

3

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA
COUNTY OF LAKE

STATE OF INDIANA
LAKE COUNTY
FILED FILE REC'D IN 18855
DATE Oct 4th 1999

Eleanor Johnson 99 OCT 12 AM 9:59

BEING DULY SWORN,
FOR THE PURPOSE OF INDUCING FIDELITY NATIONAL TITLE COMPANY TO ISSUE ITS TITLE
INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED
COMMITMENT, DEPOSES AND SAYS;

1. THAT HE/SHE RESIDES AT: 235 Taft Place - Gary, IN.
2. THAT HE/SHE WAS ACQUAINTED WITH,
HENRY LEE PERKINS, WHO DIED ON 9/30/81,
AS EVIDENCE BY THE ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE.
3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE
CAPTIONED COMMITMENT.
4. THAT SAID DECEDENT DIED:

X LEAVING NO LAST WILL AND TESTAMENT.

LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS
ATTACHED.

5. THAT SAID DECEDENT HAD NO CHILDREN OUT OF WEDLOCK.
6. THAT THE HEIRS AND DISTRIBUTEES OF DECEDENT'S ESTATE ARE AS FOLLOWS:

HENRIETTA KILGORE
655 ROOSEVELT STREET
GARY, IN. 46404

6. THAT ALL DECEDENTS DEBTS INCLUDING PUBLIC OLD AGE ASSISTANCE ADVANCEMENTS,
FUNERAL, DOCTOR AND HOSPITAL BILLS HAVE BEEN PAID IN FULL.
7. THAT THE TOTAL VALUE OF SAID DECEDENTS ESTATE FOR THE STATE OF INDIANA
INHERITANCE TAX/ESTATE TAX AND FEDERAL ESTATE TAX DOES NOT EXCEED

\$ 0

Eleanor Johnson
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS 4th DAY OF October, 1998.

(SEAL)

PREPARED BY: ELEANOR A. JOHNSON

Veronica L Reynolds
NOTARY PUBLIC

VERONICA L REYNOLDS
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. AUG. 1, 2007

FILED

OCT 12 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

000710

Hold-Notco
51303
13/2

55881 NI

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

LOT NO. TWENTY-THREE (23), IN BLOCK NO. THREE (3), AS MARKED AND LAID DOWN ON
THE RECORDED PLAT OF INLAND SUBDIVISION TO EAST CHICAGO, LAKE COUNTY,
INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 18, PAGE 1, IN THE
RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.



INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

Local No. 81-0757

OR PRINT
LY WITH
ING INK
S IS A
ANENT
ORD

ate Office Use

FUNERAL HOME
No. 796

1060

LICENSE No.

FUNERAL DIRECTOR'S
LICENSE No. 2397

ROSENWALD D. ALLEN

FUNERAL DIRECTOR'S
SIGNATURE *Rosenwald Allen*

Permit
onal
cate
 No

DECEASED—NAME 1. HENRY LEE PERKINS		SEX 2. M	DATE OF DEATH (month, day, year) 3. 9-30-81
RACE—(a) White, Black, American Indian, etc. (Specify) 4. BLACK	AGE—Last birthday (mo./yr.) 5a. 57	UNDER 1 YEAR 5b. <input type="checkbox"/>	UNDER 1 DAY 5c. <input type="checkbox"/>
CITY, TOWN OR LOCATION OF DEATH 7a. GARY, INDIANA		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or author, give street and number) 7c. GARY METHODIST HOSPITAL	IF HOSP. OR INST. include B.O.A. or I.C.M. (Specify) 7d. HOSP.
STATE OF BIRTH of nat. in U.S.A. 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. MARRIED	SURVIVING SPOUSE of nat. give maiden name 11. ROSE ELLA PERKINS
SOCIAL SECURITY NUMBER 13. 313-12-5799	USUAL OCCUPATION (Give kind of work done during year of death) 14a. SELF-EMPLOYED	KIND OF BUSINESS OR INDUSTRY 14b. SELF-EMPLOYED	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. EAST CHICAGO, INDIANA	
STREET AND NUMBER 15d. 3932 HAWTHRONE STREET		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. YES
IS DECEASED OF SPANISH DESCENT? If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME (First, Middle, Last) 16. AARON PERKINS, JR.		MOTHER—MAIDEN NAME (First, Middle, Last) 17. LEE ANNA BOWLING	
INFORMANT—NAME (Give or Print) 18a. ROSE ELLA PERKINS		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 18b. 3932 HAWTHRONE STREET EAST CHICAGO, IN 46312	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. FERN OAK CEMETERY	LOCATION (CITY OR TOWN, STATE) 19c. GRIFFITH, IN
DATE (Month, Day, Year) 20a. 10-6-81		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. ALLEN FUNERAL HOME.. 136th & PULASKI ST.	
On the basis of examination and/or investigation, to my opinion death occurred at the time, date and place and due to the causes stated. 21a. Signature <i>Albert T. Willardo, M.D.</i> NAME AND ADDRESS OF CERTIFIER (Give or Print) 21. ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (mo., day, yr.) 21b. 10/9/81	HOUR OF DEATH 21c. M cdst 21e. AT 8:07 p. M
HEALTH OFFICER—SIGNATURE 22a. <i>S. H. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. OCT 15 1981	
CONDITIONS OF BODY WHICH GAVE RISE TO IMMEDIATE CAUSE BEARING THE UNLIEVEABLE CAUSE LAST PART I (a) Occlusive coronary arteriosclerosis OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____		Interval between onset and death Undetermined Interval between onset and death Interval between onset and death	
PART II (Specify SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a)) 23. _____		AUTOPSY (Specify Yes or No) 24. Yes	
ACC. SUICIDE, MOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural	DATE OF INJURY (mo., day, yr.) 25b. _____	HOUR OF INJURY 25c. _____	DESCRIBE HOW INJURY OCCURRED 25d. _____
INJURY AT WORK (Specify Yes or No) 25e. _____	PLACE OF INJURY—(As home, farm, street, factory, office building, etc. (Specify)) 25f. _____	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 25g. _____	

1000711

FILED

OCT 12 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

3