SEP-17-1999 16:09 PINNACLE - CREDIT ADMIN 616 982 7450 P.03/04

2

SURVIVORSHIP AFFIDAVIT

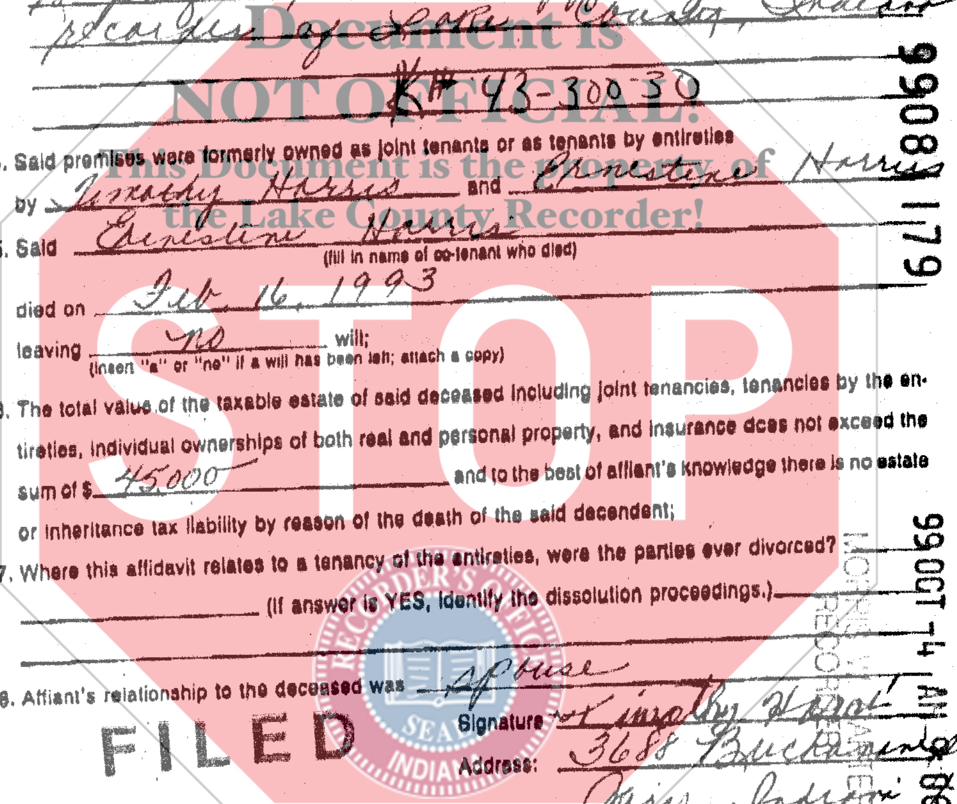
STATE OF: Indiana) SS:
COUNTY OF: Lake)

On this 20th Day Sept. Before me personally appeared Timothy Harris

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner (state interest of affiant in the above premises as owner)
3. Said premises described as follows: Lot 30 in Block 11 in Halfmoon, in the city of Gary, as per plat thereof, recorded in plat book 18 page 35, in the office of the recorder of Lake County, Indiana.

Key# 43-300-30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STOP

4. Said premises were formerly owned as joint tenants or as tenants by entireties by Timothy Harris and Ernestine Harris
5. Said Ernestine Harris (fill in name of co-tenant who died) died on Feb. 16, 1993 leaving no will; (insert "a" or "no" if a will has been left; attach a copy)
6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 45,000 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decendent;
7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? ____ (If answer is YES, identify the dissolution proceedings.) ____
8. Affiant's relationship to the deceased was spouse

Signature: Timothy Harris
Address: 3688 Buchanan St
Gary, Indiana 46408

FILED
OCT 01 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

State of Indiana)
County of Porter)

Before me, the undersigned, a Notary Public in and for said County and State, this 20th Day of Sept. personally appeared Timothy Harris

and acknowledged the execution of the foregoing Affidavit.

