Agent File No.: 9913693

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

HOLD FOR
Title Express, Inc.
8585 Broadway • Ste. 680
Merrillville, IN 46410

99083224

99 OCT -7 PM 2:23

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS
County of Lake)

Rayford L. Cherry, being of legal age, and duly sworn on his oath, deposes and says:

That Rayford ~~L.~~ LAWRENCE Cherry is the owner in fee simple title of the following decribed real estate located at 1752 McKinley Street, Gary, Indiana in Lake County, Indiana to wit:

LOTS 14 AND 15 IN BLOCK 6, IN CENTRAL PARK ADDITION TO TOLLESTON, IN THE CITY OF GARY, LAKE COUNTY, INDIANA

Parcel No. 25-42-63-15

Affiant further states he and now deceased spouse, Mary A. Cherry, were husband and wife at the time they aquired title to the aforesaid real estate and their marital relationship has remained unbroken until the death of Mary A. Cherry on 1/5/99, at which time this affiant aquired title to said real estate as a surviving tenant by the entireties.

There has not been any administration upon the estate of Mary A. Cherry, deceased, nor is any administration contemplated.

The estate of Mary A. Cherry was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, Indiana to Rayford L. Cherry.

Rayford ~~L.~~ LAWRENCE Cherry

STATE OF INDIANA

COUNTY OF Lake

FILED

OCT 07 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared Rayford L. Cherry, and acknowledges the execution of the foregoing instrument and being first duly sworn by me upon his oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and sealed this

My commision expires: 12/2/2000

Jennifer M. Beysterr, Notary Public
Residing in Porter County, Indiana

JENNIFER M. BEYSTER
NOTARY PUBLIC
STATE OF INDIANA
SEAL

This instrument prepared by David M. Bengs, Attorney At Law

000550 11.00 E.P.
ck#1822

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* **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

CERTIFICATE OF DEATH

Local No. 99-0013 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
MARY ANNA CHERRY	FEMALE	8:35P M	JANUARY 5, 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day. Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
305-32-4986	70			1-3-1929	CORDON, KENTUCKY

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
NO	N/A	HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
METHODIST HOSPITAL NORTHLAKE	GARY	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	RAYFORD CHERRY	HOUSEWIFE	HOME

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	GARY	1752 McKINLEY ST.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46404	☐ No XX Yes	XX No ☐ Yes	U.S.A.	XX No ☐ Yes	BLK.	Elementary/Secondary (0-12): 11th.	College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JAMES VINCENT WICKWARE	ELLA TAPP

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
RAYFORD CHERRY	1752 McKINLEY ST. GARY, IND. 46404	HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	FERN OAK CEMETERY JANUARY 11, 1999	GRIFFITH, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
JOHN V. HOWER	8600440	XX No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Vicki E. Hower	014618	HOWER FUNERAL HOME 3002518 1628 WASHINGTON ST. GARY, IND.

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. INTRA CRANIAL BLEED	
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF)	
	c. DUE TO (OR AS A CONSEQUENCE OF)	
	d. DUE TO (OR AS A CONSEQUENCE OF)	

FILED

OCT 07 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	N/A

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

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Augustine Izah	7042994	010749

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): AUGUSTINE IZAH M.D 1619 W. 5th Avenue, GARY, IN 46404

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Augustine Izah M.D.	JAN 0 7 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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)
	000551

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

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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