

3.00

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA
LAKE COUNTY
FILED

STATE OF Ind 2000 026381

DATE: 4-4-2000

COUNTY OF Lake

FILE IND 22687

MONTHLY CENTER
RECORDED

Delores Love Nelson, RELATIONSHIP TO DECEASED IS Daughter, BEING DULY SWORN, FOR THE PURPOSE OF INDUCING NATIONAL EQUITY TITLE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS;

1. THAT Delores Love Nelson NOW RESIDES AT 4028 Drummond St East Chicago, Ind 46312, BEING THE PROPERTY IN QUESTION.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION.

2. THAT HE/SHE WAS ACQUAINTED WITH, Victoria Nelson WHO DIED ON 4-21-95, AS EVIDENCE BY THE ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE.

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

4. THAT SAID DECEDENT DIED:

LEAVING NO LAST WILL AND TESTAMENT.

LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT SAID DECEDENT HAD NO CHILDREN OUT OF WEDLOCK.

6. THAT THE HEIRS AND DISTRIBUTEES, AND THEIR RELATION, OF DECEDENTS ESTATE ARE AS FOLLOWS:

Delores Love x Nelson Daughter (only child)

6. THAT ALL DECEDENTS DEBTS INCLUDING PUBLIC OLD AGE ASSISTANCE ADVANCEMENTS, FUNERAL, DOCTOR AND HOSPITAL BILLS HAVE BEEN PAID IN FULL.

7. THAT THE TOTAL VALUE OF SAID DECEDENTS ESTATE FOR THE STATE OF INDIANA INHERITANCE TAX/ESTATE TAX AND FEDERAL ESTATE TAX DOES NOT EXCEED \$ 0.

Delores Love Nelson
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS 4th DAY OF April, 2000.

(SEAL) OFFICIAL SEAL
WILLIAM A. SHURMAN
NOTARY PUBLIC
STATE OF INDIANA
MY COMMISSION EXPIRES 2/22/08

William A. Shurman
NOTARY SIGNATURE
William A. Shurman
NOTARY PRINTED

PREPARED BY: DELORES LOVE NELSON

2006

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NETCO

LOT FOURTEEN (14) IN BLOCK TWENTY (20), FOURTH ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 5, PAGE 31, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



ATTENTION ESTATE: Disclosure of the information we need to pursue our responsibilities is voluntary and there will be no penalty for failure to disclose.

INDIANA STATE DEPARTMENT OF HEALTH

File No. 95-110

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

PE/PRINT
IN
PERMANENT
BLACK INK

IDENT

IDENTS

FORMANT

POSITION

USE OF
ATH

ERTIFIER

EALTH
FFICER

1. DECEASED—NAME (First, Middle, Last) Victoria Nelson		2. SEX Female	3a. TIME OF DEATH 12:18 P.M.	3b. DATE OF DEATH (Month, Day, Year) April 21, 1995	
4. SOCIAL SECURITY NUMBER 310-22-4625	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) June 28, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Seale, Alabama	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ----		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input 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) St. Catherine Hospital		9b. CITY, TOWN OR LOCATION OF DEATH East Chicago	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) House Keeper		12b. KIND OF BUSINESS/INDUSTRY Hospital	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago	13d. STREET AND NUMBER 4028 Drummond Street		
14. ZIP CODE 46312	15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16. CITIZEN OF WHAT COUNTRY? U.S.A.	17. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	18. RACE—American Indian, Black, White, etc. (Specify) Black	
19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th Grade		19. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Alonzo Wright		19. MOTHER'S NAME (First, Middle, Maiden Surname) Jessie Abercrombie			
20a. INFORMANT'S NAME (Type/Print) Delores Love		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4127 Indianapolis Blvd. East Chicago, In.		20c. Relationship Daughter	
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) April 27, 1995 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Tracy Cheri Williams		22b. EMBALMER'S LICENSE NO. FD08600238	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b. LICENSE NUMBER (of Licensee) FD08600238	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home FH8300152 4859 Alexander Ave. East Chicago, In.		
25. 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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION					
a. DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERY DISEASE					
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 necessarily 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) ----	
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 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. Gambetta</i>		29c. MEDICAL LICENSE NO. 25594	29d. DATE SIGNED (Month, Day, Year) 4/21/95		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Miguel Gambetta, M.D. 4320 Fir St Ste 410, East Chicago, IN 46312					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) 4-26-95		
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
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.			