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STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

IN RE DECEDENT:  
CLARENCE EUGENE PATTON, SR.

**AFFIDAVIT OF SURVIVORSHIP**

Comes now, **LORETTA ELIZABETH PATTON** being duly sworn upon her oath and states as follows:

That **LORETTA ELIZABETH PATTON** is the owner in fee simple of the following described real estate in Lake County, Indiana, more particularly described as follows:

The North Ten (10) feet of Lot Forty-seven (47) and all of Lot Forty-eight (48), in Block Three (3), in Gary Park, as per plat thereto, recorded in Plat Book Six (6), Page Twenty-five (25), in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 2301 Buchanan Street, Gary, IN 46407

Unit & Key No. 25 43-0222-048.

That the Affiant and the decedent were married on the 13th day of May, 1972. That the Decedent, **CLARENCE EUGENE PATTON** and **LORETTA ELIZABETH PATTON** were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 3rd day of May, 1999, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this Affiant and **CLARENCE EUGENE PATTON**, her husband, continued unbroken from the time they so acquired title to said real estate until the death of **CLARENCE EUGENE PATTON**, her husband on the 12th day of December, 1999, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the Decedent, **CLARENCE EUGENE PATTON**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

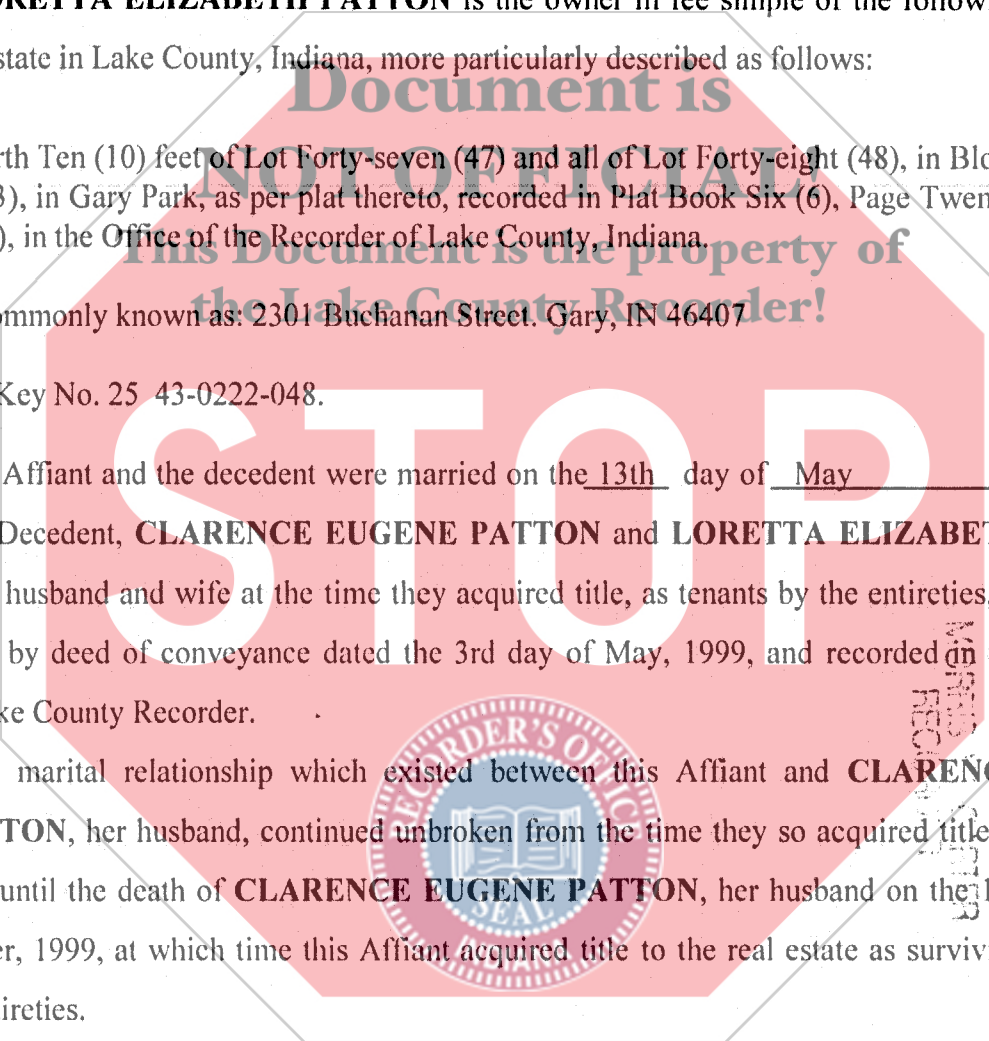
*Loretta Elizabeth Patton*  
**LORETTA ELIZABETH PATTON**  
JAN 14 2000

