

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT -4 AM 10:14

99081344

SURVIVORSHIP AFFIDAVIT

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
County of Lake)

SS

Legal: Lot 33, Block 1, Gary Land Company's
11th Subdivision, in the City of Gary, as
Shown in Plat Book 13, Page 25, Lake
County, Indiana, Key NO. 25-44-293-33

On this 4th day of Oct., 1999 before me personally appeared Johnny D. Parker Jr.
to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below Affiant's signature:
- Affiant is Heir, son of decedent(s), 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 Johnny D. Parker and
Vinnette Parker, Husband and Wife
- Said Johnny D. Parker, deceased March 7, 1999 and Vinnette Parker, deceased December 11,
1969. (Name of co-tenant who died)
- 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;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No (if yes identify the divorce proceedings: N/A _____);
- Affiant's relationship to the deceased was son

Signature

Address:

Johnny D. Parker
8579 SO. KENWOOD AVE CHGO, ILL.

Subscribed and sworn to before me by the Affiant this 4th day of Oct., 1999 (year)

Notary

My Commission expires: 12-13-2001

DULY ENTERED FOR REGISTRATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER. Lake

OCT 04 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

000163

Max. William Title Corp
504 Broadway
Ste. 523
Gary, In. 46402

15:00
CS

State of Indiana

County of Lake

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)
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)

In Re: Johnny D. Parker, Deceased March 7, 1999
Vinnette Dorothy Parker, Deceased
December 11, 1969

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person(s) is (are) the legal heir (s) of decedent (s): Johnny D. Parker Jr., 8745 S. Constance Avenue, Chicago, Illinois, Son; Phyllis V. Whiteside, 7304 Willow, Raytown, Mo., Daughter; Edward T. Parker, 7304 Willow, Raytown, Mo., Son; Kevin V. Parker, 7304 Willow, Raytown Mo., Son; and Dessie Parker, 4656 St. Francis Avenue, Apt. 106, Dallas, Texas, wife.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 1340 Harrison Street, Gary, Indiana 46407, described as follows:

Lot 33, Block 1, Gary Land Company's 11th Subdivision, in the City of Gary, as shown in Plat Book 13, Page 25, in Lake County, Indiana, more commonly known as 1340 Harrison Street, Gary, Indiana, Tax Unit 25 Key Number 44-293-33
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedents, Johnny D. Parker and Vinnette Dorothy Parker as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

4CC

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. 99-0189

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) Johnny D. Parker		2 SEX Male	3a TIME OF DEATH 5:20 A M	3b DATE OF DEATH (Month Day Yr) March 7, 1999
4 *SOCIAL SECURITY NUMBER 310-22-1618	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) April 8, 1924
7 BIRTHPLACE (City and State or Foreign Country) Wilmot, Arkansas	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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 1340 Harrison Street		9c CITY, TOWN OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Dessie M. Riggan		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Craneman	
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 1340 Harrison Street
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U S A	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5 +) 8th				
18 FATHER'S NAME (First Middle Last) Dan Parker		19 MOTHER'S NAME (First Middle Maiden Surname) Johnnie Hicks		
20a INFORMANT'S NAME (Type/Print) Dessie M. Parker		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1340 Harrison Street Gary, Indiana 46407		20c Relationship Wife
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) March 11, 1999 Evergreen Cemetery		21c LOCATION—City or Town, State Hobart, Indiana
22a EMBALMERS NAME Roosevelt Allen Sr.		22b EMBALMERS LICENSE NO #01051696		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Brown</i>		24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704
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 <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death
b <i>Cardiomyopathy</i> 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 <i>Chronic obstructive lung disease</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)
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>John M. ...</i>			29c MEDICAL LICENSE NO #01035471	29d DATE SIGNED (Month Day Year) 3/16/99
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. H. Shah 209 East 89th Court Merrillville, Indiana 46410				
31 HEALTH OFFICER'S SIGNATURE <i>Peter Benjamin</i>				32 DATE FILED (Month Day Year) MAR 17 1999
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? (Yes or no)
		34d DESCRIBE INJURY OCCURRED <i>Slip on 04/1999</i>		
		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR		
34f DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc. 000164		

MAY 24 1999

STATE OF ILLINOIS } ss. DAVID D. ORR. County Clerk
County of Cook, }

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
636658

REGISTRATION DISTRICT NO. 16.10		DECEASED—NAME VINETTE DOROTHY PARKER		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 11 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. NEGRO		AGE—LAST BIRTHDAY (YRS.) 5a. 74		UNDER 1 YEAR: UNDER 1 DAY 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. OCT 27 1925
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		INSIDE CITY (YES/NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. BILLINGS HOSPITAL		
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MICHIGAN	CITIZEN OF WHAT COUNTRY 9. UNITED STATES	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. JOHNNY PARKER	
SOCIAL SECURITY NUMBER 12. [REDACTED]	USUAL OCCUPATION 13a. HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME		U.S. WAR VETERAN? WAR OR DATES OF SERVICE (YES/NO) 13c. [REDACTED]	
RESIDENCE STATE 14a. INDIANA	COUNTY 14b. LAKE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14c. GARY		STREET AND NUMBER 14d. 1340 HARRISON C.	
FATHER—NAME FIRST MIDDLE LAST 15. CHARLES GODFREY		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. MARY BARTYK			
INFORMANT'S SIGNATURE 17a. Mary Cullen		RELATIONSHIP 17b. RECORDS	MAILING ADDRESS (STREET AND NO., OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 950 EAST 59TH STREET CHICAGO, ILL 60637		
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) Acute Pulmonary Embolism					Minutes
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. (b) Metastatic Adenocarcinoma of Breast					Months
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)					AUTOPSY (YES/NO) 19a. YES
DATE OF OPERATION, IF ANY					IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION			
I ATTENDED THE DECEASED FROM, (MONTH, DAY, YEAR) 21a. NOVEMBER 17, 1969		TO (MONTH, DAY, YEAR) 21b. DECEMBER 11, 1969		AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) 21c. DECEMBER 11 1969	HOUR OF DEATH 21d. 11:50 P. M.
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
SIGNATURE 22a. Allan J. Metzger		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/12/69		ILLINOIS LICENSE NUMBER 22c. T-3350	
MAILING ADDRESS—CERTIFIER 23. 950 EAST 59TH STREET CHICAGO, ILLINOIS 60637					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. EVERGREEN		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. HOBART ILLINOIS 12-19-69	
FUNERAL HOME 25a. C.B. WATERFORD SONS		STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP 25b. 3050 STATE STREET CHICAGO ILLINOIS 60609			
FUNERAL DIRECTOR'S SIGNATURE 25c. [Signature]		LICENSE NUMBER LAKE COUNTY ADDITOR			
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 40602		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 15 1969	
VR 200-1269 ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS (BASED ON 1968 U.S. STANDARD CERTIFICATE)					