STATE OF INDIANA
LAKE COUNTY
FILED [illegible] RECORD

2000 014041

2000 MAR -1 AM 9:57

[illegible] A. CARTER
RECORDER

AFFADAVIT OF HEIRSHIP

I, DELORES JONES OF 9753 S PRAIRIE, CHICAGO IL, UNDER OATH DO STATE THE FOLLOWING:

1. THE DECEDENT, MADLON C. FULLER OF 446 MOUNT ST., GARY, IN, 46406 DIED ON MARCH 26, 1993.

2. MADLON C. FULLER DIED INTESTATE.

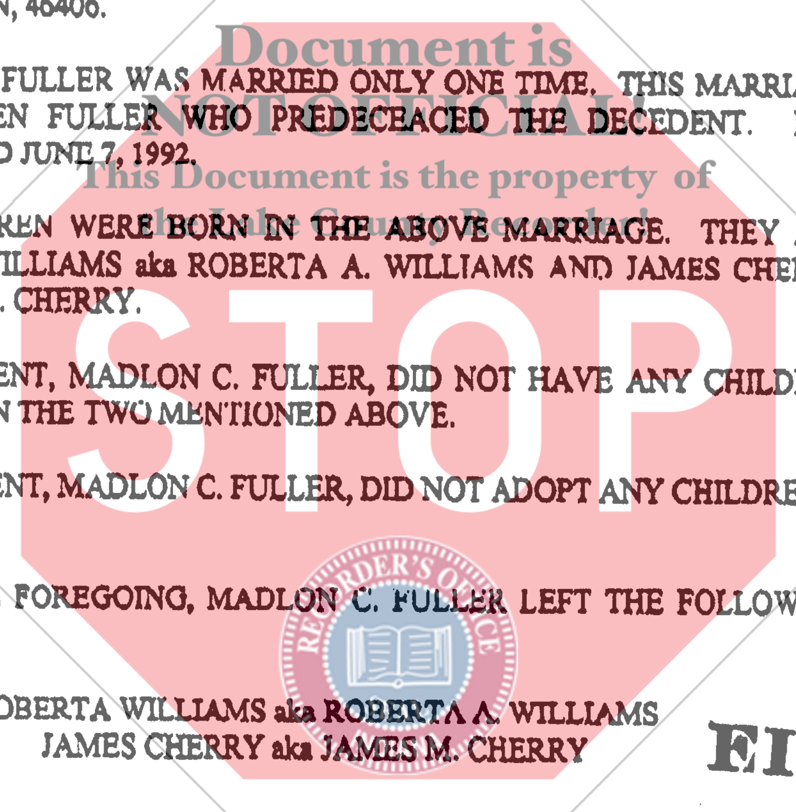
3. MADLON C. FULLER WAS THE OWNER OF THE PROPERTY AT 446 MOUNT ST., GARY, IN, 46406.

4. MADLON C. FULLER WAS MARRIED ONLY ONE TIME. THIS MARRIAGE WAS TO BEN FULLER WHO PREDECEACED THE DECEDENT. BEN FULLER DIED JUNE 7, 1992.

5. TWO CHILDREN WERE BORN IN THE ABOVE MARRIAGE. THEY ARE ROBERTA WILLIAMS aka ROBERTA A. WILLIAMS AND JAMES CHERRY aka JAMES M. CHERRY.

6. THE DECEDENT, MADLON C. FULLER, DID NOT HAVE ANY CHILDREN OTHER THAN THE TWO MENTIONED ABOVE.

7. THE DECEDENT, MADLON C. FULLER, DID NOT ADOPT ANY CHILDREN.



BASED ON THE FOREGOING, MADLON C. FULLER LEFT THE FOLLOWING HEIRS:

ROBERTA WILLIAMS aka ROBERTA A. WILLIAMS
JAMES CHERRY aka JAMES M. CHERRY

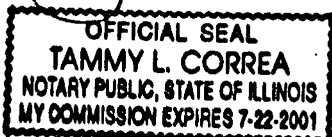
FILED
MAR 01 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

X Delores Jones
AFFIANT: DELORES JONES

SUBSCRIBED AND SWORN BEFORE ME THIS 24th, FEBRUARY ~~1999~~ 2000.

15:00 pm

Tammy L Correa
NOTARY PUBLIC



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Appendix A

LOTS 15 AND 16 IN BLOCK 5 IN BRUNSWICK ADDITION TO GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11 PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

93-0235

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 93-0235 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent—Name (First, Middle, Last)	Madlon C. Fuller
2. Sex	Female
2a. Time of Death	4:25 p.m.
3. Date of Death (Month, Day, Year)	March 26, 1993
4. Social Security Number	333-28-1398
5a. Age—Last Birthday (Years)	59
6. Date of Birth (Month, Day, Year)	July 28, 1933
7. Birthplace (City and State or Foreign Country)	Clanton, Alabama
8a. Was Decedent a U.S. Veteran	No
8b. Year Last Served in U.S. Armed Forces	N/A
9a. Facility Name	Methodist Hospital Northlake
9b. City, Town or Location of Death	Gary
9c. County of Death	Lake
10. Marital Status	Widowed
11. Surviving Spouse	N/A
12a. Decedent's Usual Occupation	Nurses Aide
12b. Kind of Business/Industry	CNA
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town or Location	Gary
13d. Street and Number	446 Mount Street
13e. Zip Code	46406
14. Citizen of What Country	U S A
15. Was Decedent of Hispanic Origin	No
16. Race	Black
17. Decedent's Education (Elementary/Secondary 0-12)	11th

