

2

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )

Legal: Lot 9 and 10, Block 2, Brunswick Addition to Gary, (South 12 feet subject to Right of Way Grant) as shown in Plat Book 11, Page 34 in the Office of the Recorder of Lake County, Indiana, More commonly known as 4700 West 5<sup>th</sup> Avenue Gary, Indiana 46404. Tax Unit Key Number 25-41-218-0009

County of Lake )

SS

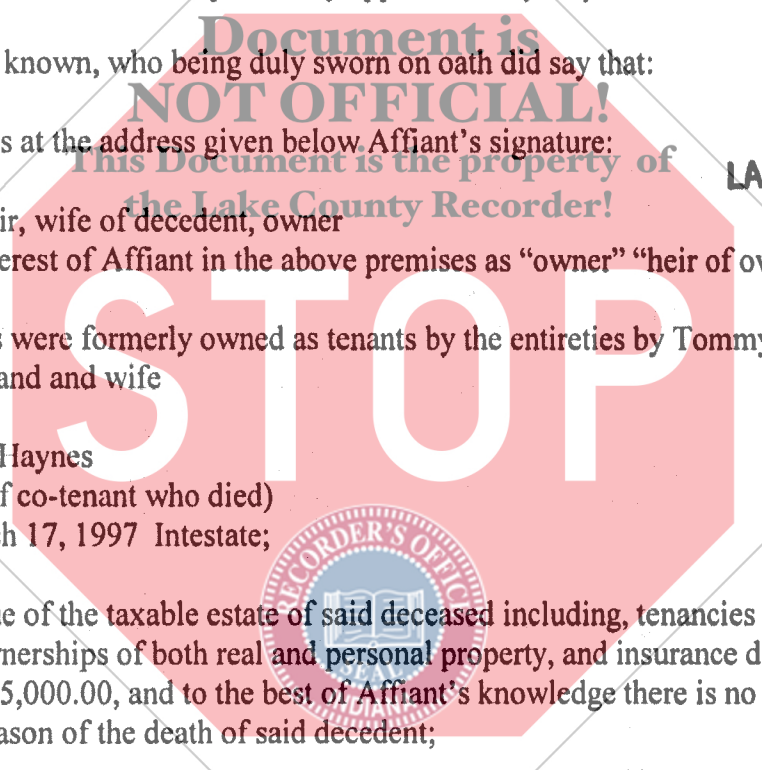
FILED

On this April 7, 1999 before me personally appeared Ivory Haynes to me personally known, who being duly sworn on oath did say that:

APR 07 1999

PETER BENJAMIN LAKE COUNTY AUDITOR

- Affiant resides at the address given below. Affiant's signature:
- Affiant is Heir, wife of decedent, owner (Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
- Said premises were formerly owned as tenants by the entireties by Tommy Haynes and Ivory Haynes, husband and wife
- Said Tommy Haynes (Name of co-tenant who died) Died on March 17, 1997 Intestate;
- The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$15,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;



99029642

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings: N/A)

7. Affiant's relationship to the deceased was wife.

Signature Ivory Haynes  
Address: 1961 Bridged St.

MORRIS W. CARTER  
RECORDER  
89 APR -7 PM 2:44

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Subscribed and sworn to before me by the Affiant this 7<sup>th</sup> day of April, 1999 (year)

Laqueyn Hope My Commission expires: 12/3/2001 County of Lake

Noted. Max India - Jeta

000556

1200  
CR#

\* ATTENTION ESTATE: The Social Security Act 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.

6CC + 3 Free VETS  
**INDIANA STATE DEPARTMENT OF HEALTH**

**CERTIFICATE OF DEATH**

Local No. 97-0152

State No. ....

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

TYPE/PRINT  
 IN  
 PERMANENT  
 BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Tommy L. Haynes</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:20 A M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>March 17, 1997</b>	
4 *SOCIAL SECURITY NUMBER <b>428-44-2920</b>		5a AGE—Last Birthday (Years) <b>68</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) <b>December 15, 1928</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Inverness, Mississippi</b>			
8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1953</b>	9a PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <del>XXXXXX</del> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) <b>Methodist Hospital Northlake</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Ivory L. Price</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Larry Car Operator</b>	12b KIND OF BUSINESS/INDUSTRY <b>Inland Steel Corp.</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>1961 Bigger Street</b>		
13e ZIP CODE <b>46404</b>	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>Black</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9th</b> College (1-4 or 5+) <b></b>		18 FATHER'S NAME (First, Middle, Last) <b>Henry Haynes</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Georgia Lampley</b>		20a INFORMANT'S NAME (Type/Print) <b>Ivory L. Haynes</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1961 Bigger Street Gary, Indiana 46404</b>		20c Relationship <b>Wife</b>			
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) <b>March 21, 1997 Evergreen Cemetery</b>		21c LOCATION—City or Town, State <b>Hobart, Indiana</b>	
22a EMBALMER'S NAME <b>Roosevelt Allen Sr.,</b>		22b EMBALMER'S LICENSE NO. <b>#01051696</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) <b>#08700298</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404</b>		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Multiple myeloma</b>		<b>13 years</b>	
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 POSTPARTUM (Yes or no) <b>NO</b>			
		28. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		<b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>DECEASING PHYSICIAN</b> 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 		29c MEDICAL LICENSE NO. <b>29392</b>	29d DATE SIGNED (Month, Day, Year) <b>3/21/97</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. H. Dalal 5825 Broadway Suite B Merrillville, Indiana 46410</b>					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month, Day, Year) <b>MAR 26 1997</b>		
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 <b>000557</b>
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>000558</b>			

DECEDENT

PARENTS

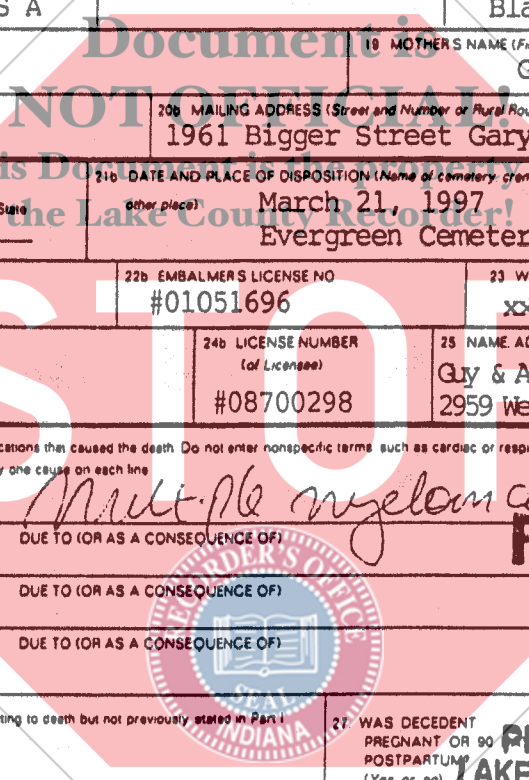
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



**FILED**  
**APR 07 1999**