**PETER BENJAMIN**  
**LAKE COUNTY AUDITOR**

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STATE OF INDIANA  
LAKE COUNTY  
FILED

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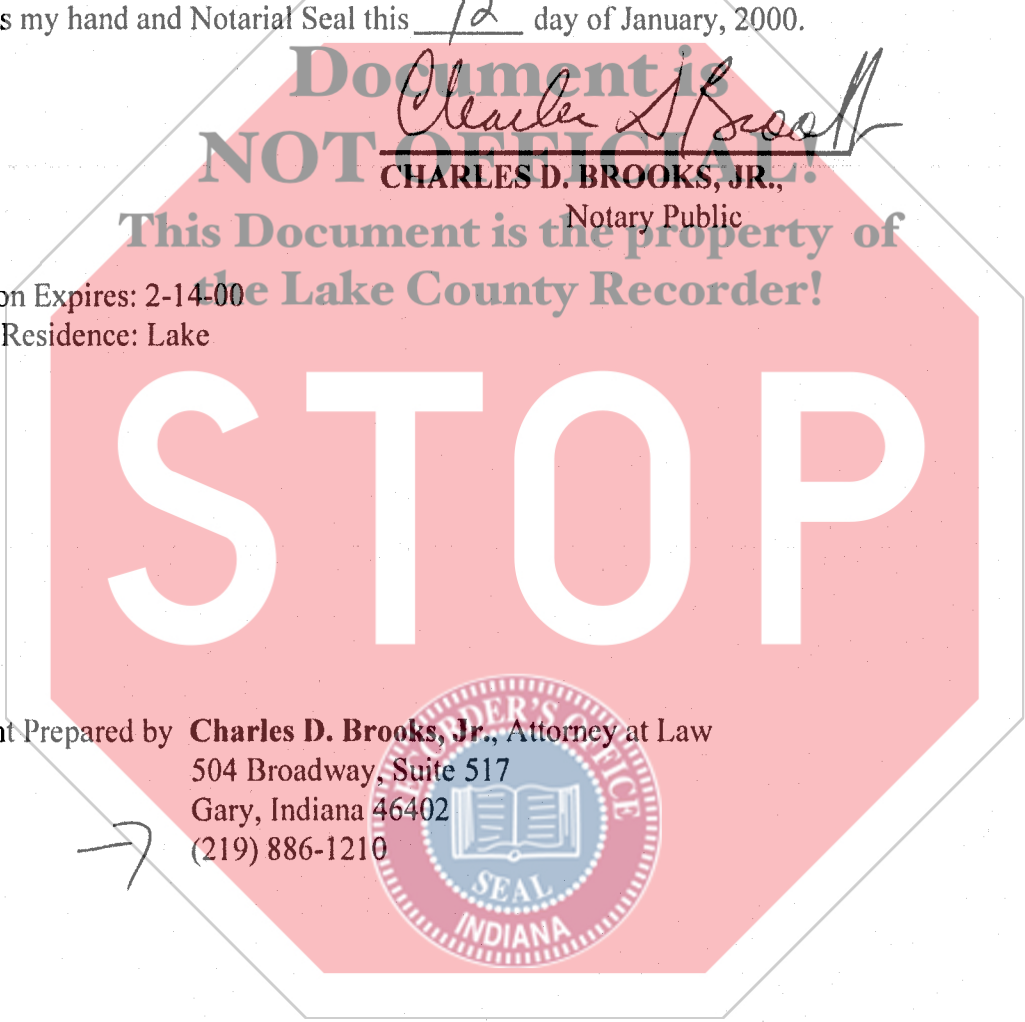
STATE OF INDIANA)  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared **LORETTA ELIZABETH PATTON**, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 12 day of January, 2000.