PARENTS

Field	Entry
18. Father's Name	Comer Parker
19. Mother's Name (Maiden)	Annie M. Davis

INFORMANT

Field	Entry
20a. Informant's Name	James Cherry
20b. Mailing Address	405 Clark Road#305 Gary, Indiana 46406
20c. Relationship	Son

DISPOSITION

Field	Entry
21a. Method of Disposition	Burial
21b. Date and Place of Disposition	April 1, 1993 Oak Hill Cemetery
21c. Location—City or Town, State	Gary, Indiana
22. Embalmer's Name	Roosevelt Allen Sr.
22b. Embalmer's License No.	#01051696
23. Was Death Reported to Coroner?	No
24a. Signature of Funeral Director	[signature]
24b. License Number	08700298
24c. Name, Address and License Number of Funeral Home	Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46[illegible] 83007704

CAUSE OF DEATH

25. Part I

	Cause
Immediate Cause	Malignant Cachexia
Due to (or as a consequence of)	Metastatic Cancer
Due to (or as a consequence of)	Carcinoma Lung
Due to (or as a consequence of)	

Part II. Other significant conditions:

Field	Entry
26. Was decedent pregnant or 90 days postpartum?	No
27a. Was an autopsy performed?	No
27b. Were autopsy findings available prior to completion of cause of death?	

CERTIFIER

28a. Certifier (Check only one): Certifying Physician / Health Officer / Coroner

Field	Entry
28b. Signature and Title of Certifier	[signature]
28c. Medical License No.	01026051
28d. Date Signed	4/01/93
29. Name and Address of Person Who Completed Cause of Death	Vijay Dave M.D. 2291 Broadway, Suite 200 Gary, Indiana 46407

HEALTH OFFICER

Field	Entry
30. Health Officer's Signature	[signature]
31. Date Filed	APR 5 1993

CORONER USE ONLY

32. Manner of Death: Natural / Pending Investigation / Accident / Suicide / Could not be Determined / Homicide

33a. Date of Injury — 33b. Time of Injury — 33c. Injury at Work? — 33d. Describe How Injury Occurred — 33e. Place of Injury — 33f. Location — 33g. Date Pronounced Dead — 33h. Motor Vehicle Accident?

State Form 10110 (R/1-92)

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RECORDER'S OFFICE INDIANA

Local No. 1403-92

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent—Name (First, Middle, Last)	Ben Fuller
2. Sex	Male
3a. Time of Death	10:12 p.m
3b. Date of Death (Month Day, Yr)	June 7,1992
4. Social Security Number	407-07-4197
5a. Age—Last Birthday (Years)	78
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	Feb. 20,1914
7. Birthplace (City and State or Foreign Country)	Haywood County,TN
8a. Was Decedent a U.S. Veteran?	Yes
8b. Year Last Served in U.S. Armed Forces?	1944
9a. Place of Death (Check only one)	Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
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 (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Madlon Parker
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	J. M. Foster
12b. Kind of Business/Industry	Construction
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Gary
13d. Street and Number	446 Mount Street
13e. Zip Code	46404
13f. Inside City Limits	[ ] No [X] Yes
13g. On a Farm?	[X] No [ ] Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. Race—American Indian, Black, White, etc. (Specify)	Black
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	4th

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	Timothy Fuller
19. Mother's Name (First, Middle, Maiden Surname)	Betty McBride

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Madlon Fuller
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	446 Mount St.Gary,IN 46406
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	June 13,1992 Oak Hill Cemetery
21c. Location—City or Town, State	Gary,Indiana
22a. Embalmer's Name	Roosevelt Allen Jr.
22b. Embalmer's License No.	01051701
23. Was Death Reported to Coroner?	[X] No [ ] Yes
24a. Signature of Funeral Director	
24b. License Number (of Licensee)	08700646
25. Name, Address, and License Number of Funeral Home	Guy & Allen Funeral Directors,Inc. 2959 West 11th Ave. Gary,IN 46404 — 8300770

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death) a.	Adenocarcinoma of the lung	
Due to (or as a consequence of): b.	Respiratory failure	
Due to (or as a consequence of): c.	Ventricular arrhythmias	

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.

Field	Entry
27. Was Decedent 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)	

CERTIFIER

29a. Certifier (Check only one)

- [X] 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.

Field	Entry
29b. Signature and Title of Certifier	K. Umapathy
29c. Medical License No.	01036576
29d. Date Signed (Month, Day, Year)	6-19-92
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Dr. K. Umapathy 5454 Hohman, Hammond, IN — Dr.Umapathy

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Alexander S. Williams, M.D.
32. Date Filed (Month, Day, Year)	June 29 1992

CORONER USE ONLY

Field	Entry
33. Manner of Death	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] 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.	

THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

JAN 16 1997

Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

SBH08-004 State Form 10110 (R2/3-89) DEA CERT/PG 1

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