

2.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98029468

98 APR 27 AM 9:00

**SURVIVORSHIP AFFIDAVIT**

MORRIS V. OAK

STATE OF INDIANA, COUNTY OF LAKE )SS:

On this 24th day of April, 1998, before me personally appeared, **Bernice Verser** to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the surviving joint owner of the real estate described below.
3. Said premises are described as follows:  
 Lot No. Twenty-nine (29), as marked and laid down on the recorded Plat of Lippman's Addition to Gary, being a Resubdivision of Block No. 8, Tolleston Addition to East Chicago, Gary, Lake County, Indiana, as the same appears of record in Plat Book 22, Page 32 in the Recorder's Office of Lake County, Indiana.
4. Said premises were formerly owned as joint tenants by Bernice Verser and Gertrude Davis.
5. Said Gertrude Davis died on April 18, 1998, leaving no will.
6. Affiant's relationship to the deceased was friend.

Affiant's Signature *Bernice Verser*  
 Name Printed Bernice Verser  
 Address 1675 W. 20th Place, Gary, IN 46404

Subscribed and sworn to before me, a Notary Public, this 24th day of April, 1998.

My Commission Expires:  
4/20/99

*Deborah A. Taylor*  
 Deborah A. Taylor, Notary Public  
 A Resident of Lake County

HODGES & DAVIS  
 This Instrument Prepared by: Earle F. Hites, Attorney at Law  
 8700 Broadway, Merrillville, IN 46410

→ **FILED**

APR 27 1998

SAM ORLICH  
NOTARY LAKE COUNTY

001789

1100  
SW  
#6014

\*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

Local No. **98-0316** CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED-NAME (First, Middle, Last) Gertrude Davis			2. SEX Female	3a. TIME OF DEATH 4:40 P	3b. DATE OF DEATH (Month, Day, Yr.) M   April 18, 1998	
	4. SOCIAL SECURITY NUMBER 587-01-9454		5a. AGE-Last Birthday (Years) 50	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) May 28, 1947	7. BIRTHPLACE (City and State or Foreign Country) Sardis, Mississippi
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient <input type="checkbox"/> DOA		9a. PLACE OF DEATH (Check only one. See instructions.) OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
	9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake			9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
PARENTS	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James Davis		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home
	13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2033 West 19th Avenue
	13e. ZIP CODE 46404		13f. INSIDE CITY LIMITS No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Afro-American
INFORMANT	16. FATHER'S NAME (First, Middle, Last) Roosevelt Joy			17. MOTHER'S NAME (First, Middle, Maiden Surname) Rosie Lee Wright			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12
	20a. INFORMANT'S NAME (Type/Print) James Davis			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2033 West 19th Avenue Gary, Indiana 46404			20c. Relationship Husband
DISPOSITION	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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 24, 1998 Ridgelawn Cemetery			21c. LOCATION-City or Town, State Gary, Indiana	
	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		
CAUSE OF DEATH	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, FH19600034 4209 Grant St, Gary, IN, 46408		
	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. Dilated Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF): b. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): c. Hypertension DUE TO (OR AS A CONSEQUENCE OF): d.				
	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last						
CERTIFIER	26. 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) -
	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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01037773		29d. DATE SIGNED (Month, Day, Year) 4/20/98
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED THIS DEATH CERTIFICATE (Type/Print) Dr. Artis 3229 Broadway Gary Indiana 46408						
	31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> APR 21 1998					32. DATE FILED (Month, Day, Year) APR 22 1998	
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) SAM ORLICH INDIAN LAKE COUNTY		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.			001790	