

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

98045130

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN 17 AM 8:45

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

BERNICE BLAKEMORE, being duly sworn upon her oath, does hereby depose and state as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 37 and 38, Block 6, Schug Park South Broadway Addition to Gary, in the City of Gary, as shown in Plat Book 8, page 9, in the Office of the Recorder of Lake County, Indiana.
Key No. 47 - 25 - 36

Said real estate commonly known as 3645 Virginia Street, Gary, Indiana.

That affiant and PITT BLAKEMORE JR., now deceased, were husband and wife at the time they acquired title to said real estate, as tenants by the entireties, by deed of conveyance dated the 4th day of December, 1975, and recorded in the Office of the Lake County Recorder.

That PITT BLAKEMORE JR. died on March 27, 1998, while domiciled in Lake County, Indiana. That the marital relationship which existed between affiant and PITT BLAKEMORE JR., her husband, continued unbroken from the time they so acquired title to said real estate until the death of PITT BLAKEMORE JR. on March 27, 1998, at which time this affiant acquired sole title to the real estate as the surviving tenant by the entireties.

That more than forty-five (45) days have elapsed since the death of PITT BLAKEMORE JR., the decedent, and decedent died with no will (intestate), and that no estate is pending nor was any estate ever opened concerning decedent's death.

To affiant's knowledge and belief, the decedent's gross probate estate, less liens and encumbrances, did not exceed the sum of the 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 gross value of the estate of the decedent, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of the decedent's estate and was not subject to Federal Estate Tax.

FILED

JUN 12 1998

Bernice Blakemore
BERNICE BLAKEMORE
3645 Virginia St., Gary, IN

State of Indiana)
)SS:
County of Lake)
Sworn to and subscribed in my presence on this

SAM ORLICH
CLERK OF COURT
CLERK LAKE COUNTY

20th day of May, 1998.

My Commission Expires:
9/18/98

Rose A. Orlich
NOTARY PUBLIC
Resident of Lake County

Craig A. Hanson
5544 Blway

→ Merr. 4640

CK# 21663
CG 1104
11

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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.

Local No. 98-0249

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Pitt Blakemore Jr		2. SEX Male		3a. TIME OF DEATH 9:10 P M		3b. DATE OF DEATH (Month, Day, Year) March 27, 1998	
4. SOCIAL SECURITY NUMBER 310-36-7166		5a. AGE—Last Birthday (Years) 60		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) July 4, 1937		7. BIRTHPLACE (City and State or Foreign Country) Nashville, Tennessee					
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1956		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) U S Steel Parking Lot B			9c. CITY, TOWN OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bernice Reedy		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Computer Operator		12b. KIND OF BUSINESS/INDUSTRY USX Steel Corp.	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 3645 Virginia Street	
13e. ZIP CODE 46409		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) Pitt Blakemore Sr		17. MOTHER'S NAME (First, Middle, Maiden Surname) Estella Covington		18. RACE—American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th	
20a. INFORMANT'S NAME (Type/Print) Bernice Blakemore		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3645 Virginia Street Gary, Indiana 46409				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 2, 1998 Oak Hill Cemetery			21c. LOCATION—City or Town, State Gary, Indiana		
22a. EMBALMER'S NAME Rosenwald D. Allen Jr		22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404			
26. PART I. Enter the disease, 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. <u>Cardiac Arrhythmia</u> Approximate Interval Between Onset and Death: <u>minutes</u> b. <u>Ischemic Heart Disease</u> c. d. 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. <u>DDM, coronary artery disease</u> <u>HTN</u>				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <u>NO</u>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <u>NO</u>	
29b. 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 <u>James Jackson DO</u>				29c. MEDICAL LICENSE NO. <u>22001724</u>		29d. DATE SIGNED (Month, Day, Year) <u>4/10/98</u>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <u>USX FAMILY medical center - 251 E. 104th drive</u>							
31. HEALTH OFFICER'S SIGNATURE <u>M. D. M. H.</u>						32. DATE FILED (Month, Day, Year) <u>APR 13 1998</u>	
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? <u>SALORLICH INDIAN LAKE COUNTY</u>	
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34d. DESCRIBE HOW INJURY OCCURRED			
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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