

INTERCOUNTY TITLE COMPANY

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Intercounty Title Co.  
2050 45th Avenue  
Highland, IN 46322

SURVIVORSHIP AFFIDAVIT

FILED

STATE OF INDIANA

COUNTY OF LAKE

S. S.

OCT 21 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

On this SEPTEMBER 10, 1997 before me personally appeared \_\_\_\_\_  
(insert date)

CLARENCE A. HILL, JR.

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is OWNER  
(state interest of affiant in the above premises as "owner," "son of owner,"
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by  
CLARENCE A. HILL, JR. and ROBBIE LEE HILL
- 4. Said ROBBIE LEE HILL  
(fill in name of co-tenant who died)

died on MARCH 4, 1996

leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

- 5. The legal description of the premises in question is:  
THE NORTH TWO FEET (N.2') BY PARALLEL LINE OF LOT THIRTY-SEVEN (37), BLOCK TOW (2), SUBDIVISION OF THE NORTHWEST QUARTER, SOUTH-EAST QUARTER, SOUTHEAST QUARTER OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE 2ND P.M., ASLO KNOWN AS ELLIAS SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 2, PAGE 30, IN LAKE COUNTY, INDIANA
- 6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
NO  
(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);
- 8. Affiant's relationship to the deceased was HUSBAND

Signature: Clarence A. Hill, Jr.  
CLARENCE A. HILL, JR.

Address: 1943 CLEVELAND STREET  
GARY, IN 46404

Subscribed and sworn to before me by the affiant

this SEPTEMBER 10, 1997  
(insert date)  
Joyce R. Counts  
Notary Public

JOYCE R. COUNTS  
Notary Public, State of Indiana  
Commission Expires April 9, 2001

JOYCE R. COUNTS  
My Commission Expires 4/9/01

001705

FTC 1082 JRH This instrument prepared by CLARENCE A. HILL, JR.  
# 1000

97093293  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
97 OCT 29 PM 1:19  
MORRIS W. COOPER  
RECORDER

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No.....

96-0164

CERTIFICATE OF DEATH

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) Robble Lee HILL		2. SEX Female	3a. TIME OF DEATH 8:15AM	3b. DATE OF DEATH (Month Day Year) March 4, 1996	
4. SOCIAL SECURITY NUMBER 310-18-8079	5a. AGE - Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month Day Year) Sep 22, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Gary, IN 46400	8a. PLACE OF DEATH (Check only one. See instructions)				
8b. WAS DECEDENT A U.S. VETERAN? No	8c. YEAR LAST SERVED IN U.S. ARMED FORCES 1945 N/A	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EVOOutpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) Methodist Northlake		9b. CITY TOWN OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Clarence A Hill	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Licensed Pratical Nurse		12b. KIND OF BUSINESS INDUSTRY Medical	
13a. RESIDENCE - STATE IN	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Gary		13d. STREET AND NUMBER 1843 Cleveland Street	
13e. ZIP CODE 46404	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, Black, White, etc. (Specify) Aro Amer	
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
17a. Elementary/Secondary (0-12)		17b. College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Virgil Jackson		19. MOTHER'S NAME (First, Middle, Maiden Surname) Roxde Donaldson			
20a. INFORMANT'S NAME (Type/Print) Clarence A Hill		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1843 Cleveland Street, Gary, IN 46404		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <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) Mar 12, 1996 Oakhill Cemetery		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 		24b. LICENSE NUMBER (of Licensee) FDO1042607	25. HOME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83002487 Smith Blizzell & Warner Inc. 2295 Washington Street, Gary, IN 46407		
26. PART I Enter the disease, injury 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. <u>Metastatic Non-small cell carcinoma</u> DUE TO (OR AS A CONSEQUENCE OF)					
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 - Conditions contributing to death but not previously stated in Part 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 			
29c. MEDICAL LICENSE NO. 01050872		29d. DATE SIGNED (Month Day Year) 3/6/96			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr Devena Alston, 3229 Broadway, Gary, IN 46407					
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month Day Year) MAR 06 1996	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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			

CERTIFIED BY:

HEALTH COMMISSIONER  
CITY OF GARY, IND.  
MAR 06 1996