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FILED

DEC 01 1997

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC -2 AM 10:15

MORRIS W. CARTER

SAM ORLICH
AUDITOR LAKE COUNTY

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

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6830

On this 21st day of November 1997 before me personally appeared Ollie Mae Williams a/k/a
(insert date)

Ollie Mae Brown

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", etc.)

- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Jerry Williams and Ollie Mae Williams

- 4. Said Jerry Williams
(fill in name of co-tenant who died)

died on May 14, 1996

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

- 5. The legal description of the premises in question is:

Lots 21 and 22, Block 1, Woltdt's Second Addition to the City of Gary,
Plat Book 9, page 27, Lake County, Indiana

Commonly known as: 1560 Garfield St., Gary, IN
Key#47311-21

- 6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

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NOV 21 1997
Ollie Mae Williams
Notary Public

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... Wife

Signature: *[Handwritten Signature]*

Printed Name Ollie Mae Williams

Address: 1560 Garfield St., Gary, IN 46404

Subscribed and sworn to before me by the affiant

this 21st Day of November 1997

(insert date)

[Handwritten Signature]

Notary Public

Printed Name Michael E. Halpin

My County of Residence is: Porter

In the State of Indiana

My Commission Expires October 25, 2000

Michael E. Halpin
Notary Public, State of Indiana
Porter County
My Commission Exp. 10/25/2000

This instrument prepared by Michael E. Halpin, POB 2614, Gary, IN 46403-2614

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

ice
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 96-0328

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Jerry L. Williams		2. SEX Male	3a. TIME OF DEATH 8:08P M	3b. DATE OF DEATH (Month, Day, Yr) 5-14-96	
4. SOCIAL SECURITY NUMBER 499-20-9323	5a. AGE—Last Birthday (Year) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) 9-22-1922	7. BIRTHPLACE (City and State or Foreign Country) West Memphis, Ark.
8a. WAS DECEDENT A U.S. VETERAN? no	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? none	8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital 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) Ollie Mae Hall	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 1st Helper	12b. KIND OF BUSINESS/INDUSTRY USS		
13a. RESIDENCE—STATE In.	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1560 Garfield St		
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) Black	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 6th Grade College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last) Lewis Williams	19. MOTHER'S NAME (First, Middle, Maiden Surname) Arlee (Unknown)
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INFORMANT

20a. INFORMANT'S NAME (Type, Print) Gladys Adams	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3675 Penn. St. Gary, In. 46409	20c. Relationship Daughter
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DISPOSITION

21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) 5-22-96 OAK HILL Cemetery	21c. LOCATION—City or Town, State GARY IN.
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CAUSE OF DEATH

22a. EMBALMER'S NAME Rev. Diane E. Weems	22b. EMBALMER'S LICENSE NO. FDE 0-100-151-0	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Diane E. Weems</i>	24b. LICENSE NUMBER (of Licensee) 0-100751-0	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83002550 ANDREW SMITH FUNERAL HOME, INC. 934 E. 21ST AVENUE GARY IN. 46407

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. Coronary Thrombosis
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) N/A	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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CERTIFIER

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 <i>Dr. Ross M.D.</i>	29c. MEDICAL LICENSE NO. 01018989	29d. DATE SIGNED (Month, Day, Year) 5-21-96
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type, Print) David E. Ross M.D. 11619 W. 5th Avenue Gary, In 46404	31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32. DATE FILED (Month, Day, Year) MAY 22 1996
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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	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.
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CERTIFICATION OF VITAL RECORD

COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK

CERTIFICATION OF MARRIAGE

LICENSE NUMBER: 3256425-0

GROOM'S NAME: JERRY L WILLIAMS
AGE: 51

BRIDE'S NAME: OLLIE M BROWN
AGE: 45

DATE OF MARRIAGE: APRIL 24, 1974

WERE UNITED IN MARRIAGE IN THE COUNTY OF COOK, AND STATE OF ILLINOIS

RELIGIOUS IN A CEREMONY
BY

NAME: LOUIS F. HARRIS
OFFICIATE TITLE: MINISTER

PLACE OF MARRIAGE: CHICAGO, ILLINOIS

DATE RECORDED: APRIL 26, 1974
APPLICATION DATE: APRIL 23, 1974

00214565

This is to certify that this is a true and correct abstract from the official record
filed with the office of the Cook County Clerk.

ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304

08/13/1996 09:11

David D. Orr

DAVID D. ORR
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature CLS

THIS DOCUMENT HAS A COLORED BACKGROUND. ANY ALTERATIONS OR ERASURES VOID THIS CERTIFICATE.