

STATE OF INDIANA )  
COUNTY OF LAKE 99082509<sup>SS</sup>  
IN RE THE ESTATE OF: )  
DOROTHY THOMPSON )  
Deceased )

Mail Bnc  
To Dr JOHN HENRY HALL, Ed.D.  
STATE BOX 1498  
LAKE COUNTY, INDIANA 46407

99 OCT -6 PM 2:32  
MORRIS W. CARTER  
RECORDER

AFFIDAVIT TRANSFERRING REAL PROPERTY OF SMALL ESTATE

Comes now VALERIE BLANEY, 1027 Camelot Manor, Portage, IN  
Porter County, Indiana, by and through Attorney John Henry Hall,  
Ed.D., and files an Affidavit Transferring Real Property of a  
Small Estate. The Affiant herein states the following:

1. That Mrs. Dorothy Thompson, died intestate on the 11th day  
of 1974, while domiciled in Lake County, Indiana at 1113 Maryland  
Street, Gary, Lake County, Indiana 46404 owning real estate in  
Gary, Indiana as described below herein.

2. That the decedent owned real estate located at:  
1113 Maryland Street, Gary, Indiana 46404, Gary Land Co's 10th  
Subdivision, all Lot 3, Block 18, VALUED AT \$19,000.00 AND A 1990  
BUICK RIVIERA VALUED AT \$1,000.00. (A COPY OF HER DEATH  
CERTIFICATE IS HERETO ATTACHED AND MARKED AS EXHIBIT "B")

3. That more than forty-five (45) days have elapsed since the  
death of the decedent.

4. That no application or petition for the appointment of a  
personal representative is pending or has been granted in any  
jurisdiction.

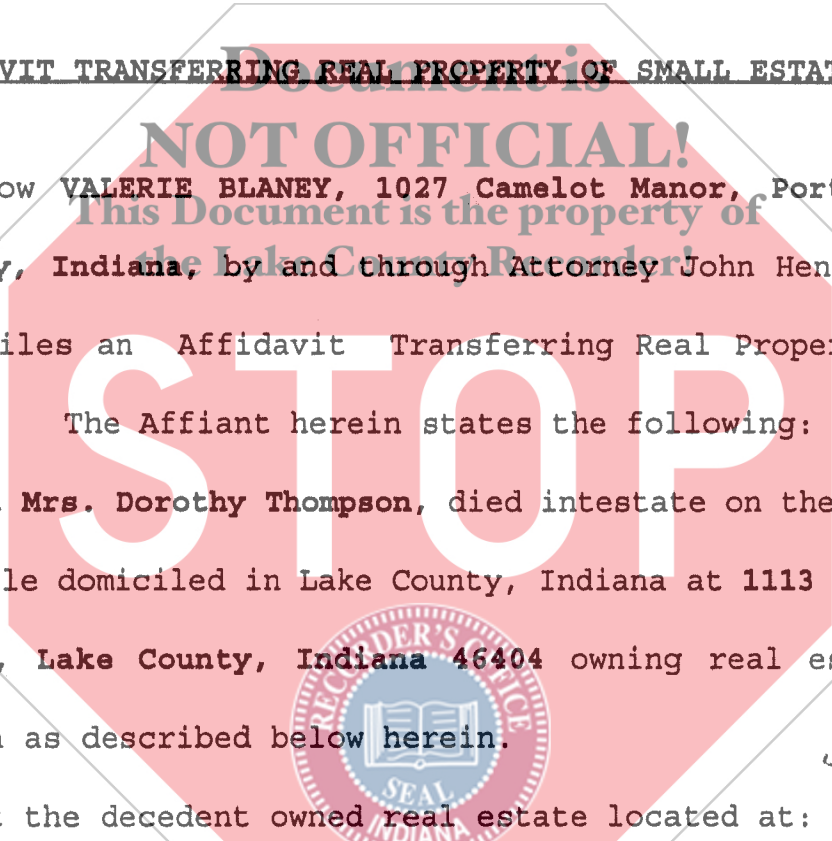
FILED

OCT 06 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000477

23:20  
Cash



5. That the decedent was married and her spouse, Herbert Thompson preceeded her in death, 1970, an Original Copy of his Death Certificate is hereto attached and is marked as Exhibit "C".

