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# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

96062948

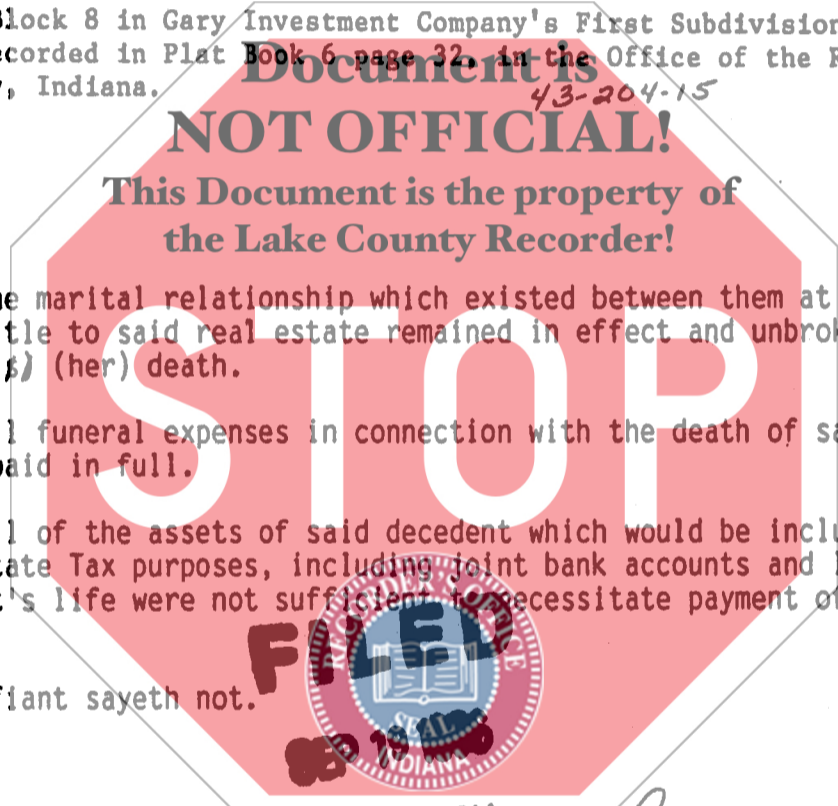
Randy S. Ivey, being first duly sworn upon oath, deposes and says:

1. That Annabelle Ivey died on August 21, 1995 at Gary, INDIANA.

2. That Randy S. Ivey and Annabelle Ivey were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 15 in Block 8 in Gary Investment Company's First Subdivision, as plat thereof, recorded in Plat Book 6 page 32 in the Office of the Recorder, Lake County, Indiana.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 SEP 20 AM 9:51  
MARSHALL G. WELAND  
RECORDER



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 (M/S) (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.

SAM CRUCH  
AUDITOR LAKE COUNTY

Randy S. Ivey  
Randy S. Ivey

Subscribed and sworn to before me, a Notary Public, this 16th day of September, 19 96.

Linda J. McBride  
Linda J. McBride Notary Public

My Commission expires:

1-26-99

County of Residence:

Lake

This Instrument prepared by Randy S. Ivey

001046

11/03/96  
LJ

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

10cc INDIANA STATE DEPARTMENT OF HEALTH

95-0665

CERTIFICATE OF DEATH

Local No. ....

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>Annabelle V. Ivey</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>8:40 AM</b>	3b DATE OF DEATH (Month Day Yr) <b>August 21, 1995</b>	
4 SOCIAL SECURITY NUMBER <b>317-20-7909</b>	5a AGE—Last Birthday (Years) <b>69</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Yr) <b>May 12, 1926</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES <b>N/A</b>	8c PLACE OF DEATH (Check only one (See instructions)) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____		
9a FACILITY NAME (If not institution, give street and number) <b>1956 Georgia Street</b>	9b CITY TOWN OR LOCATION OF DEATH <b>Gary</b>	9c COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Widowed</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>	12b KIND OF BUSINESS/INDUSTRY <b>Home</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>1956 Georgia Street</b>		
13e ZIP CODE <b>46407</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12th</b>		17 College (1-4 or 5+)			
18 FATHER'S NAME (First Middle Last) <b>Sylvester Douglas</b>		19 MOTHER'S NAME (First Middle Maiden Surname) <b>Annabelle Hudson</b>			
20a INFORMANT'S NAME (Type/Print) <b>Randy Ivey</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>555 W. Irving Park RD Chicago, Illinois 60613</b>		20c Relationship <b>Son</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <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 (City or Town, State, Country, if other place) <b>August 28, 1995 Evergreen Cemetery</b>		21c LOCATION—City or Town, State <b>Hobart, Indiana</b>	
22a EMBALMER'S NAME <b>Roosevelt Allen Sr.</b>		22b EMBALMER'S LICENSE NO. <b>#01051696</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) <b>#08700298</b>	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404</b>		
25 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) <b>Arteriosclerotic Cardiovascular Disease</b>		25c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
25b Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		25d DUE TO (OR AS A CONSEQUENCE OF) _____			
25c DUE TO (OR AS A CONSEQUENCE OF) _____		25d DUE TO (OR AS A CONSEQUENCE OF) _____			
25d DUE TO (OR AS A CONSEQUENCE OF) _____		25e DUE TO (OR AS A CONSEQUENCE OF) _____			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Hypertension</b>		27 WAS DEATH PRENATAL OR POSTPARTUM? (Yes or no) <b>No</b>		28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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 			
29c MEDICAL LICENSE NO. <b>01033117</b>		29d DATE SIGNED (Month, Day, Year) <b>09/01/95</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) <b>Baynew Spatwood, M.D. / 636 E 21st Ave, Gary, IN 46407</b>					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) <b>SEP 11 1995</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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. <b>001047</b>			



FILED SEP 19 1995 SAM ORRICH AUDITOR LAKE COUNTY