*Charles D. Brooks, Jr.*  
**CHARLES D. BROOKS, JR.,**  
Notary Public

My Commission Expires: 2-14-00  
My County of Residence: Lake



This Instrument Prepared by **Charles D. Brooks, Jr., Attorney at Law**  
504 Broadway, Suite 517  
Gary, Indiana 46402  
(219) 886-1210

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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

Local No. 2834-99 CERTIFICATE OF DEATH State No. ....

269090 TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First, Middle, Last) Clarence E. Patton
2. SEX Male
3a. TIME OF DEATH 12:25A
3b. DATE OF DEATH (Month, Day, Yr.) December 12, 1999
4. SOCIAL SECURITY NUMBER 426-60-4705
5a. AGE-Last Birthday (Years) 64
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) March 24, 1935
7. BIRTHPLACE (City and State or Foreign Country) Lorman, Mississippi
8a. WAS DECEASED A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1960
9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: Inpatient
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake
9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville
9d. COUNTY OF DEATH Lake
10. MARITAL STATUS Married
11. SURVIVING SPOUSE (If wife, give maiden name) Loretta Bonner
12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver
12b. KIND OF BUSINESS/INDUSTRY Trucking

DECEASED

13a. RESIDENCE-STATE Indiana
13b. COUNTY Lake
13c. CITY, TOWN, OR LOCATION Gary
13d. STREET AND NUMBER 2301 Buchanan Street
13e. ZIP CODE 46407
13f. INSIDE CITY LIMITS No
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED OF HISPANIC ORIGIN? No
16. RACE-American Indian, Black, White, etc. (Specify) Afro-American
17. DECEASED'S EDUCATION (Specify only highest grade completed) 2

PARENTS

18. FATHER'S NAME (First, Middle, Last) Lucius Patton
19. MOTHER'S NAME (First, Middle, Maiden Surname) Deda Morgan

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Loretta Patton
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2301 Buchanan Street Gary, Indiana 46407
20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION Entombment
X. Burial
Removal from State
Donation
Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 17, 1999 Evergreen Memorial Park
21c. LOCATION-City or Town, State Hobart, IN

CAUSE OF DEATH

22a. EMBALMER'S NAME Sherman Banks
22b. EMBALMER'S LICENSE NO. FDO 1016254
23. WAS DEATH REPORTED TO CORONER? No
24a. SIGNATURE OF FUNERAL DIRECTOR (Type/Print) Sherman Banks
24b. LICENSE NUMBER (of Licensee) FDO 1016254
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034
4209 Grant St. Gary, IN, 46408

26. PART I. Enter (in cases) in spaces provided the immediate cause of death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Prostatic Carcinoma with Metastasis
Colon Carcinoma
S/P Colostomy
Obs. Inclusive Nephropathy
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. Chronic Renal Failure
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No
28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
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.
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 Sandra L. Gadson MD
29c. MEDICAL LICENSE NO. 1029825
29d. DATE SIGNED (Month, Day, Year) 12-15-99

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. S.L. Gadson 569 Tyler Gary Indiana 885-3300.
31. HEALTH OFFICER'S SIGNATURE Alexander Williams MD
32. DATE FILED (Month, Day, Year) December 15, 1999

33. MANNER OF DEATH
Natural Pending
Accident Investigation
Suicide Could not be Determined
Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK (Yes or No)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT (Yes or No) If yes specify driver, passenger, pedestrian, etc

FILED 14 2000 PETER BENJAMIN LAKE COUNTY AUDITOR 01107

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