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ENTERED FOR TAXATION SUBJECT
TO ACCEPTANCE FOR TRANSFER.

MORRIS W. CARTER
RECORDER

FEB 5 1997

AFFIDAVIT OF HEIRSHIP

SAM ORLICH
CLERK LAKE COUNTY

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER

62888
STATE OF INDIANA)
COUNTY OF LAKE)

LaTania Johnson, being first duly sworn upon her oath deposes and says:

1. That she resides at 3925 Grace Street, East Chicago, Lake County, Indiana.
2. That she is the daughter of Cleotha Smith and Ann S. Smith. Further that she is familiar with their affairs and knowledgeable concerning their natural heirs.
3. That Cleotha Smith died on March 13, 1995. That he was survived by Ann S. Smith who also died on March 13, 1995.
4. That decedent was survived by two children; Milton Smith, of South Bend, Indiana, and LaTania Johnson, 3925 Grace Street, East Chicago, Indiana. That there were no predeceased children.
5. That decedent died intestate and her estate is pending in Lake Superior Court, Civil Room Three under Cause No. 45 D03-9504-ES-80, Gary, Lake County, Indiana.
6. That Cleotha Smith and Ann S. Smith were husband and wife at the time of their death.

Further Affiant Sayeth Not.

LaTania Johnson

SEAL INDIANA

STATE OF INDIANA)
COUNTY OF LAKE)

LaTania Johnson, personally appeared before me, a notary public in and for said county and state, and acknowledged the execution of the foregoing Affidavit, as her voluntary act and deed.

IN WITNESS WHEREOF, I have set my hand and official seal this 28th day of January, 1997.

My Commission Expires: less
Rodney H. Bayless
Notary Public, State of Indiana
Posey County
My Commission Expires 12/25/98

Rodney H. Bayless

Notary Public
Residing in

500
24
Su

This instrument was prepared by Rodney H. Bayless, Lawyer, 8315 Virginia St., Merrillville, Indiana 46410. 219/769-9305. Atty No. 2612-45...

JAN -27 97 (MON) 15:50

ANCHOR MORTGAGE
NO. 289-592-7529

TEL: 708 448 7771 P 003
U. S. NO. 084 P. U.S

SIGN-KHJLULUGY

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

ICD No. 95-92

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IS 16-110-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

