Ticor-M.O.
198328
Grant

This instrument prepared by: Sadie L. Grant

TICOR TITLE INSURANCE

960012344

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 27 AM 8:52
MARGARET E. BUD
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Sadie L. Grant, being first duly sworn upon oath, deposes and says:

1. That CURTIS JAMES GRANT died on August 13, 1993 at 4:00 am.

2. That Sadie Grant and Curtis James Grant were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

2051 Georgia
Gary, IN

The South 7 feet of Lot 36, all of Lot 37 and Lot 38, except the South 39.63 feet thereof, in Block 5 in The Wilson Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 1, in the Office of the Recorder of Lake County, Indiana.

47-250-37

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 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.

FILED

Further affiant sayeth not.

FEB 27 1996

SAM ORLICH
AUDITOR LAKE COUNTY

Sadie L. Grant

Subscribed and sworn to before me, a Notary Public, this 5th day of February 5, 1996.

SANDRA Davis Notary Public

My Commission expires:
2-19-99

County of Residence: Lake
Prepared by Sadie L. Grant

001219

11.00 to Su

Local No. [redacted] 0616

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Curtis J. Grant

2 SEX: Male

3a TIME OF DEATH: 4:41A M

3b DATE OF DEATH (Month Day Yr): Aug. 13, 1993

4 SOCIAL SECURITY NUMBER: 424-22-4013

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): Jan. 8, 1924

7 BIRTHPLACE (City and State or Foreign Country): Meridan, Miss.

8a WAS DECEDENT A U.S. VETERAN? Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946

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): Methodist Hospital Northlake

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): Sadie James

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HACKER

12b KIND OF BUSINESS/INDUSTRY: Kaiser Aluminum

13a RESIDENCE—STATE: In.

13b COUNTY: Lake

13c CITY TOWN OR LOCATION: Gary

13d STREET AND NUMBER: 2051 Georgia St.

13e ZIP CODE: 46407

13f INSIDE CITY LIMITS ☐ No XX Yes

13g ON A FARM? X ☐ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? USA

15 WAS DECEDENT OF HISPANIC ORIGIN? X No ☐ 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): Elementary/Secondary (0-12): 11th Grade; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Burt Grant

19 MOTHER'S NAME (First, Middle, Maiden Surname): Levaeda Unknown

INFORMANT

20a INFORMANT'S NAME (Type/Print): Sadie Grant

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2051 Georgia St. GAry, In. 46407

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Entombment XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 20, 1993 Evergreen MEmorial Park

21c LOCATION—City or Town, State: Hobart, Indiana

22a EMBALMER'S NAME: Rev. Diane E. Weems

22b EMBALMER'S LICENSE NO: FDE 0-100-151-0

23 WAS DEATH REPORTED TO CORONER? ☐ No XX Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Rev. Diane E. Weems

24b LICENSE NUMBER (of Licensee): FDE 0-100-151-0

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Andrew Smith Funeral Home, Inc. 934 E. 21st Ave. Gary, In. 46402 83002550

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Renal Failure
DUE TO (OR AS A CONSEQUENCE OF):
b. Sepsis
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 stated in Part I:

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no

28a WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

CERTIFIER

29a CERTIFIER (Check only one):
☑ 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: David E. Ross

29c MEDICAL LICENSE NO: 01018989

29d DATE SIGNED (Month, Day, Year): 8/17/93

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DAVID E. ROSS, M.D. 1619 W. 5th Ave. Gary, IN 46402

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]

32 DATE FILED (Month, Day, Year): AUG. 17 1993

CORONER USE ONLY

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

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.: No

SDH06-004 State Form 10110 (R/1-92) DEATHCER PD