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State of Indiana )  
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County of Lake    )

MORRIS W. GASTER

**AFFIDAVIT OF HEIRSHIP**

Reatha M. Carneygee (Affiant) being duly sworn upon oath, states:

1. That the Affiant resides at 3430 W. 22nd Ave., Gary, IN.
2. That the Affiant is Mother of Audrey Carneygee.  
(Relationship) (Decedent)
3. That the Decedent died on 12/10/94 in the Gary, State of Indiana. (Attach copy of death certificate).
4. That the Decedent died owning an interest in the property commonly known as 3430 W. 22nd Ave., Gary, IN and more fully described in commitment no. FA 22188.
5. That the Decedent died leaving ~~a~~/no Will. (Attach copy of will, if applicable).
6. That the Decedent was married to the following individuals, and no others:

<u>Name</u>	<u>Status</u>
None	

7. That the following children and no others were born to or adopted by the Decedent:

None

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows:

None

①

FA 22188 HOLD FOR FIRST AMERICAN TITLE

NOT ENTERED FOR TAXATION SUBJECT  
TO ACCEPTANCE FOR TRANSFER

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SAM DRILICH  
NOTICE LAKE COUNTY

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9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship (include names of all deceased descendants): None.

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ -0-.

11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property: None.

12. That the Federal Estate Tax (has/has not) been paid, that the Illinois Inheritance Tax (has/has not) been paid; that no (Federal Estate Tax / Illinois Inheritance Tax) is due. No tax due.

13. That the Affiant makes this affidavit to induce First American Title Insurance Company (First American) to insure its policy of title insurance number FA 22188 and with knowledge that First American will reply on the representations made and contained herein to insure title.

Further Affiant sayeth not.

*Reatha M. Carneygee*  
REATHA M. CARNEYGEE

Subscribed and sworn to before me, this 17th day of November, 1997

*Harvey Waller*



ATTENTION/ESTATE: Disclosure of the fact we need to pursue our responsibilities voluntarily and there will be no penalty for usual.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 94-0890

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Audrey Carneygee), SEX (Female), TIME OF DEATH (9:25 P), DATE OF DEATH (December 10, 1994), SOCIAL SECURITY NUMBER (308-72-2858), AGE (36), DATE OF BIRTH (November 1, 1958), BIRTHPLACE (Gary, Indiana), FACILITY NAME (Methodist Hospital Northlake), CITY/TOWN/LOCATION OF DEATH (Gary), COUNTY OF DEATH (Lake), MARRITAL STATUS (Single), SURVIVING SPOUSE (None), DECEDENT'S USUAL OCCUPATION (Teacher's Assistant), KIND OF BUSINESS/INDUSTRY (DTC Day Care), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Gary), STREET AND NUMBER (3430 West 22nd Avenue), ZIP CODE (46404), FATHER'S NAME (Roosevelt Carneygee), MOTHER'S NAME (Reatha Sanders Carneygee), INFORMANT'S NAME (Reatha Carneygee), MARRING ADDRESS (3430 W. 22nd Avenue, Gary, IN 46404), Relationship (Mother), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 17, 1994, Oak Hill Cemetery), LOCATION (Gary, Indiana), EMBALMER'S NAME (Paul Anthony Robinson), EMBALMER'S LICENSE NO (1017284), WAS DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR (Paul Anthony Robinson), LICENSE NUMBER (1017284), NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Ennols & Robinson Memorial Chapel, 1900 W. 15th Ave., Gary, IN 46404), IMMEDIATE CAUSE (Severe coronary heart disease), DUE TO (OR AS A CONSEQUENCE OF), PART II (Other significant conditions), 21. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 22a. WAS AN AUTOPSY PERFORMED? (Yes), 22b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes), 23a. CERTIFIER (Deputy Coroner), SIGNATURE AND TITLE OF CERTIFIER (Original signature unavailable), MEDICAL LICENSE NO (N/A), DATE SIGNED (January 18, 1995), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Donna Melyon, Deputy Coroner, 7293 North Main Street, Crown Point, Indiana 46307), HEALTH OFFICER'S SIGNATURE, DATE FILED (FEB 10 1995), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK? (Yes or no), DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD (December 10, 1994), MOTOR VEHICLE ACCIDENT? (Yes or no).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER