau of Motor Vehicles, do hereby certify, pursuant to the provisions of Chapter 304 of the Acts of the General Assembly of Indiana, passed at the session of 1945, and Acts supplemental thereto, that an application has been filed in this office, as by said Acts prescribed, for a certificate of title for a vehicle as described below.

OWNER'S NAME AND ADDRESS
EXCELL COX

4312 W 20TH

GARY IN 46404

MAILING ADDRESS
**BANK ONE MERRILLVILLE NA
PO BOX 10129
MERRILLVILLE IN 46410**

OWNER'S SS NO.		TITLE NUMBER 90055051010	
YEAR 89	MAKE OLD	MFR'S IDENTIFICATION NO. 2G3AJ51R4K2365987	
TYPE 4S	MODEL J51	PURCHASE DATE 03/13/90	ODOMETER 019000

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FIRST LIENHOLDER NAME & ADDRESS: **BANK ONE MERRILLVILLE NA
PO BOX 10129
MERRILLVILLE IN 46410**

SECOND LIENHOLDER NAME & ADDRESS:

The Document is the property of the Lake County Recorder!

RELEASE OF FIRST LIEN:

The first lien shown on this certificate of title has been satisfied, and its release is authorized on BMV records this 14TH day of MARCH 19 95

LIENHOLDER **BANK ONE, MERRILLVILLE, NA**
By *Carol M. Jackson*
CAROL M. JACKSON, PAID LOAN CLERK

RELEASE OF SECOND LIEN:

The second lien shown on this certificate of title has been satisfied, and its release is authorized on BMV records this _____ day of _____ 19 _____

LIENHOLDER _____
By _____

I DO FURTHER CERTIFY That I have used reasonable diligence in ascertaining whether or not the facts stated in said application for a certificate of title are true, and that I am satisfied that the applicant is the lawful owner of said vehicle, or is otherwise entitled to have same registered in his name. WHEREFORE, I do hereby certify that the above named applicant has been duly registered in the office of the Bureau of Motor Vehicles as the lawful owner of the above described vehicle, or is otherwise entitled to have the same registered in his name, and that it appears upon the official records that at the date of the issuance of this certificate said vehicle was subject to the liens or encumbrances, if any, as stated above.

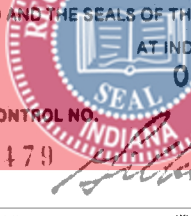
AS WITNESS, MY HAND AND THE SEALS OF THE STATE OF INDIANA, AND THE BUREAU OF MOTOR VEHICLES

AT INDIANAPOLIS THIS DATE

055 **03/22/90**

INVENTORY CONTROL NO.

1109479



VOID IF ALTERED

COX

INDIANA CERTIFICATE OF TITLE



State Form 0607 (R4-6-91)
VEHICLE IDENTIFICATION
 1FTEF14N3FPB15966

YEAR
 85

MAKE FOR
 F142

BODY STYLE
 TK



PURCHASE DATE
 04/23/92

ISSUE DATE
 05/27/92

ODOMETER
 047639

LEGEND(S)
 *ODOMETER - ACTUAL

OWNER(S) NAME AND ADDRESS
 EXCELL COX
 4312 W 20TH AVENUE
 GARY IN 46404

MAILING ADDRESS
 EXCELL COX
 4312 W 20TH AVE
 GARY IN 46404-2535

1st LIEN

2nd LIEN

LIEN RELEASES	
First Release by:	
Title	Date (mo., day, yr.)
Second Release by:	
Title	Date (mo., day, yr.)

Document is NOT OFFICIAL!

PURCHASER'S INFORMATION

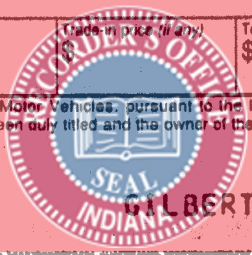
STOP

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We swear or affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.		Name of purchaser		Dealer number	
Mileage (no tenths)	<input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input checked="" type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.	Address			
Signature of seller	Position	City	State	ZIP code	
Signature of seller	Position	Lienholder			
Printed name of seller	Address				
Printed name of seller	City		State	ZIP code	
Date of sale	Selling price \$	(Trade-in price (if any))	Total price paid \$	I am aware of the odometer statements made by seller(s). Signature of purchaser	
The Commissioner of the Bureau of Motor Vehicles, pursuant to the laws of the State of Indiana, certifies that the vehicle has been duly titled and the owner of the described vehicle is subject to the liens set forth.				Printed name of purchaser	

INVENTORY CONTROL NO. S096687



COMMISSIONER
 GILBERT L. HOLMES

TITLE NUMBER
 92055105001

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

Copy