Sandra Davis
Sandra Davis, Notary Public
Resident of Lake County
My Commission expires: 3-22-2007

Prepared by: Bernice Turner

99081179

99 OCT -4 AM 11:06

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MORRIS W. CARTER
RECORDER

TICOR TITLE INSURANCE
Crown Point, Indiana
992106586

000021 12.00 E.P. Ti

Return: Civitas

6cc

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 93-0125 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	Earnestine Harris
2 SEX	Female
3a TIME OF DEATH	6:14 P.M
3b DATE OF DEATH (Month, Day, Yr)	February 16, 1993
4 SOCIAL SECURITY NUMBER	307-60-2436
5a AGE—Last Birthday (Years)	40
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo, Day, Yr)	April 13, 1952
7 BIRTHPLACE (City and State or Foreign Country)	Tunica, Mississippi
8a WAS DECEDENT A U.S. VETERAN?	No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: XXX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
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)	Timothy Harris
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	Home
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Gary
13d STREET AND NUMBER	3688 Buchanan Street
13e ZIP CODE	46408
13f INSIDE CITY LIMITS	☐ No XX Yes
13g ON A FARM?	XX No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U S A
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	11th

PARENTS

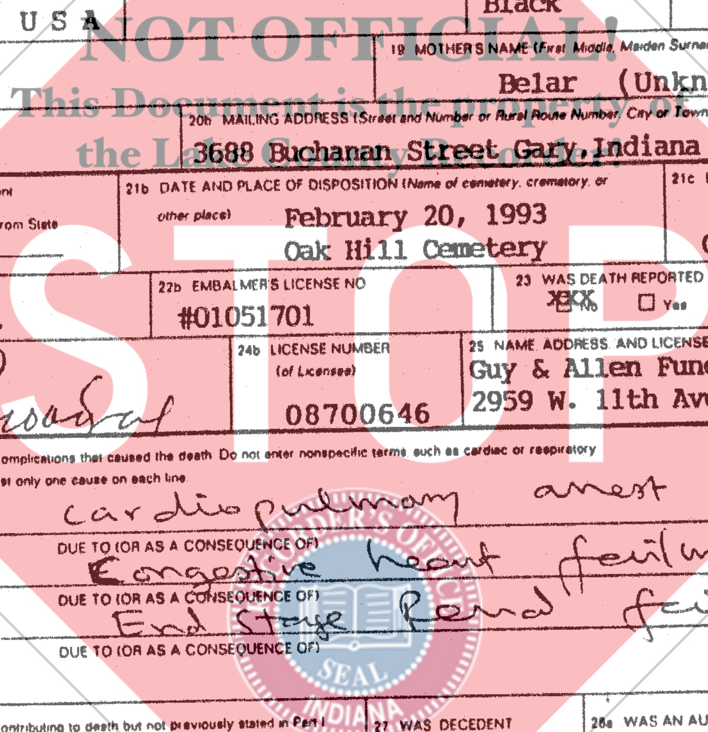
Field	Entry
18 FATHER'S NAME (First, Middle, Last)	James Ellis
19 MOTHER'S NAME (First, Middle, Maiden Surname)	Belar (Unknown)

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Timothy Harris
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3688 Buchanan Street Gary, Indiana 46408
20c Relationship	Husband

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	February 20, 1993 Oak Hill Cemetery
21c LOCATION—City or Town, State	Gary, Indiana
22a EMBALMER'S NAME	Roosevelt Allen Jr.
22b EMBALMER'S LICENSE NO	#01051701
23 WAS DEATH REPORTED TO CORONER?	XXX No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	08700646
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Guy & Allen Funeral Directors, 2959 W. 11th Avenue Gary, Indiana



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

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. cardiopulmonary arrest

DUE TO (OR AS A CONSEQUENCE OF)

b. Congestive heart failure

DUE TO (OR AS A CONSEQUENCE OF)

c. End Stage Renal failure

DUE TO (OR AS A CONSEQUENCE OF)

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: Diabetes mellitus.

Field	Entry
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?	

CERTIFIER

29a CERTIFIER (Check only one)

- XX 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

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	K. Umapathy [signature]
29c MEDICAL LICENSE NO	01036576
29d DATE SIGNED	2-...
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	KUPUSAMY UMAPATHY, M.D. 4802 BROADWAY GARY IN

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature]
32 DATE FILED	

CORONER USE ONLY

Field	Entry
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...)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	