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NATIONS TITLE AGENCY
INDIANA, INC.
100 N. MERIDIAN ST. SUITE #111
INDIANAPOLIS, IN 46206

Tax Bills + 0.
355 Waite St.
GARY, IN 46404

AFFIDAVIT OF HEIRSHIP

Keyth 29-01-0168-0017

Marcus L. Harris, being first duly sworn, on oath says: that he is the son of Bobbie M. Harris; that said Bobbie M. Harris died at the City of GARY, state of INDIANA, on Oct 18, 1992. That at the time of her death Bobbie M. Harris who held title to the following described real estate as Bobbie M. Harris, a widow and not remarried woman, left said real estate to affiant as devisee in her Last Will and Testament, and further as such devisee and pursuant to said Last Will and Testament is the fee-simple owner of the following described real estate, to-wit:

Lot 2 in Block 3 in L.I. Combs & Sons Third Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 27, page 96, in the Office of the Recorder of Lake County, Indiana.

Keyth

Further Affiant sayeth not.

X Marcus L. Harris
Marcus L. Harris

FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 APR 25 11 2:35
MORRIS
RECORDER
CLERK
SAM ORLICH
AUDITOR
LAKE COUNTY

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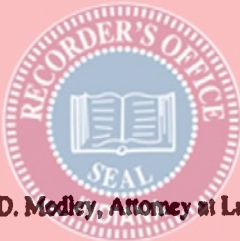
This Document is the property of
the Lake County Recorder's Office

Subscribed and sworn to before me a Notary Public, this 27 day of March, 1997.

My Commission Expires:

Regina M. Morey
Notary Public
Residing in _____ County, Indiana

REGINA M. MOREY
Notary Public
A Resident of Lake Co., IN
My Commission Exp. May 16, 1998



This instrument was prepared by Leroy D. Modley, Attorney at Law

001304

12 29

92-0756

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Bobbie Mae Harris		2. SEX Female	3. TIME OF DEATH 11 A	4. DATE OF DEATH (Month, Day, Year) October 18, 1992
5. SOCIAL SECURITY NUMBER 311-46-2670	6a. AGE—Last Birthday (Years) 47	6b. UNDER 1 YEAR Months Days Hours Sept. 11, 1945	6c. UNDER 1 DAY Hours Minutes Seconds Gary, Indiana	7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
8a. WAS DECEASED A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9. PLACE OF DEATH (Check only one box) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OCA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		

DECEDENT

10. FACILITY NAME (If not institution, give street and number) 355 Waite Street	11. CITY, TOWN, OR LOCATION OF DEATH Gary	12. COUNTY OF DEATH Lake
13. MARITAL STATUS (Last only) Widow	14. SURVIVING SPOUSE (If wife, give maiden name) Stocker	15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Stocker
16. KIND OF BUSINESS/INDUSTRY Bethlehem Steel Co.	17. RESIDENCE—City, Town, or Location Gary	

PARENTS

18. FATHER'S NAME (First, Middle, Last) Edward J. Jennings	19. MOTHER'S NAME (First, Middle, Last) Deborah Greenlee
20. INFORMANT (Name and Title) Marcus Harris	21. ADDRESS (Street and Number, City or Town, State, Zip Code) 355 Waite Street, Gary, IN 46404

INFORMANT

22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)	23. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 24, 1992 Fern Oaks	24. LOCATION—City or Town, State Griffith, Indiana
25. EMBALMER'S NAME Russet A. Ennols	26. EMBALMER'S LICENSE NO. 1008847	27. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

DISPOSITION

28. SIGNATURE OF EMBALMER <i>[Signature]</i>	29. LICENSE NUMBER (of Embalmer) 1017284	30. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ennols & Robinson Mem. Chapel 1900 W. 15th Av., Gary, IN 46404
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CAUSE OF DEATH

31. PART I: Immediate Cause (Final disease or condition resulting in death)
metastatic endocervical cancer

32. PART II: Other significant conditions contributing to death but not primarily listed in Part I

33. CERTIFIER: CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the certificate as stated.

CERTIFIER

34. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	35. MEDICAL LICENSE NO. 01036259	36. DATE SIGNED (Month, Day, Year) 10-20-92
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HEALTH OFFICER

37. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STATEMENT (Type/print) ILEATON, MO, 3905 CALLUMET AVE, ANKSTER, IN 46021	38. DATE FILED (Month, Day, Year) OCT. 29 1992
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CORONER USE ONLY

39. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Natural	40. DATE OF INJURY (Month, Day, Year) 10/18/92	41. TIME OF INJURY 11:00 AM	42. INJURY AT WORK? (Yes or No) NO	43. DESCRIBE HOW INJURY OCCURRED
44. PLACE OF INJURY—As terms from census, factory, office, etc. (Include street name, if applicable)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
46. DATE PRONOUNCED DEAD (Month, Day, Year)		47. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		