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AFFIDAVIT

FILED
STATE OF INDIANA
LAKE COUNTY
FILED FOR REC
OCT 07 1999

99 OCT -8 AM 8:16
PETER BENJAMIN
LAKE COUNTY AUDITOR
BOB CARTER
RECORDER

Comes now the undersigned and after having been duly sworn states that:

- 1. My name is Virgia Huntley.
- 2. That I owned the following described real estate together with Velma Hill, also known as Velma Brown Collier:

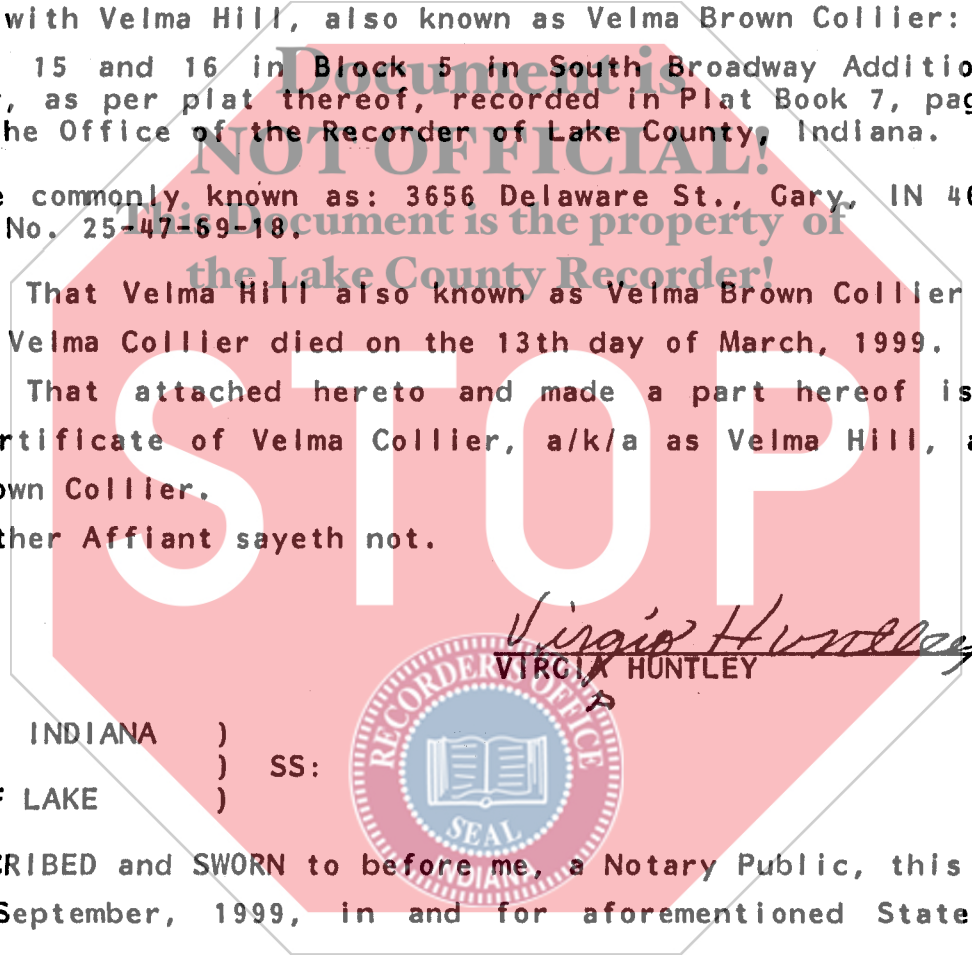
Lots 15 and 16 in Block 5 in South Broadway Addition to Gary, as per plat thereof, recorded in Plat Book 7, page 8, in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 3656 Delaware St., Gary, IN 46409. Key No. 25-47-69-18.

- 3. That Velma Hill also known as Velma Brown Collier also known as Velma Collier died on the 13th day of March, 1999.

- 4. That attached hereto and made a part hereof is the Death Certificate of Velma Collier, a/k/a as Velma Hill, a/k/a Velma Brown Collier.

Further Affiant sayeth not.



Virgia Huntley
VIRGIA HUNTLEY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



SUBSCRIBED and SWORN to before me, a Notary Public, this 20th day of September, 1999, in and for aforementioned State and County.