6. That the decedent has no surviving parents.

7. That the decedent had only one (1) surviving sibling: a son, Mr. Horace Thompson, SSN: 309-22-7804, who lived at 1113 Maryland Street, Gary, Lake County, Indiana, who passed on March 24, 1999, leaving a Last Will and Testament, dated October 17, 1998, hereto attached and is marked at Exhibit "C".

8. That the value of the decedent's gross estate, less liens and encumbrances, does not exceed the sum of **Twenty-Five Thousand Dollars (\$25,000.00)**, as provided by I.C. 29-1-8-3, including the costs and expenses of administration and reasonable funeral expenses.

9. That the following is a full description of all the real property belonging to the decedent, together with the estimated value thereof according to the best knowledge and information of the affiant herein:

That the decedent owned real estate located at:

1113 Maryland Street, Gary, Indiana 46404, Gary Land Co's 10th Subdivision, all Lot 3, Block 18, valued at \$19,000.00.

10. That there are no creditors known to the affiant.

11. That by reason of the above stated matters, the affiant

requests that said real estate title be transferred to and vests in the heir at law pursuant to the laws of intestate secession as provided in Indiana Code, 29-1-8-1 and 29-1-8-2.

12. The heir at law is MR. HORACE THOMPSON, NOW DECEASED.

HIS LAST WILL AND TESTAMENT STATES AS FOLLOWS:

"LAST WILL AND TESTAMENT"

Document is  
October 17, 1998

**NOT OFFICIAL!**

"Being of Sound Mind - I Testify "

This Document is the property of

TO WHOM IT MAY CONCERN Lake County Recorder!

"1. LEAVING THE 1990 BUICK RIVERA ENTITLED IN MY NAME TO VALERIE BLANEY, SO ANY MONEY OBTAINED FROM IT OR THE CAR ITSELF SHOULD GO TO HER". 2. ANY OF THE REMAINDER OF MY ASSETS SHALL BE DEVIDED BY DOROTHY MAE ARNETT SHE CAN BE CONTACTED BY WILLIAM STAPLES MY BEST FRIEND-OF MERRILLVILLE, INDIANA. THE OTHER PART OF THE DIVISION OF MY ASSETS SHOULD GO TO THE PERSON ABOVE - VALERIE BLANEY (IF SHE WANTS) FOR BEING SO NICE TO ME FOR SO LONG. I WILL MY JEWELRY TO HER."

13. ANY OF THE REMAINDER OF MY ASSETS SHALL BE DIVIDED BY DOROTHY MAE ARNETT. (COPY OF MR. HORACE THOMPSON'S LAST WILL AND TESTAMENT IS HERETO ATTACHED AS IS MARKED AS EXHIBIT "D".)

14. The decedent has no surviving grandparents.

WHEREFORE, the Affiant hereby transfers the above-described real property to Vest solely in the following heir at laws and pursuant to intestate laws of the State of Indiana: TO HORACE THOMPSON, WHO IS NOW DECEASED, WHO BY LAST WILL AND TESTAMENT PASSED THE SAID PERSONAL PROPERTY, A 1990 BUICK RIVIERA AUTOMOBILE,

VALUED AT \$1,000.00 AND REAL PROPERTY A HOUSE LOCATED AT 1113 Maryland Street, Gary, Indiana 46404, Gary Land Co's 10th Subdivision, all Lot 3, Block 18, VALUED AT \$19,000.00, ON TO VALERIE BLANEY, who now GIVES all interests in both the real and personal property as defined herein above TO DOROTHY M. ARNETT TO VEST SOLEY AND COMPLETELY AND PERPETUALLY IN FEE SIMPLE ABSOLUTE TO DOROTHY M. ARNETT, WHICH IS ALSO EXEMPLIFIED BY A QUIT-CLAIM DEED.

Document is NOT OFFICIAL!  
This Document is the property of Valerie Blaney  
the Lake County VALERIE BLANEY

I, VALERIE BLANEY, do hereby affirm under the penalties for perjury that the above and foregoing representations are true and correct to the best of my understanding and knowledge.

