

FILED

SEP 16 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE MATTER OF THE ESTATE OF 00076553
HUGH THOMAS, DECEASED.

SURVIVORSHIP AFFIDAVIT

RACHEL THOMAS, being first duly sworn upon her oath, deposes and says:

1. That she is of lawful age and lives and resides in East Chicago, Lake County, Indiana: that she was formerly married to one HUGH THOMAS for many years and lived continuously with him as his wife until his death.

2. That Affiant and her said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

SUBDIVISION S. W. S. 28 T. 37 R. 9 L. 12 BL. 16

Commonly known as:

~~4828 KENNEDY AVE EAST CHICAGO IN 46312~~
4824 KENNEDY AVE EAST CHICAGO, IN 46312

Tax Key No.: 24-30-0012-0007

3. That Affiant further says that the parties continued to be such owners of the title to said real estate until the death of her spouse on the 25th day of January, 1999, in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein)

4. That the value of her spouse's estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Affiant, by reason of her husband's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, HUGH THOMAS, from the tax rolls on said real estate.

Further your Affiant saith not.

Rachel Thomas
RACHEL THOMAS

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for Lake County and State
this 7th day of SEPTEMBER 1999

[Signature]
NOTARY PUBLIC

My Commission Expires: 5-18-00

My County of Residence: LAKE

000964

DOCUMENT IS BEING RE-RECORDED
DUE TO INCORRECT COMMON ADDRESS

Sonyal Morris 8231 Holman Ave Ste. 200 Munster 46321 # 200D1537

25 X 10

* 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. 22

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) Hugh Thomas Jr.		2. SEX Male	3a. TIME OF DEATH 7:50 A M	3b. DATE OF DEATH (Month, Day, Yr) January 25, 1999	
4. *SOCIAL SECURITY NUMBER 312-14-2211	5a. AGE—Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 13, 1919	
7. BIRTHPLACE (City and State or Foreign Country) Hurtsboro, Alabama	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) St. Catherine Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rachel Harris	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Burner (Retired)	12b. KIND OF BUSINESS/INDUSTRY American Steel Foundry		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago	13d. STREET AND NUMBER 4824 Kennedy Avenue		
13a. ZIP CODE 46312	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th Grade College (1-4 or 5+) 		18. FATHER'S NAME (First, Middle, Last) Hugh Thomas Sr.			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mittie Washington		20a. INFORMANT'S NAME (Type/Print) Rachel Thomas			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4824 Kennedy Ave. East Chicago, Indiana 46312		20c. Relationship Wife			
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) January 29, 1999 Fern Oaks Cemetery		21c. LOCATION—City or Town, State Griffith, Indiana	
22a. EMBALMER'S NAME Tracy Cheri Williams		22b. EMBALMER'S LICENSE NO. FD08600238		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b. LICENSE NUMBER (of Licenses) FD08600238		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home 83001520 4859 Alexander Avenue East Chicago, Indiana 46312	
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) a. <i>Anno sclerotic Heart Disease</i> DUE TO (OR AS A CONSEQUENCE OF) FILED					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>M.A. Wermer MD</i>		29c. MEDICAL LICENSE NO. FEB 09 2000 25700		29d. DATE SIGNED (Month, Day, Year) 1/25/99	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)					
31. HEALTH OFFICER'S SIGNATURE <i>Peter Benjamin</i>		32. DATE FILED (Month, Day, Year) 1-27-99			
31. HEALTH OFFICER'S SIGNATURE PETER BENJAMIN LAKE COUNTY AUDITOR					
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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED 01030
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000965			

25X 10