USE OF
ATH

CERTIFIER

ALTH
ICER

1. DECEASED NAME (Last, first, middle) Cleotha Smith		2. SEX Female	3. TIME OF DEATH 4:53 P.	4. DATE OF DEATH (Month, Day, Year) March 13, 1995
5. SOCIAL SECURITY NUMBER 126-44-2306	6. YEAR OF BIRTH 66	7. DATE OF BIRTH (Month, Day, Year) July 27, 1928	8. PLACE OF BIRTH (City, State, or Foreign Country) Canton, Mississippi	
9. WAS DECEASED A US VETERAN? No	10. HOSPITAL (Name, Street, City, State, Zip) Evergreen Memorial Park	11. RACE Black	12. COUNTY OF DEATH Lake	
13. FACILITY NAME (If no institution give street and number) 3925 Grace Street		14. CITY, TOWN OR LOCATION OF DEATH East Chicago		15. COUNTY OF DEATH Lake
16. MARRITAL STATUS Married	17. SURVIVING SPOUSE (Name, Street, City, State, Zip) Ann Steve Mayfield	18. DECEASED'S LEGAL OCCUPATION (Name and if more than one, give date of starting or the one you last held) Off Car Operator (Retired)	19. KIND OF BUSINESS/INDUSTRY Inland Steel	
20. RESIDENCE—STATE Indiana	21. COUNTY Lake	22. CITY, TOWN OR LOCATION East Chicago	23. STREET AND NUMBER 3925 Grace Street	
24. ZIP CODE 46312	25. INDEBTED TO STATE (Yes or No) No	26. CITIZENSHIP (Country) U.S.A.	27. WAS DECEASED OF HISPANIC ORIGIN? (Specify) No	28. RACE—American Indian, Alaska Native, or Other Race (Specify) Black
29. FATHER'S NAME (Last, first, middle) Iolah Smith		30. MOTHER'S NAME (Last, first, middle) Luuder Gibbs		
31. INFORMANT'S NAME (Last, first, middle) Willie Mayfield		32. WORKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3803 Drummond St., East Chicago, Indiana	33. RELATIONSHIP TO DECEASED Step Son	
34. METHOD OF DISPOSITION (Specify) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)	35. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 18, 1995 Evergreen Memorial Park	36. LOCATION—City or Town, State Hobart, Indiana		
37. EMBALMER'S NAME Tracy Cheri Williams		38. EMBALMER'S LICENSE NO. FD08600238	39. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
40. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		41. LICENSE NUMBER (of License) FD08600238	42. HOME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home 4859 Alexander Avenue East Chicago, Indiana 46312	
43. PART I: Immediate Cause (Final disease or condition resulting in death) Extensive fracture of skull DUE TO IOR AS A CONSEQUENCE OF Laceration of brain DUE TO IOR AS A CONSEQUENCE OF DUE TO IOR AS A CONSEQUENCE OF				
44. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
45. CERTIFIER (Name and Title) Dr. Thomas R. Philpot, D.P.M., Coroner		46. MEDICAL LICENSE NO. 538-B	47. DATE SIGNED (Month, Day, Year) March 15, 1995	
48. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 30) (Last, first, middle) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307				49. DATE FILED (Month, Day, Year) 3-17-95
49. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide				
50. DATE OF INJURY (Month, Day, Year) Mar 13, 1995	51. TIME OF INJURY Unknown	52. INJURY AT WORK? No	53. DESCRIBE HOW INJURY OCCURRED Blunt trauma with unknown object	
54. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence		55. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3925 Grace Street East Chicago, Indiana		
56. DATE PROLONGED DEAD (Month, Day, Year) March 13, 1995		57. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No		

ATTENTION STATE: Dispositive of the
SSN we need to pursue our responsibility
is voluntary and there will be no penalty for
refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 9-5-23

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (Print Name Last, First, Middle Initial)		Ann Steve Smith		3. SEX	Female	4. TIME OF DEATH	6:54 P.M.	5. DATE OF DEATH (Month, Day, Year)	March 13, 1995
6. SOCIAL SECURITY NUMBER		7a. ADDRESS (Street, Apt. No., Box, etc.)	7b. (UNUS) ZIP	7c. (UNUS) CITY	7d. (UNUS) STATE	7e. (UNUS) COUNTY	8. DATE OF BIRTH (Month, Day, Year)		
9a. WAS DECEASED A U.S. VETERAN?		9b. YEAR LAST SERVED IN U.S. ARMED FORCES?		10. PLACE OF BIRTH (Country only, not the city or town)		11. PLACE OF DEATH (City and State or Foreign Country)			
No		None		HOSPITAL		Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			

DECEDENT

12. RESIDENT HOME (If not address give street and number)		13. CITY TOWN OR LOCATION OF DEATH		14. COUNTY OF DEATH	
1925 Grace Street		East Chicago		Lake	
15. MARITAL STATUS (If married)	16. SURVIVING SPOUSE (If not give maiden name)	17a. DECEASED'S USUAL OCCUPATION (Only kind of work done during most of working life do not list retired)		17b. KIND OF BUSINESS/INDUSTRY	
Married	Cleotha Smith	House Keeper		St. Catherine Hospital	
18a. RESIDENCE—STATE	18b. COUNTY	18c. CITY TOWN OR LOCATION		18d. STREET AND NUMBER	
Indiana	Lake	East Chicago		1925 Grace Street	

PARENTS

19a. ZIP CODE	19b. INSIDE CITY LIMITS	19c. CITIZEN OF WHAT COUNTRY?	19d. WAS DECEASED OF HISPANIC ORIGIN?	19e. RACE—American Indian, Black, White, etc. (Specify)	19f. DECEASED'S EDUCATION (Specify only highest grade completed)
46312	<input checked="" type="checkbox"/> Yes	USA	<input type="checkbox"/> No <input type="checkbox"/> Yes	Black	10th Grade
20. FATHER'S NAME (Print Name Last)		20. MOTHER'S NAME (Print Name Last)			
Johnnie Mayfield		Susie Hill			