Valerie Blaney  
VALERIE BLANEY

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS 5th DAY OF Oct A.D. 1999  
Dr. John James Hall, ATTY  
NOTARY PUBLIC, STATE OF INDIANA  
MY COMMISSION EXPIRES: 3-12-2000  
COUNTY OF LAKE





Key # 44-292-3 Exh. A

2CC

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL RECORDS

45002 9905 ES 73

Local No. 70-0202

MEDICAL CERTIFICATE OF DEATH

State No.

NOT OFFICIAL  
This document is the property of the Indiana Recorder

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST Herbert Thompson male			SEX		DATE OF DEATH—MONTH, DAY, YEAR February 8, 1970		
DECEASED  USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	RACE WHITE, NEGRO, AMERICAN INDIAN ETC. (SPECIFY) Negro		AGE—LAST BIRTHDAY (YEARS) 75	UNDER 1 YEAR MONTHS 11	UNDER 1 DAY HOURS 19	DATE OF BIRTH—MONTH, DAY, YEAR Feb. 10, 1904	COUNTY OF DEATH Lake	
	CITY, TOWN, OR LOCATION OF DEATH Garr		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital				
	STATE OF BIRTH (IF NOT IN U.S.A.) Arkansas		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Dorothy Johnson	
	SOCIAL SECURITY NUMBER 306-09-6993		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Operate Machine		KIND OF BUSINESS OR INDUSTRY U.S. Steel, Coke Plant			
	RESIDENCE—STATE Indiana		COUNTY Lake	CITY, TOWN OR LOCATION Garr		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	TOWNSHIP Calvert	
	STREET AND NUMBER 1113 Marlan Street						IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	FATHER—NAME Unknown		MOTHER MAIDEN NAME Unknown					
	INFORMANT—NAME Mrs. Dorothy Thompson		RELATIONSHIP wife		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1113 Marlan Street, Garr, Ind. 46720			
	PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
	18 IMMEDIATE CAUSE Carcinoma of Rectum		(a)		(b)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF		OCT 06 1999				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO CAUSE GIVEN IN PART I (A) Old hospital lot in PETER BENJAMIN LAKE COUNTY AUDITOR General Anesthetics								
DEATH OCCURRED (HOUR) 5 P.M.		THE DECEDENT WAS PROHOUNCED DEAD (MONTH) 2		DATE SIGNED (MONTH, DAY, YEAR) 2-9-70				
CERTIFIER NAME (TYPE OR PRINT) James I. Hedrick Jr MD		SIGNATURE [Signature]		CITY OR TOWN GARR		STATE INDIANA		
MAILING ADDRESS—CERTIFIER 2000 Grant		STREET OR R.F.D. NO.		CITY OR TOWN GARR		STATE INDIANA		
BURIAL, CREMATION, REMOVAL (SPECIFY) burial		CEMETERY, CREMATORY, FUNERAL HOME OAK HILL		CITY OR TOWN GARR, INDIANA		FURNERAL HOME NUMBER 239		
DATE (MONTH, DAY, YEAR) February 11, 1970		FURNERAL HOME NAME AND ADDRESS Olin Collins Funeral Home, 1101 North St., Garr, Indiana 46720		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP				
FUNERAL DIRECTOR SIGNATURE Roberta Mae Jennings		HEALTH OFFICER SIGNATURE [Signature]		DATE RECEIVED BY HEALTH OFFICER FEB 10 1970		HEALTH OFFICER		

