

**FILED**

# 42-180-5

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )

COUNTY OF LAKE )  
97082276

SS: 97 DEC -2 PM SAM ORLICH

AUDITOR LAKE COUNTY

SURVIVORSHIP AFFIDAVIT

9619110

Tommie Lee Jackson, being first duly sworn, on oath states:

1. That he/she is the owner in fee simple of the following described real estate located in Lake County, Indiana, to-wit:

The South 7 feet of Lot Four (4), all Lot Five (5) and the North 9 feet of Lot Six (6), Block Six (6), Davis and Holmes First Subdivision, in the City of Gary as shown in Plat Book 11, page 4, in Lake County, Indiana.

2. That he/she and his/her now deceased spouse, John H. Jackson, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance dated NOVEMBER 19, 1965, as Instrument Number Book 1311 Page 307 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between this affiant and his/her spouse continued unbroken from the time they acquired title to said real estate until the death testate/intestate of his/her said spouse on AUGUST 10, 1990, at which time this affiant acquired title to said real estate as surviving tenant by the entireties. That all debts, funeral expenses, and expenses of last illness of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was not more than \$600,000.00, and the estate was not subject to a Federal Estate Tax.

5. That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary, to the above described real estate in the name of this affiant.

Tommie Lee Jackson  
Tommie Lee Jackson

Subscribed and sworn to before me a Notary Public, this 26 day of NOVEMBER, 1996.

My Commission Expires:

May 16, 1998



Regina M. Morey  
Notary Public Residing in LAKE County, Indiana  
REGINA M. MOREY

This Instrument was prepared by Leroy D. Medley, Attorney at Law

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INDIANAPOLIS, IN 46260

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Jo. .... 90-0532 .....

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1. DECEASED—NAME (First, Middle, Last) <b>JOHN HENRY JACKSON</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>4:20A</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>AUGUST 10 - 1990</b>	
4. SOCIAL SECURITY NUMBER <b>437-42-7410</b>	5a. AGE—Last Birthday (Years) <b>58</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr) <b>MARCH 14 1939</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>MANSFIELD, LOUISIANA</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NO</b>		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) <b>ST. MARY MEDICAL CENTER</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>	9c. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>TOMMIE HALL</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during part of working life. Do not use retired) <b>PACKER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>CEMENT COMPANY</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>GARY</b>	13d. STREET AND NUMBER <b>1616 RHODE ISLAND STREET</b>		
13e. ZIP CODE <b>46407</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>BLACK</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>74</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>JOHN V. JACKSON</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Jessie B. Williams</b>			20a. INFORMANT'S NAME (Type/Print) <b>TOMMIE JACKSON</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1616 RHODE ISLAND GARY, IND</b>		20c. Relationship <b>SPOUSE</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>AUGUST 14, 1990 OAKHILL CEMETERY</b>		21c. LOCATION—City or Town, State <b>GARY, INDIANA</b>	
22a. EMBALMER'S NAME <b>LEON COLEMAN</b>		22b. EMBALMER'S LICENSE NO. <b>4523</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leon Coleman</i>		24b. LICENSE NUMBER (of Licensee) <b>104-5230</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>POWELL-COLEMAN FUNERAL HOME 1201 W. WASHINGTON ST. GARY, INDIANA 46407 860-2434</b>		
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. <b>Intestinal Obstruction</b>			
Conditions, if any, which gave rise to the immediate cause, causing the underlying cause last		b. <b>Cirrhosis of Liver</b>			
		c. <b>Liver Failure</b>			
		d. <b>Liver Failure</b>			
<b>FILED</b>					
<b>DEC 02 1997</b>					
<b>SAM ORLICH</b>					
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) <b>NO</b>		28a. WAS AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WAS AUTOPSY 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 D. Chube MD</i>			
29c. MEDICAL LICENSE NO. <b>17944</b>		29d. DATE SIGNED (Month, Day, Year) <b>8-17-90</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DAVID D. CHUBE 1649 BROADWAY GARY, IND 46407</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Rebecca E. Foster MD MPH HAC</i>				32. DATE FILED (Month, Day, Year) <b>AUG. 21 1990</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"/> Could not be Determined <input type="checkbox"/> Homicide		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.			
		<b>000198</b>			