INFORMANT

21. INFORMANT'S NAME (Print/Print)	22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	23. RELATIONSHIP
Willie Mayfield	1803 Drummond St., East Chicago, Indiana	Son

DISPOSITION

24. METHOD OF DISPOSITION	25. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	26. LOCATION—City or Town, State
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Burial from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	March 18, 1995	Hobart, Indiana
27. EMBALMER'S NAME		28. EMBALMER'S LICENSE NO.
Tracy Cheri Williams		FT08600238
29. SIGNATURE OF FUNERAL DIRECTOR		30. LICENSE NUMBER (of funeral home)
<i>Tracy Cheri Williams</i>		FT08600238
31. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME		32. WAS DEATH REPORTED TO CORONER?
Norton & Williams Funeral Home 4052 Alexander Avenue 8332 Chicago, Indiana 46312		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

CAUSE OF DEATH

33. PART I: Enter the immediate medical or pathological condition that caused the death. Do not enter non-specific terms, such as "old age" or "retirement" unless death is due to heart failure. List only one cause on each line.	34. APPROXIMATE PERIOD BETWEEN ONSET AND DEATH
<ul style="list-style-type: none"> Extensive fracture of skull Due to IQR as a consequence of: Laceration of brain Fracture of cervical spine Due to IQR as a consequence of: 	Unknown
35. PART II: Other significant conditions - Conditions contributing to death but not proximate causes in Part I.	

CERTIFIER

36. CERTIFIER (Check only one)	37. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	38. WAS AN AUTOPSY PERFORMED? (Yes or no)	39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
<input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred on the date, time and place and due to the cause(s) so stated.	No	Yes	Yes
<input type="checkbox"/> HEALTH OFFICER On the basis of observation and/or investigation, in my opinion, death occurred on the date, time and place and due to the cause(s) so stated.			
<input checked="" type="checkbox"/> CORONER On the basis of observation and/or investigation, in my opinion, death occurred on the date, time and place and due to the cause(s) so stated.			
40. SIGNATURE AND TITLE OF CERTIFIER	41. MEDICAL LICENSE NO.	42. DATE SIGNED (Month, Day, Year)	
<i>Dr. Thomas R. Philpot</i>	538-B	March 14, 1995	

HEALTH OFFICER

43. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If not typewritten)	44. DATE FILED (Month, Day, Year)
Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307	3-17-95

45. MANNER OF DEATH	46a. DATE OF INJURY (Month, Day, Year)	46b. TIME OF INJURY	46c. INJURY AT WORK? (Yes or no)	46d. DESCRIBE HOW INJURY OCCURRED
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown	Mar 13, 1995	Unknown	No	Blunt trauma with unknown object
47. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		48. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
Residence		3925 Grace Street East Chicago, Indiana		
49. DATE PRONOUNCED DEAD (Month, Day, Year)	50. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			
March 13, 1995	No			

LETTER OF ADMINISTRATION

45D03-9504-RS-00080-0

Clerk-Form P-10

I, **ROBERT C. ANTICH**, Clerk of the **SUPERIOR** Court for the

County of Lake, in the State of Indiana, do hereby certify that Letters of Administration for the estate of

ANN S. SMITH

NOT OFFICIAL!

late of **LAKE** County, deceased, who died intestate, is granted

STOP
This Document is the property of
the Lake County Recorder!

to **LA'TANIA JOHNSON** and the

said **LA'TANIA JOHNSON** having qualified ~~as~~

~~as~~ such administrator, ^{is} She is duly authorized to take upon ~~her~~ self the administration of such estate, according to law.

WITNESS, my hand and the seal of said Court, this **11TH**

day of **APRIL** 19**95**.



Robert C. Antich

Clerk **Lake Superior** Circuit Court,

Melanie L. Sullivan Deputy