My Commission Expires:

6-22-08

County of residence: PORTER

Elva Redigonda
ELVA REDIGONDA, Notary Public

PREPARED BY:

Gregory S. Reising
Attorney at Law
607 So. Lake St.
Gary, IN 46403
219/938-8080

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 07 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

000512

11.00
E.P.
11256

ESTATE: The Social Security # is requested by this state agency in order to determine statutory responsibility. Disclosure is required and there will be no penalty for refusal.

200

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

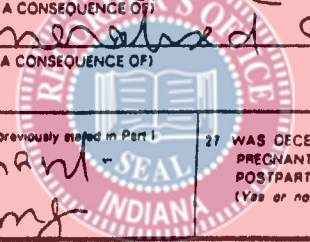
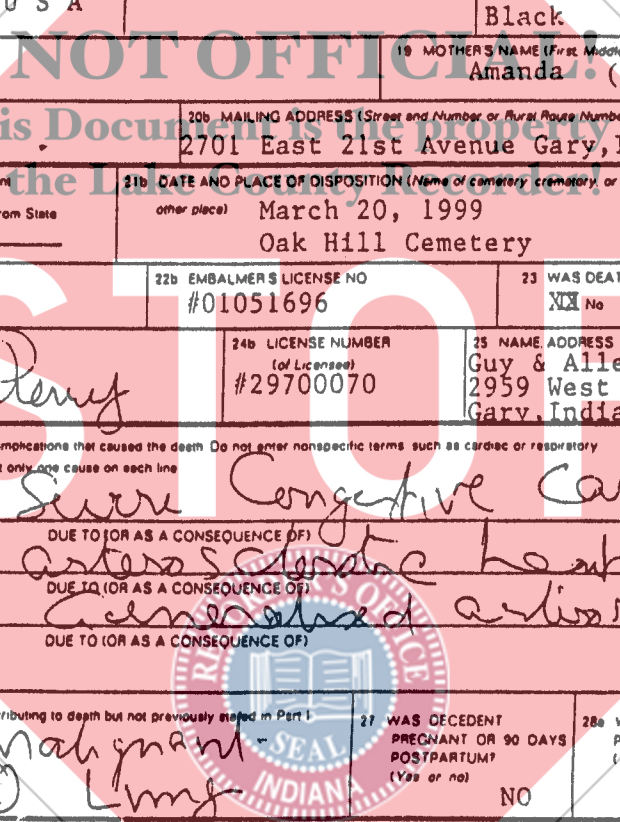
State No.

Local No. 99-0211

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Velma Collier), SEX (Female), TIME OF DEATH (2:10 P), DATE OF DEATH (March 13, 1999), SOCIAL SECURITY NUMBER (432-32-8211), AGE (82), DATE OF BIRTH (July 4, 1916), BIRTHPLACE (Lexa, Arkansas), FACILITY NAME (Methodist Hospital Northlake), CITY/TOWN (Gary), COUNTY (Lake), MARITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), OCCUPATION (Homemaker), RESIDENCE (Indiana, Lake, Gary, 2134 Front Street), ZIP CODE (46407), CITIZENSHIP (USA), RACE (Black), EDUCATION (9th), FATHER'S NAME (Joe Brown), MOTHER'S NAME (Amanda), INFORMANT (Jearlean Williams), ADDRESS (2701 East 21st Avenue), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (March 20, 1999, Oak Hill Cemetery), EMBALMER'S NAME (Roosevelt Allen Sr.), SIGNATURE OF FUNERAL DIRECTOR (Carmelita U Perry), LICENSE NUMBER (#29700070), NAME AND LICENSE NUMBER OF FUNERAL HOME (Guy & Allen Funeral Directors, Inc), CAUSE OF DEATH (Severe Congestive Cardiac), PART II (Large Malignant Tumor), CERTIFIER (Health Officer), SIGNATURE AND TITLE OF CERTIFIER (Peter Benjamin), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (K. R. ...), HEALTH OFFICER'S SIGNATURE (Peter Benjamin), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?, DATE FILED (MAR 24 1999), and a large 'FILED' stamp.



PETER BENJAMIN LAKE COUNTY AUDITOR

000512

25x10