

97085745

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC 15 AM 10:12

MORRISSEY, CARTER
RECORDER

DEC 1 1997

FILED

STATE OF INDIANA

COUNTY OF LAKE

SS: 

SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

DOROTHY J BARKSDALE, being first duly sworn upon his/her oath, deposes and says:

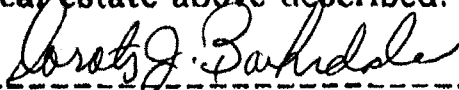
1. That by Warranty Deed duly recorded 7/7/77, RICHARD BARKSDALE JR & DOROTHY J BARKSDALE acquired title in fee simple of record to the following described real estate, to wit:

LOT 19, BLOCK 2, SCARSDALE FIRST ADDITION TO GARY, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 25, PAGE 77, IN LAKE COUNTY, INDIANA.

2. RICHARD BARKSDALE JR died 10/11/87 and by reason of his/her death DOROTHY J BARKSDALE acquired fee simple title in and to said real estate, as surviving tenant.

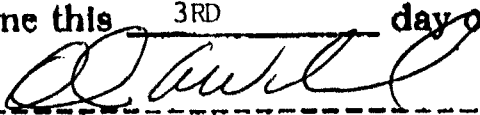
3. The undersigned affiant is informed and verily believes that there are sufficient assets in the estate of said decedent, separate and apart from the real estate above described, to fully satisfy discharge any and all liens, taxes and encumbrances, both federal and state, levied or incurred by reason of the death of said decedent.

4. This affidavit is made for the purpose of clearing the record title to the real estate above described.



DOROTHY J BARKSDALE

Subscribed and sworn to before me this 3RD day of DECEMBER, 1997



Notary Public, David E. Woodward

County of Residence: Porter

My Commission Expires 08/05/01

Lucas Holcomb + Medrea
EASTON COURT
300 E. 90th Drive
Merrillville, In-46410

000765

11.00
16579

PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 2034-87

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

1045736

1997

EMERSON NAME: PAISY L. ALLEN

FUNERAL HOME No. _____
 DIRECTOR'S LICENSE No. _____
 FUNERAL DIRECTOR'S SIGNATURE: *Paisy L. Allen*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS OF BODY WHEN FOUND TO BE CAUSE OF DEATH

CAUSE

DECEASED - NAME RICHARD BARKSDALE JR.		SEX MALE	DATE OF DEATH MONTH DAY YEAR OCTOBER 11, 1987
RACE BLACK	AGE 36	DATE OF BIRTH MONTH DAY YEAR 6-13-51	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		HOSPITAL OR OTHER INSTITUTION - Name if not in column four space and number METHODIST HOSPITAL SOUTHLAKE	IF HOSP OR INST. Name and No. of Four-Digit Department (Space for) 70
STATE OF BIRTH INDIANA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (If not your mother's name) DOROTHY ALLEN
SOCIAL SECURITY NUMBER 317-52-9758		USUAL OCCUPATION (Give kind of work being done during week of death and long title if appropriate) STEEL STAMPER	KIND OF BUSINESS OR INDUSTRY USX
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 932 East 44th Avenue		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IN HOME CITY LIGHTS (Specify Yes or No) yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME RICHARD BARKSDALE SR.		MOTHER - MAIDEN NAME QUENTELLIA GORDON	
INFORMANT - NAME (If age or print) DOROTHY BARKSDALE WIFE		RELATIONSHIP WIFE	
MAILING ADDRESS 923 EAST 44th Avenue, Gary, IN 46409		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME EVERGREEN CEMETERY	
DATE MONTH DAY YEAR 10-17-87		LOCATION CITY OR TOWN STATE HOBART, INDIANA	
FUNERAL HOME - NAME AND ADDRESS GUY & ALLEN FUN. DIR. INC. 2959 West 11th Ave, Gary, IN		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
To the best of my knowledge, death occurred at the time, date and place and due to the following cause: 20a <i>Barbara L. Fuller, M.D.</i>		DATE SIGNED (See 21b) October 20, 1987	HOUR OF DEATH M
NAME OF ATTENDING PHYSICIAN (If age or print) Barbara L. Fuller, M.D.		21c	
MAILING ADDRESS - PHYSICIAN 21d		21e	
HEALTH OFFICER - SIGNATURE <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICE 10/27/87	
IMMEDIATE CAUSE Immunoblastic Lymphoma		22b	
PART I (a) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 9 1/2 Months	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24	