

STATE OF INDIANA)

COUNTY OF LAKE)

97085575)

) SS:

STATE OF INDIANA
LAKE COUNTY
IN RE THE MATTER OF:
THE ESTATE OF
JOHNNIE B. STEWART

MORRIS W. CARTER

SMALL ESTATE AFFIDAVIT

Comes now Magnolia Stewart, being first duly sworn upon her oath, deposes and says:

1. Johnnie B. Stewart died intestate on the 5th day of April, 1997 while domiciled in Lake County, Indiana.

2. More than forty-five days have elapsed since the death of the decedent.

3. No petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. The following named person is the only devisee of the decedent:

Magnolia Stewart, 1368 Johnson Street, Gary, Indiana 46407

5. It appears that the decedent's gross estate, less liens and encumbrances, does not exceed the sum of the following: the allowance, if any, provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses."

6. The following is a full description of all the property belonging to the decedent, together with its estimated value according to the affiant's best knowledge and information.

PROPERTY	VALUE
Key # 43-341-20, 21, 22, 23 + 24 Grant Park Add. L.20 Bl.2 (1376-78 Johnson Street)	\$51.28
Grant Park Add. L.21 Bl.2 (1380-82 Johnson Street)	\$51.28
Grant Park Add. L.22 Bl.2 (1384-86 Johnson Street)	\$51.28
Grant Park Add. L.23 Bl.2 (1388-90 Johnson Street)	\$51.28
Grant Park Add. L.24 Bl.2 (1392-94 Johnson Street)	\$51.28

JULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

DEC 12 1997

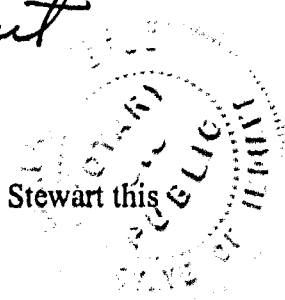
SAM ORLICH
AUDITOR LAKE COUNTY

7. There were no outstanding creditors to the decedent's estate.

8. This affidavit is made for the purpose of inducing the appropriate entities to title the property in your affiant's name pursuant to Indiana Code 29-1-8-3.

000878 B. W. 4623

x Magnolia Stewart
Affiant



Subscribed and sworn to before me a Notary Public as to the signature of Magnolia Stewart this
9th day of December, 1997.

Carla J. Heflin
Carla J. Heflin, Notary Public
Resident: Lake County, Indiana

My Commission Expires: _____

CARLA J HEFLIN
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JUNE 26, 1998

Freeman Wilson & Assoc
5011 B'way #103
Gary, IN 46402

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

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

3 VETS
97-0252
KEY # 43-341-18

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED-NAME (First, Middle, Last) Johnnie Stewart		2. SEX Male	3a. TIME OF DEATH 6:30p.m.	3b. DATE OF DEATH (Month, Day, Yr.) April 05, 1997
4. SOCIAL SECURITY NUMBER 432-48-1876		5a. AGE-Last Birthday (Years) 68	5b. UNDER 1 YEAR (Months, Days) 0	5c. UNDER 1 DAY (Hours, Minutes) 0
6. DATE OF BIRTH (Mo, Day, Yr.) October 09, 1929		7. BIRTHPLACE (City and State or Foreign Country) Macon, Mississippi		
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient
9a. FACILITY NAME (If not institution, give street and number) West Side Health Care Center		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) Magnolia Hart		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Inspector
12b. KIND OF BUSINESS/INDUSTRY U.S. Steel		13a. RESIDENCE-STATE IN		
13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 1368 Johnson Street
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. FATHER'S NAME (First, Middle, Last) John Stewart		16. MOTHER'S NAME (First, Middle, Maiden Surname) Teresa Tate		
20a. INFORMANT'S NAME (Type/First) Magnolia Stewart		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1368 Johnson Street Gary, IN 46407		20c. Relationship Wife
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) April 12, 1997 Evergreen Memorial Park		21c. LOCATION-City or Town, State Hobart, IN
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home 4209 Grant St, Gary, IN, 46408 FH19600634
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Cerebrovascular accident DUE TO (OR AS A CONSEQUENCE OF):				
b. arterio-sclerotic cerebrovascular disease DUE TO (OR AS A CONSEQUENCE OF):				
c. arterio-sclerotic heart disease DUE TO (OR AS A CONSEQUENCE OF):				
d. arterio-sclerotic heart disease				
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) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 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 <i>Tom Potti</i>		29c. MEDICAL LICENSE NO. IN 25043		29d. DATE SIGNED (Month, Day, Year) 4/9/97
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/First) Dr. Potti 8300 Broadway 769-8677				
31. HEALTH OFFICER'S SIGNATURE <i>Sam Orlich</i>				32. DATE FILED (Month, Day, Year) APR 11 1997
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				
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK (Yes or No) NO
34d. DATE PRODUCE DEATH (Month, Day, Year)		34e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) INDIAN ACCEPTANCE FOR TRANSFER.		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 09 1997				
34g. DATE PRODUCE DEATH (Month, Day, Year)				
34h. MOTOR VEHICLE ACCIDENT (Yes or no)				

97-0252-16

STATE OF INDIANA
FILED TO RECORD
MAY 09 1997
MORTUARY CENTER
HOBART, IN

SAM ORLICH
AUDITOR LAKE COUNTY
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SC
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