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MONROE CENTER
RECORDER

STATE OF INDIANA
COUNTY OF LAKE

) 97019198
) SS:
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AFFIDAVIT OF SURVIVORSHIP

JAMES E. HOBBS, being of legal age and duly sworn upon his oath, deposes and states as follows:

1. That he is the owner in fee simple of the following described real estate commonly known as 711 E. 53rd Avenue, in the Town of Merrillville, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

Lot 42, Block "G", Meadowland Manor Unit No. 2, as shown in Plat Book 31, page 97, in Lake County, Indiana.
Tax Key No. 15-310-42

FILED

APR 01 1997

**SAM ORLICH
AUDITOR LAKE COUNTY**

2. The Affiant further states that **JAMES E. HOBBS** and **EUNICE HOBBS**, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Deed of Conveyance dated September 30, 1980 and recorded on the November 10, 1980, as instrument number 000323 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between **JAMES E. HOBBS** and **EUNICE HOBBS** continued unbroken from the time they so acquired title to the real estate until the death of **EUNICE HOBBS** on the 20th day of January, 1995, at which time this Affiant, acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of **EUNICE HOBBS** marked as Exhibit "A".

4. That no administration has been held upon the estate of **EUNICE HOBBS** and none is contemplated, and her estate was not subject to any Federal or State taxes.

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5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the Office of the Auditor of Lake County, Indiana.

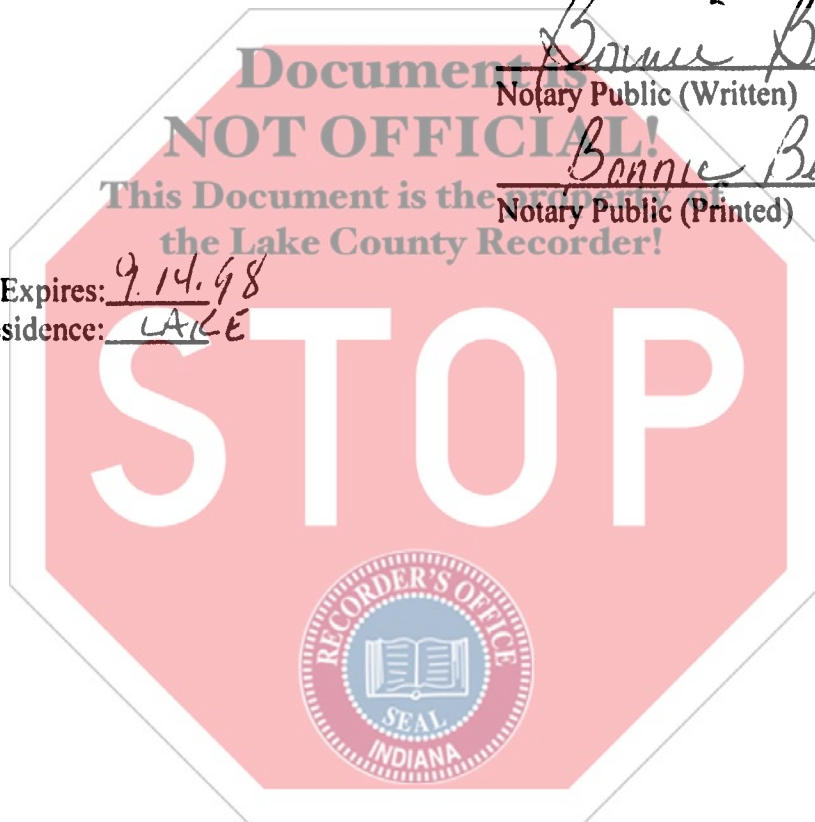
James E. Hobbs
JAMES E. HOBBS

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this 5th day of March, 1997.

Bonnie Berk
Notary Public (Written)

Bonnie Berk
Notary Public (Printed)

Commission Expires: 9.14.98
County of Residence: LAKE



This instrument prepared by: Frank J. Koprcina, Attorney at Law, 105 E. 61st Avenue, Ste E. Merrillville, Indiana 46410, (219) 985-9999

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 02-33-95

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) Eunice E. HOBBS				2. SEX Female		3. TIME OF DEATH 1:33AM		3b. DATE OF DEATH (Month Day Yr) January 20, 1995	
4. SOCIAL SECURITY NUMBER 317-20-8457		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 29, 1925	
7. BIRTHPLACE (City and State or Foreign Country) Covington, TN 38019		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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Southlake				9c. CITY TOWN OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James Hobbs		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Teacher			12b. KIND OF BUSINESS INDUSTRY Education		
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Merrillville			13d. STREET AND NUMBER 711 East 53rd Avenue		
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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 (Specify) Afro Amer	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 4		18. FATHER'S NAME (First Middle Last) Eddie Eaton				19. MOTHER'S NAME (First Middle, Maiden Surname) Julia Hill			
20a. INFORMANT'S NAME (Type/Print) James Hobbs				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 711 East 53rd Avenue, Merrillville, IN 46410				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) Jan 25, 1995 Oakhill Mausoleum				21c. LOCATION - City or Town State Gary, IN	
22a. EMBALMER'S NAME Sherman G. Banks				22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William D. Warner</i>				24b. LICENSE NUMBER (of Licensee) FDO1011822		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grand Street, Gary, IN 46408			
26. 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. IMMEDIATE CAUSE (Final disease or condition which caused death and resulting in death) <i>myocardial infarction</i> <i>renal failure</i> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death <i>1 day</i>									
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Chronic Hypertension, HD</i> <i>1 year chronic kidney disease</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) No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING 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> M.D.				29c. MEDICAL LICENSE NO. 01035956		29d. DATE SIGNED (Month Day Year) 2-1-95	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Maher Ajam, 6111 Harrison Street, Merrillville, IN 46410									
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams M.D.</i>							32. DATE FILED (Month Day Year) February 1, 1995		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input 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) 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					