

**FILED**

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

OCT 01 1997

SAM ORLICH  
AUDITOR LAKE COUNTY  
IN RE: CHARLES LESTER ORANGE, )  
 )  
Deceased )

97067118

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Gilda Orange, being duly sworn upon her oath, and states as follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 5 and vacated Easterly 4 feet of Evergreen Street adjoining said lot on the West, Block 1, Inland Subdivision to East Chicago, as shown in Plat Book 18, page 1, in Lake county, Indiana;

commonly known as 3909 Evergreen Street, East Chicago, Indiana 46312.

2. That the affiant and the decedent, Charles Lester Orange, were married on the 20th day of January, 1988. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 25th day of January, 1988, and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Charles Lester Orange on the 18th day of September, 1992, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

MORTIMER W. CARTER  
CLERK

97 OCT -5 AM 8:51

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

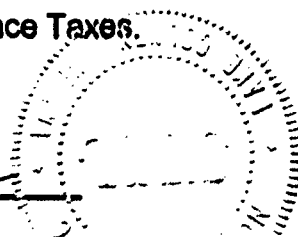
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4. That the gross value of the estate of the decedent, Charles Lester Orange, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

  
GILDA ORANGE, Affiant



Subscribed and sworn to before me, a Notary Public on this 17<sup>th</sup> day  
of September, 1997.

  
MARIBEL NAVARRO, Notary Public

My Commission Expires: February 3, 2001  
My County of Residence: Lake

THIS INSTRUMENT BY: Lonnie M. Randolph, Atty No. 5905-45  
Attorney at Law  
1919 E. Columbus Drive, P.O. Box 3357  
East Chicago, IN 46312  
Telephone: (219) 397-5531

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INDIANA STATE DEPARTMENT OF HEALTH

Local No.: 270

CERTIFICATE OF DEATH

State No. ....

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

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Charles Lester Orange Jr.</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>5:10 A M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>September 14, 1992</b>
4 SOCIAL SECURITY NUMBER <b>305-44-4877</b>	5a AGE—Last Birthday (Year) <b>49</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>Jan. 24, 1943</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Laurel, Mississippi</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1966</b>	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) <b>St. Catherine Hospital</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Gilda Carpenter</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Fire Fighter (Retired)</b>	12b KIND OF BUSINESS/INDUSTRY <b>East Chicago Fire Dep</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>East Chicago</b>	13d STREET AND NUMBER <b>3909 Evergreen St.</b>	
13e ZIP CODE <b>46312</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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) <b>12th Grade</b>		18 FATHER'S NAME (First Middle Last) <b>Charles Lester Orange Sr.</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Bertie Kimbrough</b>		20a INFORMANT'S NAME (Type/Print) <b>Gilda Orange</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) <b>3909 Evergreen St. East Chicago, Indiana</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" 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) <b>September 18, 1992 St. John-St. Joseph Cemetery</b>		21c LOCATION—City or Town, State <b>Hammond, Indiana</b>
22a EMBALMERS NAME <b>Tracy Cheri Williams</b>		22b EMBALMERS LICENSE NO. <b>FD08600238</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Licensee) <b>FD08600238</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Hinton-Williams Funeral Home FH83001 1859 Alexander Ave., East Chicago, In</b>	
26 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Advanced MULTIPLE MYELOMA</b> DUE TO (OR AS A CONSEQUENCE OF)				
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last b. _____ DUE TO (OR AS A CONSEQUENCE OF)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. _____ DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>no</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" 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>M.Y. Ali</i> <b>AUDITOR LAKE COUNTY</b>		29c MEDICAL LICENSE NO. <b>29782</b>	29d DATE SIGNED (Month, Day, Year) <b>9-15-92</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>M.Y. Ali, M.D. 9116 Columbia Ave. Munster, IN 46321</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) <b>9-16-92</b>
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)
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.		000100		