

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA  
COUNTY OF LAKE SS: **99083746**

99 OCT 12 AM 9:07

IN RE: NICK PARTEE CLARK, DECEDENT

MORRIS W. CARTER  
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

On this 6<sup>th</sup> day of October, 1999, personally appeared John A. Clark, to me personally known, who being duly sworn and upon his oath did say:

1. That the above-named decedent died intestate on December 27, 1975, while domiciled in Lake County, Indiana.

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

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. That the property legally described as:

Ironwood Unit A, Lot 15, Block 11 and 15 feet off North side of Lot 16, Block 11 in the City of Gary, Lake County, Indiana, Commonly known as 2256 Rhode Island Street, Key # 45-92-15

was owned by Nick Partee Clark, aka Nick NMI Partee and Mattie Partee Clark, as Husband and Wife.

5. That Mattie Partee Clark died on November 25, 1974.

6. That the following named persons, (with their share of the real estate) are the only heirs/legatees/devisees of the decedent:

Thomas P. Clark, Sr. Adult Son, (1/2 divided interest)  
1200 Washington Street  
Gary, Indiana 46407

John A. Clark, Sr., Adult Son (1/2 divided interest)  
1356 Clinton Street  
Gary, Indiana 46406

**FILED**

OCT 12 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000683

15.00  
Cash

25x11

Affidavit for Transfer of Real Estate/Nick Partee Clark, Decedent

7. That the value of the decedent's gross probate estate, does not exceed the sum of:

1. \$25,000.00
2. The costs and expenses of administration
3. Reasonable funeral expenses

8. 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 known to the affiant:

NONE

9. That the decedent's estate was not subject to Federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

Further Affiant sayett not

  
John A. Clark, Affiant

State of Indiana  
County of Lake

Subscribed and sworn to Before me a Notary Public, this  
6<sup>th</sup> day of October, 1999.

THOMAS V BARNES  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXP. MAY 4, 2001

  
  
Notary Public, Thomas V. Barnes

Document prepared by Thomas V. Barnes, Attorney at Law  
1345 Bigger St. Gary, Indiana 46404 (219) 944 9946

25X

Key # 45-92-15

INDIANA STATE BOARD OF HEALTH

SBH 113-3

Local No. 74-1318

DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

State No.

OR PRINT  
LY WITH  
NG INK  
S IS A  
ANENT  
ORD

AUG 3 0 1999

County Clerk

DAVID D. ORR.

STATE OF ILLINOIS  
County of Cook

County of Cook, in the State of Illinois, and Keeper of the Records and Files of

Permit  
Date  
No

EMBALMER'S NAME: Bruce Hower

LICENSE No. 3778

3778 1056

FUNERAL DIRECTOR'S LICENSE No. 3778 1056

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED NAME: **Mattie Partee Clark** SEX: **Female** DATE OF DEATH (MONTH, DAY, YEAR): **Nov. 25, 1974**

RACE: **Negro** AGE - LAST BIRTHDAY (YEARS): **71** UNDER 1 YEAR: **0** MOSE: **0** DAYS: **0** UNDER 1 DAY: **0** HOURS: **0** MIN: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **Mar. 21, 1903** COUNTY OF DEATH: **Lake**

CITY, TOWN, OR LOCATION OF DEATH: **Gary** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** HOSPITAL OR OTHER INSTITUTION (NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)): **Mercy Hosp. Gary, Ind.**

76. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **Miss. USA** CITIZEN OF WHAT COUNTRY: **USA** MARRIED (IF EVER MARRIED, SPECIFY): **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Nick Partee Clark**

8. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION: **Ind. Lake Gary** 12. RESIDENCE - STATE: **Ind.** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Gary** INSIDE CITY LIMITS (YES OR NO): **Yes** 14c. HOME SHIP: **Calumet**

14b. STREET AND NUMBER: **2256 Rhode Island St.** IS RESIDENCE ON A FARM? **NO**

15. FATHER - NAME FIRST MIDDLE LAST: **James Martin** MOTHER - MAIDEN NAME FIRST MIDDLE LAST: **Jenny Martin**

17a. INFORMANT NAME: **Nick Partee Clark** 17b. RELATIONSHIP: **Husband** MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP): **2256 Rhode Island St.**

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: **Myocardial Infarction**

(b) INTERMEDIATE CAUSE: **None**

(c) UNDERLYING CAUSE: **None**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE OR INTERMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19. DEATH OCCURRED (HOUR): **11:30** THE DECEASED WAS PROMISED (MONTH, DAY, YEAR): **11-30-74** DATE SIGNED (MONTH, DAY, YEAR): **NOV 27 1974**

22a. CERTIFIER: **David Ross MD.** 22b. SIGNATURE: *David E. Ross*

23. MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP): **2318 W. 5th. Ave. Gary Ind. 46407**

24. BURIAL: **Burial** 24a. DATE (MONTH, DAY, YEAR): **11-30-74** 24b. CEMETERY, SEPARATE, FULL NAME: **Oak Hill** 24c. LOCATION: **Gary, Ind.** 24d. FUNERAL HOME NUMBER: **251**

24e. FUNERAL HOME NAME AND ADDRESS: **Torrey Funeral Home, Gary, Indiana 46407**

24f. DATE OF BURIAL BY LOCAL HEALTH DEPT.



000681

STATE OF ILLINOIS  
County of Cook

ss. DAVID D. ORR. County Clerk

AUG 3 0 1999

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

Key #  
45-92-15

REGISTRATION-DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		631012		
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Nick			NMI	Partee	2. Male	3. December 27, 1975
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH
4. Negro		5a. 79	5b.	5c.	6. June 5, 1896	7a. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME		(IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Chicago		7c. Yes	7d. VETERANS ADMINISTRATION LAKESIDE HOSPITAL			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. Mississippi		9. United States		10. Widowed	11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. 306 09 3075		13a. Steel Worker		13b. Steel	13c. Yes	13d. WWI
RESIDENCE STATE		COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. Indiana		14b. Lake	14c. Gary		14d. Yes	14e. 2256 Rhode Island
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Jesse				Partee	16. Neely UNAVAILABLE	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. Shirley Campbell		Hospital		17b. Records 17c. 333 East Huron, Chicago, IL 60611		
18. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETW. ONSET AND DEATH
PART I.		IMMEDIATE CAUSE				
(a) Respiratory Arrest						Five Minute
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (d) STATING THE UNDERLYING CAUSE LAST.		(b) Chronic obstructive pulmonary disease				Ten Years
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PART I (a)		DATE OF OPERATION, IF ANY				MAJOR FINDINGS OF OPERATION
		20a.				20b.
I ATTENDED THE DECEASED FROM:		(MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	HOUR OF DEATH
21a. December 27, 1975		21b. December 27, 1975		21c. December 27, 1975	21d. 6:10 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		DOUGLAS M. MUKA, M.D.		DATE SIGNED	ILLINOIS LICENSE NUMBER	
22a. [Signature]				22b. 12/29/75	22c. 36-50115	
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP	
23. 333 East Huron		Chicago	Illinois	60611		
BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. Burial		24b. OAK HILL		24c. GARY INDIANA	24d. 12-31-75	
FUNERAL HOME		NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. Taylor Funeral Home		63 E 79th St	Chicago	Illinois	60617	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. [Signature]		25c. 6812				
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. [Signature]		Chicago Civic Center, Room 105 Concourse Level, Chicago 60602		26b. DEC 30 1975		

VR-200 (1972)

Illinois Department of Public Health, Office of Vital Records

BASED ON 1968 U.S. STANDARD CERTIFICATE

000882

25x11