

SE
FILED


TICOR TITLE INSURANCE

2000 011116

2000 FEB 17 10:05

AFFIDAVIT
MONITORED BY
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GREGORY V. FLEMING, being first duly sworn upon oath, deposes and says:

1. That ROSE FLEMING died on APRIL 15, 19 96 at METHODIST HOSPITAL.

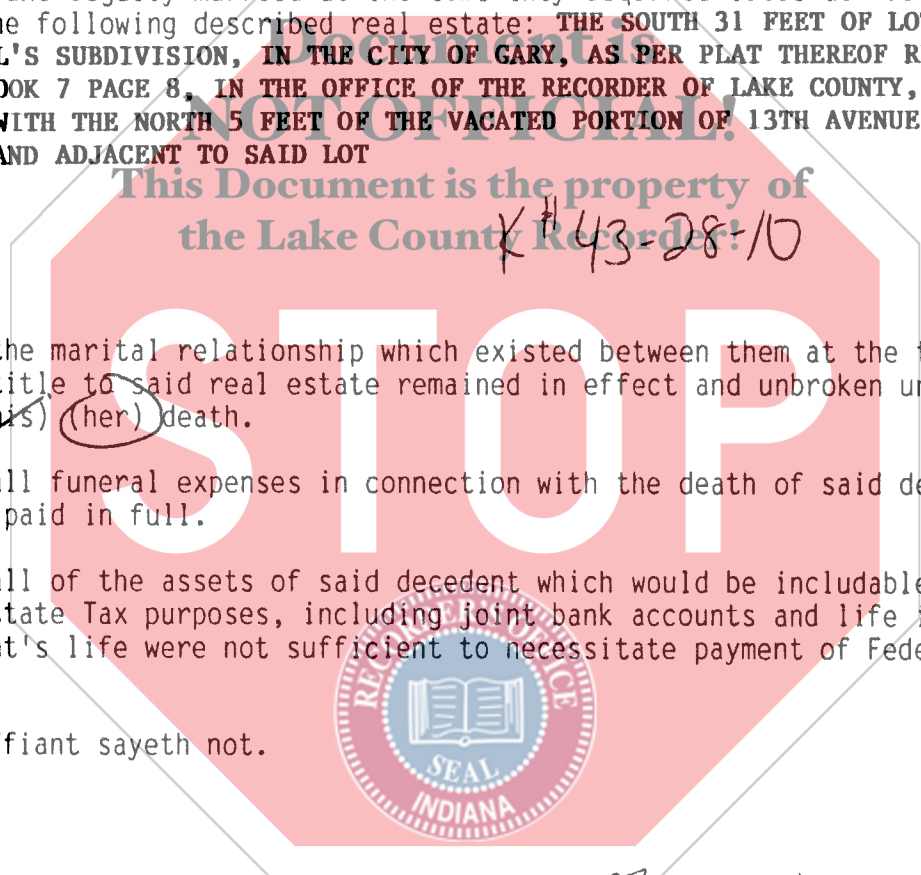
2. That ROSE FLEMING and PERRY L. FLEMING, SR. were duly and legally married at the time they acquired title as husband and wife to the following described real estate: THE SOUTH 31 FEET OF LOT 10 IN BLOCK 3 IN FRANKEL'S SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 7 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA TOGETHER WITH THE NORTH 5 FEET OF THE VACATED PORTION OF 13TH AVENUE LYING SOUTH OF AND ADJACENT TO SAID LOT

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



G. V. Fleming
GREGORY V. FLEMING

Subscribed and sworn to before me, a Notary Public, this 10TH day of FEBRUARY, 19/ 2000

FILED

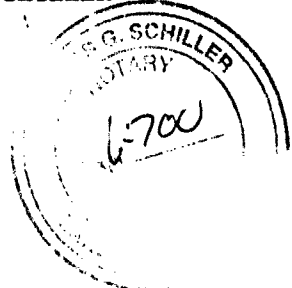
FEB 16 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

My Commission expires 6-7-00

County of Residence:
LAKE

Thomas G. Schiller
Notary Public
THOMAS G. SCHILLER



This Instrument prepared by GREGORY V. FLEMING

TICOR: H6 99208721 Smith

00889

11:00
Ti

* 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.

