

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

24-30-0340-0007

97082258 SURVIVORSHIP AFFIDAVIT

COMES NOW the affiant, Maggie Sledge, who being first sworn and upon his/her oath and under the penalties for perjury, solemnly swears and states that:

1. He/She is the legal title owner of the real estate located at 3810 Dear Street East Chicago, IN, more particularly described as follows, to-wit:  
SEE APPENDIX A 46312

2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated April 16, 1991, and recorded Dec. 26, 1995, Instrument No. 95078868, in the Office of the Recorder of Lake County, Indiana.

3. He/She and his/her husband/wife, Mack Kay Sledge, held title by the entireties until the date of his/her death on Oct. 28, 1995.

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

11 25 97  
Date

**FILED**

Maggie Sledge  
(Print Name)

Maggie Sledge

STATE OF INDIANA )  
COUNTY OF Lake ) SS: Dec 1, 1997

Before me, a Notary Public, SAM ORLICH, in and for said State and County, personally appeared the affiant herein, MAGGIE SLEDGE, who acknowledged the truthfulness of the contents herein.

Done this 25 day of November, 1997, 1995.

My Commission Expires: 6/29/2001

Official Seal  
Kristin R. Crum  
Notary Public  
State of Indiana

Kristin R. Crum  
Notary Public

My Commission Expires 6/29/2001  
County Lake

Resident of Lake

Prepared by:  
Maggie Sledge

Netco  
333 N. Pennsylvania #601  
Indianapolis, IN 46204

1400  
L 14067

LOT NO. SEVEN (7), IN BLOCK NO. NINE (9), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF SECOND ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 5, PAGE 18, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 95-309

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Mack Kary Sledge</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:55A</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>October 28, 1995</b>	
4. SOCIAL SECURITY NUMBER <b>438-10-7726</b>	5a. AGE—Last Birthday (Years) <b>81</b>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <b>Mar. 18, 1914</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Manngam, Louisiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Army</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>Apr 28, 1946</b>		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) <b>Saint Catherine Hospital</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9c. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Maggie Webster</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Skilled Labor</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Inland Steel CO</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>3813 Deal Street</b>		
13e. ZIP CODE <b>46312</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" 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) Elementary/Secondary (0-12) <b>12th</b> College (1-4 or 5 + )		18. FATHER'S NAME (First, Middle, Last) <b>Robert Sledge</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lucy Veal</b>		20a. INFORMANT'S NAME (Type/Print) <b>Maggie Sledge</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3813 Deal St. E.C.IN 46312</b>		20c. Relationship <b>Wife</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>November 4, 1995 Richwood Cemetery</b>		21c. LOCATION—City or Town, State <b>Monroe, Louisiana</b>	
22a. EMBALMER'S NAME <b>Samuel Smith, Jr.</b>		22b. EMBALMER'S LICENSE NO. <b>01019692</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith Jr.</i>		24b. LICENSE NUMBER (of Licensee) <b>01019692</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Divinity Funeral Home 83001570 3820 Pulaski St. E.C.IN 46312</b>		
26. PART I: Enter the disease, 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. <del>Coronary artery disease</del> <b>Pneumonia</b>					
b. <b>Senile dementia</b>					
c. <b>Senile dementia</b>					
d. <b>Senile dementia</b>					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Pneumonia Coronary artery disease</b>					
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) <b>NO</b>		
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>David Buchanan MD</i>			29c. MEDICAL LICENSE NO. <b>01035497</b>	29d. DATE SIGNED (Month, Day, Year) <b>October 31, 1995</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>David Buchanan, M.D. 4712 Magoun Ave. East Chicago, IN 46312</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>10/31/95</b>	
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.			