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STATE OF INDIANA)
) SS:
COUNTY OF LAKE 99085813

STATE OF INDIANA
LAKE COUNTY
FILED IN RE: MOSELLE LEWIS, DECEASED
SS#: 315-28-6196
99 OCT 19 AM 9:15

**SURVIVORSHIP AFFIDAVIT AND AFFIDAVIT FOR TRANSFER OF PROPERTY
RECORDER**

Daria Jefferson, being duly sworn on oath, states as follows:

1.) That Moselle Lewis died intestate on the 16th day of June, 1999, while domiciled in Lake County, Indiana; that a copy of her death certificate is attached hereto as Exhibit "A".

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

4.) That the following named persons are the only heirs of the Decedent:

Diane Wheeler
4301 W. 19th Plaza
Gary, IN 46406 - Adult Daughter

Daria Jefferson
690 New Hampshire Street
Gary, IN 46403 - Adult Daughter

Cowena Lewis
2711 W. 7th Place
Gary, IN 46404 - Adult Daughter

Charlotte Lewis
8140 Cedar Point Dr., Apt. D
Crown Point, IN 46307 - Adult Daughter

5.) That the value of the Decedent's gross probate estate, less liens and encumbrances does not exceed the sum of Twenty-Five Thousand (\$25,000.00) Dollars, including the costs and expenses of administration and reasonable funeral expenses.

6.) That the following is a full description of all of the property belonging to the Decedent, together with the estimated value thereof according to the best knowledge and information of the affiant herein:

Real estate commonly known as 2101 Porter Street, Gary, Indiana, more particularly described as follows, to-wit:

FILED

OCT 15 1999

001089

PETER BENJAMIN
LAKE COUNTY AUDITOR

*OK 10/15/99 de a
H
M*

Lot 24 and the North 25' of Lot 23 in Block 1 in W. John Borak's Subdivision, as per plat thereof, recorded in Plat Book 29, page 12 in the Office of the Recorder of Lake County, Indiana. (Key No. 49-489-24)

7.) That the following list of persons, firms or corporations are the only creditors of the estate known to the Affiant:

None.

8.) That by reason of the above-stated matters, the Affiant requests that the above described real estate be transferred to the following individuals pursuant to the laws of intestate succession as provided in the Indiana Code and in accordance with the provisions of I.C. 29-1-8-1 et seq.:

Diane Wheeler	1/4 interest
Daria Jefferson	1/4 interest
Cowena Lewis	1/4 interest
Charlotte Lewis	1/4 interest

9.) That to the best of Affiant's knowledge, information and belief, there is no outstanding estate or inheritance tax liability by reason of the death of Moselle Lewis.

Daria Jefferson
 DARIA JEFFERSON
 690 New Hampshire Street
 Gary, IN 46403

State of Indiana)
) ss:
 County of Lake)



Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Daria Jefferson, and acknowledged the execution of the foregoing instrument this 30th day of Sept, 1999.

Andrea L. Davis
 ANDREA L. DAVIS, Notary Public

My Commission Expires: 11-16-01
 County of Residence: LAKE

Gerard M. Bishop 2115 W. Linden Hwy Merue 46410

* 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

State No.

Local No. ... 90-0144

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Moselle Lewis		2 SEX Female	3a TIME OF DEATH 6:15 P	3b DATE OF DEATH (Month, Day, Yr) June 16, 1999	
4 SOCIAL SECURITY NUMBER 315-28-6196	5a AGE—Last Birthday (Year) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 10, 1931	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) XXXX Residence	
9a FACILITY NAME (If not institution, give street and number) 2101 Porter Street		9b CITY/TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Musician		12b KIND OF BUSINESS/INDUSTRY Gary Community School	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Gary	13d STREET AND NUMBER 2101 Porter Street		
13e ZIP CODE 46406	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 Years		18 FATHER'S NAME (First, Middle, Last) Perry Pace			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Artie Pace		20a INFORMANT'S NAME (Type/Print) Daria Jefferson			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 690 New Hampshire Street, Gary, Indiana 46403		20c Relationship Daughter			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 21, 1999 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr		22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) #08700646	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404		
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) ACUTE CARDIOPULMONARY ARREST					
DUE TO (OR AS A CONSEQUENCE OF) DIABETES MELLITUS (INSULIN DEPENDENT)					
CONDITIONS if any which gave rise to the immediate cause, stating the underlying cause last					
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) N/A		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01042994	29d DATE SIGNED (Month, Day, Year) 06-28-99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) AUGUSTINE 1244, 1619 W 5 AVE, CARY IN 46403					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month, Day, Year) JUN 30 1999		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State) EXHIBIT			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. A			