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) Rose Fleming		2. SEX Female	3a. TIME OF DEATH 5:05P	3b. DATE OF DEATH (Month, Day, Yr.) April 15, 1996	
4. *SOCIAL SECURITY NUMBER 314-26-6116	5a. AGE—Last Birthday (Year) 74	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr.) Oct. 22, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Huntsboro, Alabama	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) Methodist Hospital North Lake		9c. CITY/TOWN OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Perry Fleming		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance (retired)		
12b. KIND OF BUSINESS/INDUSTRY Gary Window Cleaning		13a. RESIDENCE—STATE Indiana			
13b. COUNTY Lake		13c. CITY/TOWN OR LOCATION Gary		13d. STREET AND NUMBER 1237 Garfield Street	
13e. ZIP CODE 46404	13f. 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) 11th Grade		18. FATHER'S NAME (First, Middle, Last) Robert Bean			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Louise Battle		20a. INFORMANT'S NAME (Type/Print) Perry Fleming			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1237 Garfield St. Gary, Indiana 46404		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input 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) April 20, 1996 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMERS NAME Tracy Cheri Williams		22b. EMBALMERS LICENSE NO. FD08600238	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b. LICENSE NUMBER (of Licensee) FD08600238	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home FH83001 4859 Alexander Ave. East Chicago, In		
26. PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Endometrial Cancer DUE TO IOR AS A CONSEQUENCE OF _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: DUE TO IOR AS A CONSEQUENCE OF _____ DUE TO IOR AS A CONSEQUENCE OF _____ PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Spontaneous Septic Renal obstruction					
27. WAS DECEDENT PREGNANT OR 30 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) -----		
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>Dr. Godwin Uwidia</i>		29c. MEDICAL LICENSE NO. 01036754	29d. DATE SIGNED (Month, Day, Year) 4/16/96		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. GODWIN UWIDIA 2200 GRANT STREET, GARY, INDIANA 46407					
31. HEALTH OFFICER'S SIGNATURE <i>Godwin Uwidia</i>			32. DATE FILED (Month, Day, Year) APR 17 1996		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		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)		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.			

DEED OF PERSONAL REPRESENTATIVE

Gregory V. Fleming, as Personal

Representative(s) of the estate of Perry L. Fleming, Sr.

deceased. This estate is pending as Cause Number 45D03-0001-EU-0005 in Superior Court, Lake
County, Indiana.

(mark 1 or 2)

1. convey(s) to Glenda A. Smith of
Lake County in the State of Indiana, for good and sufficient consideration (mark 1.1, 1.2, or 1.3):

1.1 By order of the _____
Court of _____ County, Indiana, dated _____

1.2 By virtue of the decedent's will.

1.3 By virtue of power given a personal representative in unsupervised administration under Indiana law.

2. distribute(s) to _____, of
_____ County in the State of _____, as an heir or devisee in unsupervised administration

the following described real estate located in Lake County, Indiana:

The South 31 feet of Lot 10 in Block 3 in Frankel's Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 7 page 8, in the Office of the Recorder of Lake County, Indiana, together with the North 5 feet of the vacated portion of 13th Avenue lying South of and adjacent to said lot. Commonly known as 1237 Garfield Street, Gary, Indiana 46404.

This deed has been made pursuant to and for the purposes of IC 29-1-15-18, IC-29-1-7.5-3.4, and/or IC-29-1-7.5-3.6 and any laws amendatory or in substitution thereto.

Dated this 10 day of February 2000

Gregory V. Fleming
(Signature)
Gregory V. Fleming
(Name Printed or Typed)

as Personal Representative(s).

STATE OF INDIANA, COUNTY OF LAKE SS.

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Gregory V. Fleming

as Personal Representative(s) of the Estate of Perry L. Fleming, Sr., deceased, and acknowledged the execution of the foregoing deed.

WITNESS MY HAND AND SEAL THIS 10 day of February 2000

My Commission Expires: June 07, 2000

Thomas G. Schiller
(Signature of Notary Public)

Thomas G. Schiller
(Printed/Typed Name of Notary Public)

Resident of Lake County, Indiana

This instrument prepared by: Thomas Z. Lewis Attorney at Law, Attorney No. 10758-45
2148 W. 11th Ave., Gary, IN 46404

MAIL TO:

© COPYRIGHT, THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC. (REV. 2 97)

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

FEB 16 2000

00870

PETER BENJAMIN
LAKE COUNTY AUDITOR

14-50
200
/i

File # 99208721 Smith