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99083260 AFFIDAVIT STATE OF INDIAN ED LAKE COUNTY FILED FOR OCT O7 1999

99 OCT -8 AM SI SENJAMI

Comes now the undersigned and after having bake COUNTS WEDITOR 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., Cary, IN 46409. Key No. 25-47-69-18 cument is the property of

- 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.

VIRGIN HUNTLEY

STATE OF INDIANA

SS:

COUNTY OF LAKE

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

My Commission Expires:

County of residence: PORTER

Elia Panicalla Nollary 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/

0CX 07 19%

PETER BENJAMIN LAKE COUNTY AUDITOR

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11.8%

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*ESTATE: The Social Security # is state agency in order to statutory responsibility. Disclosure is any and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERT	FICA	ITE	OF	DEA	\T F
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State	N۸
State	NO

YPE/PRINT	OECEASED-NAME IFHE A	Addle. Last)	Collier		? sex Fema	10	30 TIME OF DEA		th 13.	1999
IN ERMANENT		5s AGE-Last Birthday		5c UNDE			H (Ma. Day Yr)	M	•	e or Fareign Coun
LACK INK	432-32-8211	(Years) 82	Months Days			uly 4,	1916	Lexa,	Arkar	ısas
	8. WAS DECEDENT A US VETERAN?	85 YEAR LAST SERVED IN US ARMED FORCES?	HOSPITAL XXX		90	1		ne See instructions		
	NO	N/A		Nient Outpatient	DOA	OTHER	☐ Nursing Home ☐ Residence	Other (Speci	fy) 	
DECEDENT	96 FACILITY NAME (# not instru Methodist	non give street and number) Hospital Nort	:hlake		I	ary	ATION OF DEATH		ty of DEATH .ke	
	10 MARITAL STATUS II SURVIVING SPOUSE (Specify) Widowed ', N/A			12a DECEDENT Jone during		IT'S USUAL OCCUPATION (Give kind of working most of working life Do not use rebred) Homemaker			126 KIND OF BUSINESS/INDUSTRY Home	
	134 RESIDENCE—STATE Indiana	Gary	Gary Gary 13d STREET AND NUM 2134 Fro					nt Street		
i	130 ZIP CODE 13F INSIDE CIT	Y LIMITS 14 CITIZEN OF WHAT COUNTING	15 WAS DECEDENT	OF HISPANIC (ORIGIN? specify Cuben		American Indian. Vhite etc.		DECEDENT S I y anly highest g	EDUÇATION rade completed
	46407 130 ON A FARE	M ⁷ USA	Mexican Puerro F	lican etc)		Black		Elementary Seco	ndary (0-12)	College (1-4 or
RENTS	Joe Brown	110	TOI			Amanda	# Middle Maiden	own)		
ORMANT	Jearlean Wi	lliams -	2701 E	ast 21s	st Ave	nue Ga	ry,India	rown State. Zip Co ana 4640	7 D	aughter
	216 METHOD OF DISPOSITION XXX Surial Commission	Removal from State	other place) M	arch 20			atory, or	te LOCATION-	City or Town 3	uete
	Donation Other (Speci	fy)	0	ak Hill	1 Ceme	tery		Gary,	Indian	a
SPOSITION	Roosevelt All	en Sr.	#01051	696		X	No C ve			
	240 SIGNATURE OF FUNERAL DI	à Dery		(of Licensee) 700070		Guy & 2959 W	Allen Fi est llth ndiana 4	ineral D 1 Avenue 16404 8	funeral hom irecto 300770	rs,Inc
Ĭ		es injuries or complications that ca heart failure. List only one cause of		er nonspecific te	erms such as c	ardiec or respir	story	•		Approximete Interval Batw
	IMMEDIATE CAUSE (Final	Str	The -	enge	AW	e (and	a C		Onset and De
1	disease or condition resulting in death)	DUE TO S	OR AS A CONSEQUENC	1		1 _	1/2	when the	L	
ATH	Conditions if any which gave	b DUE TO (C	OR AS A CONSEQUENCE	TOP OF		70	mry,	disco.	e —	
j.	rise to the immediate cause stating the underlying	c	OR AS A CONSEQUENCE	Asse.	d C	276	20100	Noted		
	cause last	d	on as a consequence		GE					
F	PART II Other significant conditions A G	Conditions contributing to depth b	ul not previously stafed in	Pert 21	WAS DECEL PREGNANT POSTPARTI (Yes or no)	OR 90 DAYS	(Yes er no)	107	AVAILABLE	N OF CAUSE
21	94 CERTIFIER . DEE	TIEVING PHYSICIAN To the be	et of my knowledge, deeth	occurred at the	time date, and		1			
		ALTH OFFICER On the basis of a		4						
IFIER 21	96 SIGNATURE AND TITLE OF CE	RONER On the base of examinat	ion and/or investigation in	my/opinion dea	Mh occurred at		PICAL LICENSE N			o (Morfn Day, Ve
30	O NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE O	OF DEATH STEM 201 (T)	OIPINH W	$\overline{\Omega}$	830	OBR	OAD L	シカン	·/ /
	I HEALTH OFFICERS SIGNATURE	2000	e mo	2084				32	DATE FILED IN	a A 1099
1 21	L			34c INJ	JAY AT WORK	7 340	DESCRIBE HOW	IN ILIES OCCUPAT	170	
ELA	3 MANNER OF DEATH	34e DATE OMNIUM (Month Day Year)	1	(Yes	or not			INJUNY OCCURN		
ELB	3 MARINER OF DEATH Platurel Pending Investigation Accident Could not be Determined	(Month Day Year)	NJURY YAt home farm street	(Yes	or no)	al DO TION		ir ar Aural Aoute Nu		own State)
EB 3:	Platurel Pending Investigation Accident Suicide Could not be Determined	(Monin Day Year) 34n PLACE OF INJUR building etc (Spec	NJURY YAt home farm street	Liney of Co		U	(Street and Numbe			gan Siere)

PETER BENJAMIN LAKE COUNTY AUDITOR

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