LICENSE No. 5325

FURNERAL DIRECTOR'S LICENSE No. 2214

00047

Exh. B

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Disposition Permit Issued

Provisional Certificate  Yes  No

44-212-3

Local No. 34 1385

LICENSER'S NAME: Roberta Mae Jennings

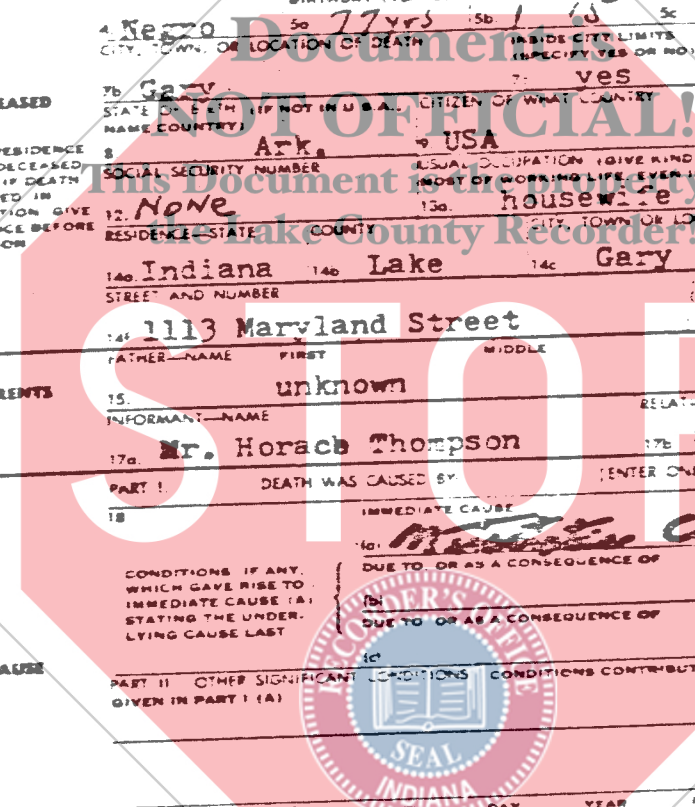
LICENSER NO. 5325

FUNERAL DIRECTOR'S SIGNATURE: *Roberta Mae Jennings*

FUNERAL HOME No. 239  
FUNERAL DIRECTOR'S LICENSE No. 2244

PERMANENT INK SEE MANUAL FOR INSTRUCTIONS

DECEASED NAME: Mrs. Dorothy Thompson female  
 RACE: White DATE OF BIRTH: Oct. 26, 1897 COUNTY OF DEATH: Lake  
 AGE: 77 yrs UNDER 1 YEAR: 1 MONTH: 1 DAY: 10 HOURS: 5 MIN: 00  
 CITY, TOWN, OR LOCATION OF DEATH: Gary, Ind. HOSPITAL OR OTHER INSTITUTION: Methodist Hospital  
 DECEASED: yes MARRIED:  NEVER MARRIED:  SURVIVING SPOUSE: none  
 STATE OF BIRTH: Ark. CITIZEN OF WHAT COUNTRY: USA WIDOWED:  DIVORCED:   
 SOCIAL SECURITY NUMBER: None USUAL OCCUPATION: housewife KIND OF BUSINESS OR INDUSTRY: Domestic  
 RESIDENCE BEFORE ADMISSION: Indiana COUNTY: Lake CITY, TOWN OR LOCATION: Gary INSIDE CITY LIMITS: yes TOWNSHIP: Calumet  
 STREET AND NUMBER: 1113 Maryland Street WAS DECEASED EVER IN U.S. ARMED FORCES: no IS RESIDENCE ON A FARM? no  
 PARENTS: FATHER: unknown MOTHER: unknown MAILING ADDRESS: 1113 Maryland St., Gary, Ind.  
 INFORMANT: Mr. Horace Thompson RELATIONSHIP: son APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: \_\_\_\_\_  
 DEATH WAS CAUSED BY: Myocardial infarction of recent type  
 IMMEDIATE CAUSE: Myocardial infarction of recent type  
 DUE TO OR AS A CONSEQUENCE OF: \_\_\_\_\_  
 OTHER SIGNIFICANT CONDITIONS: \_\_\_\_\_  
 DATE & TIME OF DEATH: 12-11-74 DATE SIGNED: 12-12-74  
 SIGNATURE: Robert J. Gowstone MD CITY OR TOWN: Gary STATE: Ind. ZIP: 46409  
 ADDRESS: 3229 Broadway  
 DISPOSITION: burial FUNERAL HOME: EVERgreen Mem. Park ADDRESS: HOBART, INDIANA  
 DATE: Dec. 23, 1974 FUNERAL HOME: CRESwells Funeral Home, 2101 Broadway, GARY, Ind. 46407  
 HEALTH OFFICER SIGNATURE: \_\_\_\_\_ DATE: DEC 13 1974



FILED

OCT 06 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000472



\* 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.

