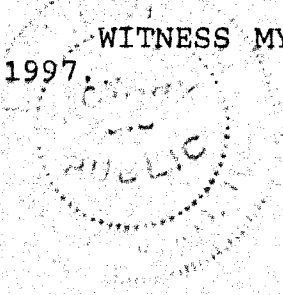


Affidavit of Survivorship, and stated that any representations therein contained are true.

WITNESS MY HAND AND NOTARIAL SEAL this 24th day of March, 1997.



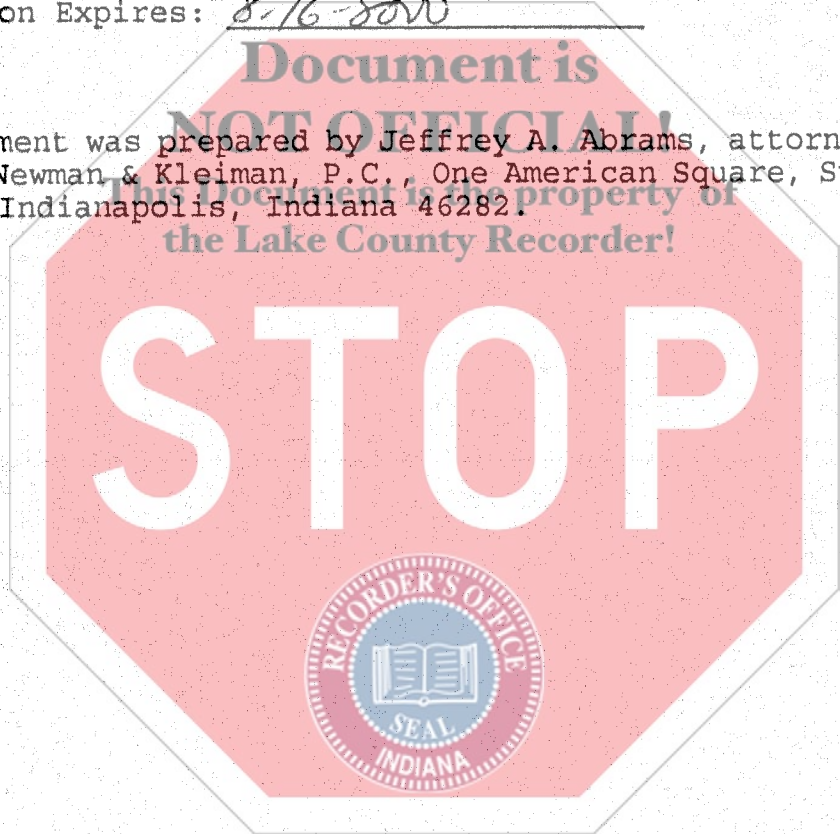
David Decker
Notary Public

My County of Residence: Stearby TN.

My Commission Expires: 8-16-2000

This instrument was prepared by Jeffrey A. Abrams, attorney at law, Dann Pecar Newman & Kleiman, P.C., One American Square, Suite 2300, Box 82008, Indianapolis, Indiana 46282.

k:\wpfiles\survive.aff



TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 HANDBOOK

1 DECEDENT'S NAME (First, Middle, Last) Thomas Murphy				2 SEX Male	3 DATE OF DEATH (Month, Day, Year) 10-13-90	
4 SOCIAL SECURITY NUMBER (of Deceased) 411-16-6317		5a AGE - LAST BIRTHDAY (Years) 82	5b UNDER 1 YEAR M/S DAYS HOURS MIN	5c UNDER 1 DAY M/S DAYS HOURS MIN	6 DATE OF BIRTH (Month, Day, Year) 7-8-08	7 BIRTHPLACE (City and State or Foreign Country) Memphis, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 9a PLACE OF DEATH (Check only one) HOSPITAL 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER 4 <input type="checkbox"/> Nursing Home 5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)						
9b FACILITY NAME (If not institution, give street and number) 2353 Cable			9c CITY, TOWN, OR LOCATION OF DEATH Memphis		9d COUNTY OF DEATH Shelby	
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Nellie Lewis		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Laborer		12b KIND OF BUSINESS/INDUSTRY Steel Mill
13a RESIDENCE - STATE TN		13b COUNTY Shelby		13c CITY, TOWN OR LOCATION Memphis		13d STREET AND NUMBER OR RURAL LOCATION 2353 Cable
CENSUS TRACT		13e INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f ZIP CODE 38114	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No Specify, if yes.		15 RACE—American Indian, Black, White, etc. (Specify) Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 10th						
17 FATHER'S NAME (First, Middle, Last) Rev. George Murphy				18 MOTHER'S NAME (First, Middle, Maiden Surname) Vannie Lewis		
19a INFORMANT'S NAME (Type/Print) Nellie Murphy				19b RELATIONSHIP TO DECEASED Wife		19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2353 Cable-Memphis, TN 38114
20a METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Galilee Memorial Gardens		20c LOCATION—City or Town, State Memphis, TN		
21a SIGNATURE OF FUNERAL DIRECTOR Evelyn Cooper		21b LICENSE NUMBER OF FUNERAL DIRECTOR 3568		21c SIGNATURE OF EMBALMER Edmund Ford		21d LICENSE NUMBER OF EMBALMER 4136
22a NAME AND ADDRESS OF FUNERAL HOME M.J. Edwards & Sons Funeral Home 1165 Airways Blvd.—Memphis, TN 38114					22b LICENSE NUMBER OF FUNERAL HOME 720	
23 REGISTRAR'S SIGNATURE Dennis A. LaRonde Deputy				24. DATE FILED (Month, Day, Year) NOV 16 1990		
25a PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Melvin M Kraus, MD				25b. LICENSE NUMBER MD 1997		25c. DATE SIGNED (Month, Day, Year) 11-5-90
26a MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.						
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Melvin M. Kraus, MD 6005 Park mpls, TN 38119						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiorespiratory Arrest Approximate Interval Between Onset and Death: Immediate						
b. Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF): Five Year						
c. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): Eight Year						
d.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
31d. DESCRIBE HOW INJURY OCCURRED			31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						

NAME OF DECEDENT For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH



QUINCY A. BENTLEY, COUNTY CLERK, LAKE COUNTY, INDIANA

THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER'S OFFICE AND IS LOANED TO YOU BY THE CLERK OF VITAL RECORDS. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

SEAL OF THE RECORDER'S OFFICE

Date Issued **NOV 16 1990**

By *Robert E. Burke*
Robert E. Burke, Director
Division of Vital Records