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98040018

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN -1 AM 9:

Send Tax Statment To:
Percy J. Williams
4220 Drummond St.
East Chicago, IN 46312

STATE OF INDIANA)
SS:
COUNTY OF LAKE)

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AFFIDAVIT OF SUVIVIORSHIP

FAYVA PAYTON, being first duly sworn upon her oath deposes and says that Geraldine Louise Williams, a/k/a Geraldine L. Willimas died on November 26, 1995, in the city of East Chicago, Lake County, Indiana.

Affiant states that prior to the death of the deceased, the Percy J. Williams and the deceased held title as tenants in common to the following described real estate:

Lot 25 in Block 15 in Park Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5 page 32, in the Office of the Recorder of Lake County, Indiana, Commonly known as 4220 Drummond St., East Chicago, IN Key# 30-0491-0025

More than forty-five days have elapsed since the death of Geraldine Louise Williams, a/k/a Geraldine L. Williams.

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

That the following person is entitled to an interest in the above described real property as a result of the decedent's death:

FAYVA PAYTON Adult Daughter 1/2 interest (heirship)

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

MAY 26 1998

SAM ORLICH
AUDITOR LAKE COUNTY

This instrument was prepared by Rudolph Val Dawson, Attorney at Law, P.O. Box 3117, 2216 Broadway, East Chicago, IN 46312

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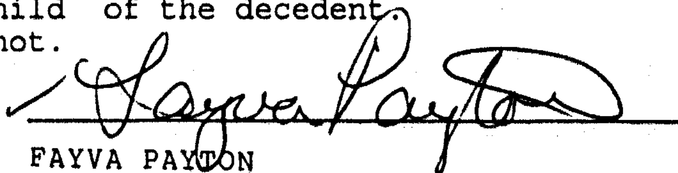
13.00
335285

The decedent's estate was not subject to Federal Estate Tax or Indiana Inheritance Tax. Affiant further states that the deceased did not leave a Will. That she was not married; That affiant is the only child of the decedent.

Affiant further sayeth not.



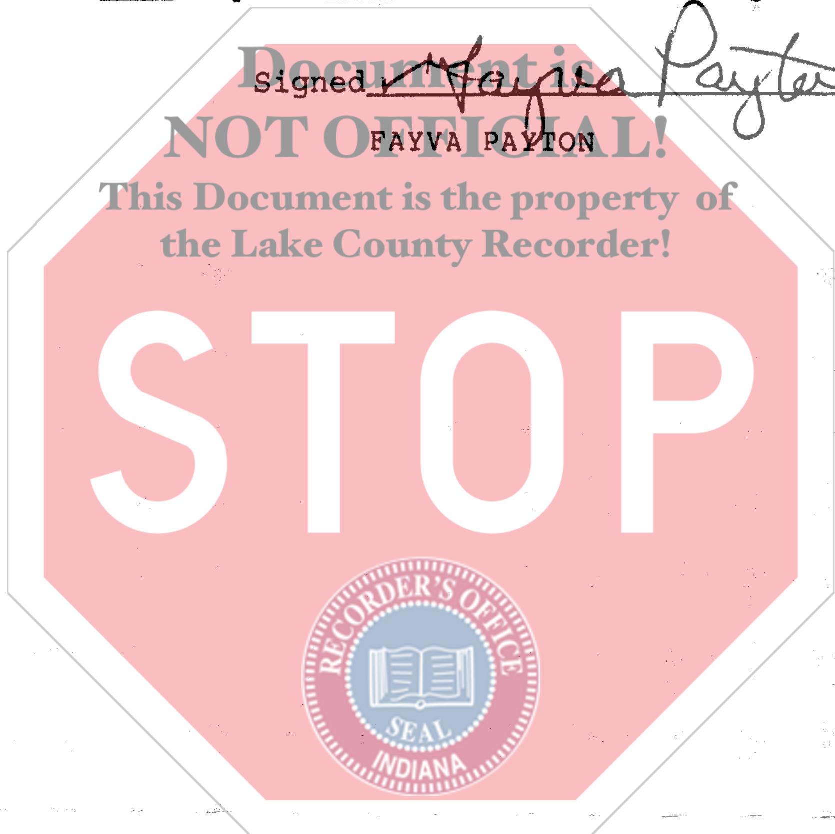
FAYVA PAYTON

I affirm under the penalties for perjury that the foregoing representations are true.

Dated this 11th day of May, 1998.

Signed

FAYVA PAYTON



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

Local No. 95-347

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Geraldine Louise Williams
2. SEX: Female
3a. TIME OF DEATH: 5:00P. M
3b. DATE OF DEATH (Month Day, Yr): November 26, 1995
4. *SOCIAL SECURITY NUMBER: 313-54-1357
5a. AGE—Last Birthday (Years): 48
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day, Yr): Aug. 24, 1947
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: ----
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 4220 Drummond Street
9c. CITY, TOWN OR LOCATION OF DEATH: East Chicago
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): never married
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Unemployed
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: East Chicago
13d. STREET AND NUMBER: 4220 Drummond Street
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th Grade; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Percy Williams
19. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy McKinney

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Percy Williams
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4220 Drummond Street East Chicago, In 46312
20c. Relationship: Father

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 30, 1995 Oak Hill Cemetery
21c. LOCATION—City or Town, State: Gary, Indiana
22a. EMBALMER'S NAME: Tracy Cheri Williams
22b. EMBALMER'S LICENSE NO.: FD08600238
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Tracy Cheri Williams
24b. LICENSE NUMBER (of Licensee): FD08600238
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue FH83001520 East Chicago, Indiana 46312

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Arteriosclerotic Heart disease	life
DUE TO (OR AS A CONSEQUENCE OF): b.	with heart stoppage	sudden
DUE TO (OR AS A CONSEQUENCE OF): c.	hypertensive cardiovascular	life
DUE TO (OR AS A CONSEQUENCE OF): d.	Idiopathic cardiovascular entity	

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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):

FILED MAY 26 1998 SAM ORLICH AUDITOR LAKE COUNTY

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] MD
29c. MEDICAL LICENSE NO.: 01019878
29d. DATE SIGNED (Month, Day, Year): Nov 27/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 3926 Main St, East Chicago In. 46312

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD
32. DATE FILED (Month, Day, Year): 11-29-95

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1