INDIANA STATE DEPARTMENT OF HEALTH

44-292-5 Exh. C

CERTIFICATE OF DEATH

45002 9905 ES 73

Local No. 99-243

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>HORACE THOMPSON</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>8:36 PM</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>MARCH 24, 1999</b>
4. *SOCIAL SECURITY NUMBER <b>309-22-7804</b>	5a. AGE—Last Birthday (Years) <b>72</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) <b>APRIL 15, 1926</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>GARY, INDIANA</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	9a. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> 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"/> Other (Specify) <input checked="" type="checkbox"/> Residence			

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) <b>1113 MARYLAND STREET</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>GARY, INDIANA</b>	9d. COUNTY OF DEATH <b>LAKE</b>
10. MARITAL STATUS (Specify) <b>DIVORCED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>FACTORY</b>	12b. KIND OF BUSINESS/INDUSTRY <b>STEEL</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>1113 MARYLAND STREET</b>
13e. ZIP CODE <b>46404</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	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>12</b> College (1-4 or 5+) <b></b>	

PARENTS

18. FATHER'S NAME (First, Middle, Last) <b>HERBERT THOMPSON</b>	19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>DOROTHY JOHNSON</b>
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) <b>DOROTHY ARNETT</b>	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3024 BATTERY LITTLE ROCK, ARK. 77206</b>	20c. Relationship <b>cousin</b>
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DISPOSITION

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) <b>MARCH 30, 1999 RIDGELAWN CEMETERY</b>	21c. LOCATION—City or Town, State <b>GARY, INDIANA</b>
22a. EMBALMER'S NAME <b>AVIS ROBINSON</b>	22b. EMBALMER'S LICENSE NO. <b>FD29700012</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Avis Robinson</i>	24b. LICENSE NUMBER (of Licensee) <b>FD29700012</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>GENESIS FUNERAL HOME FH19600010 421 W 5TH AVE. GARY, IN. 46402</b>

CAUSE OF DEATH

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. <b>Card Stage Kidney Disease</b>	Approximate Interval Between Onset and Death <b>3 years</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Card Stage Kidney Disease</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	
a. DUE TO (OR AS A CONSEQUENCE OF)	
b. DUE TO (OR AS A CONSEQUENCE OF)	
c. DUE TO (OR AS A CONSEQUENCE OF)	
d. DUE TO (OR AS A CONSEQUENCE OF)	

CERTIFIER

PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I. <b>Diabetes</b>	27. WAS DECEDENT PREGNANT OR DELIVERING POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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HEALTH OFFICER

29a. CERTIFIER (Check only one) <input 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 checked="" 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>Peter Benjamin</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>	29c. MEDICAL LICENSE NO. <b>01025771</b>	29d. DATE SIGNED (Month, Day, Year) <b>3/31/99</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. ASHBACH 480 BROADWAY</b>		31. HEALTH OFFICER'S SIGNATURE <i>W. M. M. M. M.</i>	
32. DATE FILED (Month, Day, Year) <b>MAR 31 1999</b>			

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 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.			<b>000470</b>



"LAST WILL & TESTAMENT"

Exh. D

OCTOBER 17, 1998

"BEING OF SOUND MIND - I TESTIFY"  
TO WHOM IT MAY CONCERN!

1. THE 1990 BUICK RIVIERA IN MY NAME IS THE PROPERTY OF VALERIE BLANEY, SO ANY MONEY OBTAINED FROM IT OR THE CAR ITSELF SHOULD GO TO HER.

2. ANY OF THE REMAINDER OF MY ASSETS SHALL BE DEVIDED BY POROTHY MAE ARNETT. SHE CAN BE CONTACTED BY WILLIAM STAPLES MY BEST FRIEND - OF MERRILLVILLE, INDIANA. THE OTHER PART OF THE DIVISION OF MY ASSETS SHOULD GO TO THE PERSON ABOVE - VALERIE BLANEY (IF SHE WANTS) FOR BEING SO NICE TO ME FOR SO LONG. I WILL MY JEWELRY TO HER.

3. THERE IS ONE DAUGHTER, BUT WE DIDN'T HAVE A RELATIONSHIP

YOURS TRULY,

Horace Thompson

State of Indiana  
County of Lake

Subscribed and sworn on October 17, 1998

Avis Brown Roberson

12-18-2001