

2

FILED

OCT 30 1997

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

Tom A. Hughes, being first duly sworn upon his oath, deposes and says:

1. That he is the husband of Clemmie Hughes, that Tom A. Hughes and Clemmie Hughes were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in Lake County, Indiana To- Wit: Lot 27 and the North 32 feet of Lot 28, Block 8 Resubdivision of Gary Land Company's Sixth Subdivision, in the City of Gary, as shown in Plat Book 14, page 21, in Lake County, Indiana. Commonly known as: 401 Taney Street, Gary, IN 46404.

2. The marital relationship which existed between Tom A. Hughes and Clemmie Hughes, continued unbroken from the time they so acquired title to said real estate until the death of Clemmie Hughes on November 5, 1992 at which time Tom A. Hughes acquired title as surviving tenants by the entireties.

3. That the gross value of the estate of the said Clemmie Hughes, deceased, taking into consideration in the evaluation thereof, the value of all her gifts in contemplation of death, including all gifts made by her in the three years next preceding her death, together with the value of all of her investments in joint properties and tenants by the entirety, including the real estate in the above-described deed, plus the proceeds of all insurance on her life, did not equal or exceed the sum required to necessitate the filing of a federal estate tax return and that as a consequence of which, her estate was not subject to federal estate tax.

4. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of Clemmie Hughes have been fully paid and satisfied.

5. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT.

Tom A. Hughes

Tom A. Hughes

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 25 day of OCTOBER, 1997.

My Commission Expires:

SUZANNE MADE NEVADEZ
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires May 12, 2000
Resident of Lake County, Indiana

[Signature]

Notary Public
Resident of LAKE County, IN

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, Attorney at Law, 10971 Four Seasons Place Crown Point, IN 46307 (219) 662-8200
Mail Tax Bills to: Tom A Hughes 401 Taney Street, Gary, IN 46404
Tax Key Number: 25-44-0223-0014

Our File No. 973654-03

Hand for:
Indiana Title Network Co.
10971 Four Seasons Place
Crown Point
IN 46307

001832

97073967

97OCT30 PM 1:43

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1100
095

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 92-0817

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (Last, first, middle last) Clemmie L. Hughes Female		2 SEX	3 TIME OF DEATH 3:34 p.m.	4 DATE OF DEATH (Month, Day, Year) November 5, 1992	
5 SOCIAL SECURITY NUMBER 418-48-2585	6a AGE—Last birthday (Year) 65	6b BIRTH YEAR (Month, Day, Year)	6c BIRTH DAY (Month, Day, Year) Sept. 1, 1927	7 BIRTHPLACE (City and State or Foreign Country) Green County, AL	
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9 PLACE OF DEATH (Check only one—See instructions) <input checked="" type="checkbox"/> HOSPITAL X <input type="checkbox"/> [H. Outpatient] <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
10 FACILITY NAME (If not institution give street and number) Methodist Hospital Northlake		11 CITY/TOWN OR LOCATION OF DEATH Gary	12 COUNTY OF DEATH Lake		
13a MARITAL STATUS (Specify) Married	13b SURVIVING SPOUSE (If wife give maiden name) Tom A. Hughes Sr.	13c DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	13d KIND OF BUSINESS/INDUSTRY Home		
13e RESIDENCE—STATE Indiana	13f COUNTY Lake	13g CITY/TOWN OR LOCATION Gary	13h STREET AND NUMBER 401 Taney St		
13i ZIP CODE 46404	13j INURE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13k ON A FARM? <input checked="" type="checkbox"/> No <input 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) Black	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/High school (10-12) College (11, 12 or 13)		17 DECEASED'S EDUCATION (Specify only highest grade completed) 12th			
18 FATHER'S NAME (Last, first, middle last) Percy Snody		19 MOTHER'S NAME (Last, first, middle last) Pearlie Wilder			
20a INFORMANT'S NAME (Type Print) Tom A. Hughes Sr		20b MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 Taney St. Gary, IN 46404	20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) November 11, 1992 Local	21c LOCATION—City or Town State Aliceville, AL		
22a EMBALMER'S NAME Patsy Allen		22b EMBALMER'S LICENSE NO. 01045736	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) 08700298	24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 830077 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave Gary, IN 46404		
25 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. Septicemia Pharyngitis of Colon				25b Approximate Interval Between Onset and Death	
26 IMMEDIATE CAUSE (If not disease or condition resulting in death) Septicemia Pharyngitis of Colon					
27 Conditions if any which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
28a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28b WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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 David Ross M.D.			
29c MEDICAL LICENSE NO. 01015989		29d DATE SIGNED (Month, Day, Year) 10-12-92			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) DR. DAVID ROSS 1619 WEST 5TH AVE GARY, IN 46404					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) NOV 17 1992	
33 MANNER OF DEATH <input 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 (Specify)	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At Home (with 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.			