

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99087873

99 OCT 26 AM 10:36

MONICA M. CARER  
RECORDER

**FILED**

OCT 19 1999

AFFIDAVIT

PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

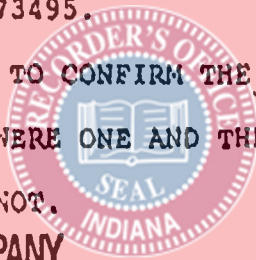
SANDRA E. RICHARDSON BEING FIRST DULY SWORN UPON HER OATH,  
DEPOSES AND SAYS THAT SHE IS FAMILIAR WITH THE FAMILY HISTORY OF  
ALFONSO RICHARDSON AND HATTIE RICHARDSON, HUSBAND AND WIFE, WHO  
TOOK TITLE BY DEED RECORDED NOVEMBER 9, 1942 IN DEED RECORD 667  
PAGE 185, TO THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 36 IN BLOCK 5 IN DIXIE HOMESITE ADDITION, GARY, AS PER PLAT  
THEREOF, RECORDED JUNE 26, 1926 IN PLAT BOOK 20 PAGE 14, IN THE  
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA,  
COMMONLY KNOWN AS 918 WEST 25th AVE., GARY, IN. 46407.  
UNIT 25 KEY NO. 42-195-36

THAT ALFONSO RICHARDSON WAS ALSO KNOWN AS ELWOOD RICHARDSON  
AND THAT HE DEPARTED THIS LIFE ON DECEMBER 3, 1973 IN GARY, INDIANA,  
AS EVIDENCED BY A MEDICAL CERTIFICATE OF DEATH RECORDED OCTOBER 22,  
1974 AS DOCUMENT NO. 273495.

THIS AFFIDAVIT IS MADE TO CONFIRM THE FACT THAT ALFONSO RICHARDSON  
AND ELWOOD RICHARDSON WERE ONE AND THE SAME PERSON.

FURTHER AFFIANT SAITH NOT.  
COMMUNITY TITLE COMPANY  
FILE NO L17319-MV



*Sandra E. Richardson*  
SANDRA E. RICHARDSON

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID  
COUNTY AND STATE THIS FIRST DAY OF OCTOBER 1999.

Resident of Lake County

*John M. [Signature]*  
NOTARY PUBLIC

THIS DOCUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW  
ID 9534-45

11:00  
P.P.

*Comm  
#1103*

001203

PRINT WITH INK IS A PERMITS

SEE INSTRUCTIONS

LICENSE No. 4260

EMBALMER'S NAME: Edo Warner

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S SIGNATURE

No. 248  
 No. 1984

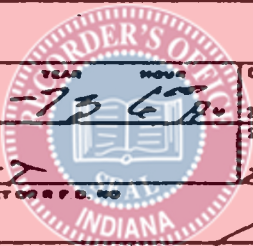
INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

Local No. 73-1591

State No.

PERMANENT INK SEE RANGEOUR FOR INSTRUCTIONS		DECEASED - NAME FIRST MIDDLE LAST <b>Elwood Richardson</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Dec 3, 1973</b>
1. RACE <b>Negro</b>	2. AGE - LAST BIRTHDAY (YEARS) Mo. DAY <b>61</b>	3. BIRTH YEAR Mo. DAY <b>1912</b>	4. BIRTH HOUR MIN. <b>1912</b>	5. PLACE OF BIRTH (MONTH, DAY YEAR) <b>April</b>	6. COUNTY OF DEATH <b>Lake</b>	
7. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		8. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>		9. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>D.O.A. Methodist Hospital</b>		
10. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) <b>North Carolina</b>		11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) <b>Hattie Ivory</b>		
13. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. <b>Indiana</b>		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE OR NAME OF BUSINESS OR INDUSTRY) <b>Retired U.S. Postal Service &amp; Employed at Buy Low Inc</b>		15. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
16. SOCIAL SECURITY NUMBER <b>317-09-1309</b>		17. CITY, TOWN OR LOCATION OF RESIDENCE <b>Gary</b>				
18. STREET AND NUMBER <b>1539 Noble Street</b>		19. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		20. TOWNSHIP <b>Calumet</b>		
21. FATHER - NAME FIRST MIDDLE LAST <b>Tom Richardson</b>		22. MOTHER - NAME FIRST MIDDLE LAST <b>Willie Unknown</b>		23. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE YEAR OF SERVICE) <b>NO</b>		
24. INFORMANT - NAME <b>Hattie Richardson</b>		25. RELATIONSHIP <b>Wife</b>		26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>1539 Noble St. Gary, Ind.</b>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (i), (ii), AND (iii))						
18. IMMEDIATE CAUSE (i) <b>Septicemia</b> (ii) <b>Hypertension</b> (iii) <b>Myocardial Infarction</b>		19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>			20. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST <b>5 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
21. DATE & TIME OF DEATH MONTH DAY YEAR HOUR <b>12-3-73 6:00</b>		22. DATE SIGNED MONTH DAY YEAR <b>12 4 73</b>				
23. PHYSICIAN'S NAME (TYPE OR PRINT) LAST INITIAL <b>L.W. PERRATT</b>		24. SIGNATURE OF PHYSICIAN <i>L.W. Perratt</i>			25. PHY. CODE NO.	
26. MAILING ADDRESS - PHYSICIAN <b>574 Babson</b>		27. STREET OR R.F.D. NO. <b>574 Babson</b>		28. CITY OR TOWN STATE ZIP <b>Gary Ind 46402</b>		
29. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		30. CEMETERY, CREMATORY, FUNERAL HOME <b>Evergreen Memorial</b>		31. LOCATION CITY OR TOWN STATE <b>Hobart Indiana</b>		
32. DATE (MONTH, DAY, YEAR) <b>12/6/73</b>		33. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Smith &amp; Zell 2: Warner F.D. 2295 Wash St. Gary, Ind.</b>				
34. SIGNATURE OF LOCAL HEALTH OFFICER <i>Stella H. Hinkle</i>		35. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>DEC 5 - 1973</b>				

Permit 1/1  
 Seal No



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