

FA- 24597

Property Address: 2693 Polk Place 98051191  
Gary, IN 46410

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

JOAN TOLIVER, Affiant, states that:

1. CLIFTON TOLIVER, deceased, died on the 13<sup>th</sup> day of November, 1997;
2. Affiant is:  the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;
3. The deceased died:  leaving a will which has been probated;  
 leaving a will which has not been probated;  
 leaving no will;
4. The deceased and Affiant were married on the 21<sup>st</sup> day of March, 1952; and were never divorced.  
(This item applies only to the surviving spouse.)
5.  All expenses of the last illness and funeral of the deceased have been paid;
6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
7.  There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

06/25/98  
Date

Joan Toliver  
Signature of Affiant

JOAN TOLIVER  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 25 day of June, 1998.

BETH A. KOLBERT  
Printed Name of Notary

Beth A. Kolbert  
Signature of Notary

My Commission expires: 07/11/01

My County of Residence is: LAKE

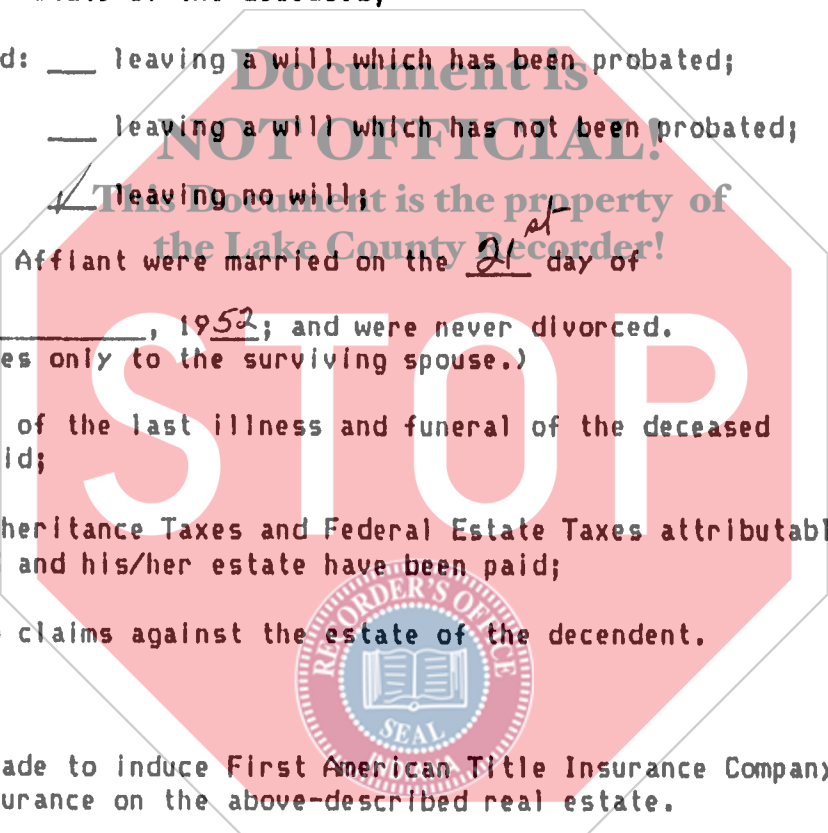
**FILED**

JUL 07 1998

SAM ORLICH  
AUDITOR LAKE COUNTY 000513

1400  
km  
FA

HOLD FOR FIRST AMERICAN TITLE



**FIRST AMERICAN TITLE INSURANCE COMPANY  
1544 45TH STREET, MUNSTER, IN 46321,**

**ALTA Commitment  
Schedule C**

File No.: F24597

**LEGAL DESCRIPTION:**

Lots 139 and 140 in Block 6 in Lincoln Park Addition to Gary, as per plat thereof, recorded in Plat Book 6, Page 17, in the office of the Recorder of Lake County, Indiana



20CC + 3 Free VETS

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.

97-0783

Local No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

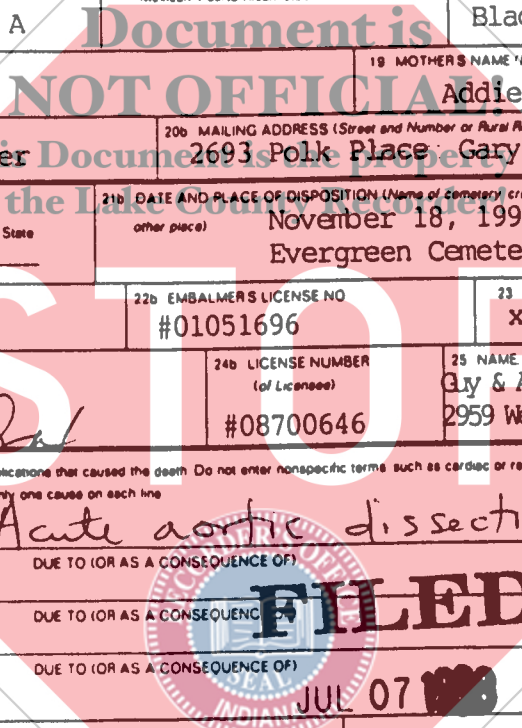
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Clifton Toliver		2 SEX Male	3a TIME OF DEATH 1:03P M	3b DATE OF DEATH (Month Day, Yr) November 13, 1997	
4 SOCIAL SECURITY NUMBER 428-48-6621	5a AGE—Last Birthday (Years) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) May 4, 1929	
7 BIRTHPLACE (City and State or Foreign Country) Winona, Mississippi	8a WAS DECEDENT A U.S. VETERAN? YES				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA 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) Methodist Hospital Northlake		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) Joan Davis	12a DECEDENT'S USUAL OCCUPATION (Give kind of work unless during most of working life Do not use "retired") Straightener Operator		12b KIND OF BUSINESS/INDUSTRY LTV Steel Corp.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 2693 Polk Place		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+) _____		18 FATHER'S NAME (First Middle Last) Perry Toliver			
19 MOTHER'S NAME (First Middle Maiden Surname) Addie Robinson		20a INFORMANT'S NAME (Type/Print) Joan Toliver			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2693 Polk Place, Gary, Indiana 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) November 18, 1997 Evergreen Cemetery		21c LOCATION—City or Town, State Hbart, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Sr.		22b EMBALMER'S LICENSE NO. #01051696	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broadal</i>		24b LICENSE NUMBER (of Licensee) #08700646	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404		
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. <u>Acute aortic dissection</u> DUE TO (OR AS A CONSEQUENCE OF) _____ b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last.				Approximate Interval Between Onset and Death	
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR 90 DAYS OR MORE POSTPARTUM? NO	
28a WAS AN AUTOPSY PERFORMED? 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>Andre Artis</i>		29c MEDICAL LICENSE NO. 01037773	29d DATE SIGNED (Month Day, Year) 11/21/97		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Andre Artis 3229 Broadway Gary, Indiana 46408					
31 HEALTH OFFICER'S SIGNATURE <i>Sam Orlich</i>			32 DATE FILED (Month Day, Year) NOV. 25 1997		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <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)	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.			



000514