

STATE OF INDIANA

COUNTY OF LAKE 0000 026127

STATE OF INDIANA
LAKE COUNTY
FILED STATE OF INDIANA
LAKE COUNTY
2000 APR 11 11:00 AM

AFFIDAVIT OF SURVIVORSHIP

WILLIE LYNN JACKSON being duly sworn upon her oath, states as follows:

1. That **WILLIE LYNN JACKSON** is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 20.12 feet of Lot #4, and the East 69.88 feet of Lot #5, Block #4, Holzworth's Addition to the Town of Ross, as shown in Book "A", page 482, in Lake County, Indiana, and

A Tract of land lying North of said Block #4 described as follows: Commencing at a point 104.28 feet North and 140 feet East of the Southwest corner of Lot #6, in Block #4, in Holzworth's Addition to the Town of Ross; thence East 90 feet; thence North 140.97 feet to the M.C.R.R. right of way; thence Southwesterly along said M.C.R.R. right of way, a distance of 95.23 feet; thence South 109.82 feet to the place of beginning, being part of the West half of the West half of the Northeast Quarter of the Northeast Quarter of Section 31, Township 36, North, Range 8 West of the Second Principal Meridian, all in the Town of Ross, in Lake County, Indiana, commonly known as 3406 West 47th Ave., Gary, IN 46408 [Key #: 00 01 39-159-9 & 39-23-41]

Billie Jackson

2. That the affiant and the decedent were married on the 2nd day of October, 1937. That the decedent, **R. C. JACKSON** and **WILLIE LYNN JACKSON** 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 2nd day of November, 1956, and recorded in the Office of the Lake County Recorder as Document #965617, in Deed Record Book 1045 Page 476 and 477.

3. That the marital relationship which existed between the affiant and **R. C. JACKSON**, her husband, continued unbroken from the time they so acquired title to said real estate until the death of **R. C. JACKSON**, her husband on the 26th day of February, 1999, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the gross value of the estate of the decedent, **R. C. JACKSON**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

5. The decedent's estate was not subject to Indiana Inheritance Tax.

Billie Jackson

WILLIE LYNN JACKSON, Affiant
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

STATE OF INDIANA

COUNTY OF LAKE

SS:

APR 11 2000

Before me, a Notary Public in and for said State and County, appeared **WILLIE LYNN JACKSON**, 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 28th day of June, 1991.

Gina Smith

Gina Smith, Notary Public

My Commission Expires: 05/02/08
County of residence: Lake

This instrument was prepared by:
Jack W. Lund, 3979 Cleveland St., Gary, Indiana, Attorney at Law.

00707

11.00
E.P.
CS

* 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. 0540-99

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) R. C. Jackson		2 SEX Male	3a TIME OF DEATH 7:20 A	3b DATE OF DEATH (Month, Day, Yr) February 26, 1999	
4 SOCIAL SECURITY NUMBER 496-12-7371		5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days Sept. 11, 1918	5c UNDER 1 DAY Hours Minutes Wingo, Kentucky	
6a WAS DECEDENT A U.S. VETERAN? Yes	6b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	6c 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			
9a FACILITY NAME (If not institution, give street and number) Broadway Methodist Hospital Southlake		9b CITY, TOWN OR LOCATION OF DEATH Merrillville	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Billie Stairs	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	12b KIND OF BUSINESS/INDUSTRY Union		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary (Calumet Township)	13d STREET AND NUMBER 3406 W. 41st Ave.		
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 8		18 FATHER'S NAME (First, Middle, Last) Milford Jackson			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lucy (unavailable)		20a INFORMANT'S NAME (Type/Print) Billie L. Jackson			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3406 W. 41st Ave., Gary, Ind. 46408		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) March 2, 1999 Calvary Cemetery		21c LOCATION—City or Town, State Wingo, Kentucky	
22a EMBALMER'S NAME Edgar C. Gleim		22b EMBALMER'S LICENSE NO. FDO 1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500		
26 PART I: IDENTIFY THE CAUSE(S) OF DEATH. Enter the precise medical or forensic cause(s) that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. List only one cause on each line. MAR 02 1999					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Constrictive heart failure					
DUE TO (OR AS A CONSEQUENCE OF) Myocardial infarction					
DUE TO (OR AS A CONSEQUENCE OF) Multifactorial stroke					
DUE TO (OR AS A CONSEQUENCE OF) Renal failure					
PARTIAL CAUSE(S) (Other significant conditions - Conditions contributing to death but not previously stated in Part I)					
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) NO		
29a CERTIFIER (Check only one) <input 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 checked="" 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>[Signature]</i>		29c MEDICAL LICENSE NO. 01023583	29d DATE SIGNED (Month, Day, Year) 3/2/99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R.A. HOVALESSIAN, M.D. 7863 BROADWAY #211 MERRILLVILLE, IN 46410					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) March 2, 1999	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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
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.			