



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NANCY R. ROBINSON being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, ROOSEVELT L. ROBINSON died (without leaving a will) (leaving a will) on MAY 30 1998 at GARY, INDIANA

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 9 AND 10 AND THE NORTH 1/2 OF VACATED ALLEY 10-A ADJOINING SAID LOTS ON THE SOUTH IN BLOCK 6 IN GARY HOME AND IMPROVEMENT COMPANY'S FIRST SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED DECEMBER 24, 1908 IN PLAT BOOK 7-PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

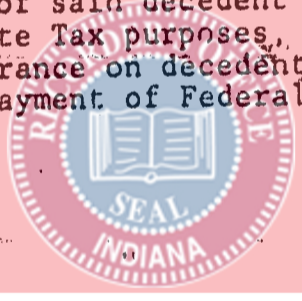
Commonly known as: 3733 W. 10th Ave., Gary, IN 46404

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.



FILED

APR 19 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Nancy R. Robinson
NANCY R. ROBINSON

Subscribed and sworn to before me, a Notary Public, this 14th day of April, 2000.

COMMUNITY TITLE COMPANY
FILE NO L 19139 MV

Patricia Ludington
Patricia Ludington: Notary Public

My Commission expires: 04-15-08

County of Residence: LAKE

This Instrument prepared by Patrick J. McManama, Attorney at Law
Identification No: 9534-45

200001027330

200 APR 21 11:03:35

STATE OF INDIANA
LAKE COUNTY
FILED

11-09
EM

* 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

RETURN WITH APPLICATION

Local No. 98-0420

CERTIFICATE OF DEATH

State 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) Roosevelt Lewis Robinson Jr		2 SEX Male	3a TIME OF DEATH 7:08 A M	3b DATE OF DEATH (Month Day Year) May 30, 1998	
4 SOCIAL SECURITY NUMBER 438-32-9218	5a AGE—Last Birthday (Year) 69	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) July 23, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		
9a FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake	9b CITY, TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Nancy Sims	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bus Driver	12b KIND OF BUSINESS/INDUSTRY Van-Com-Ladilaw		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 3733 West 10th Avenue		
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input 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 any highest grade completed) 4 Year		18 FATHER'S NAME (First Middle Last) Roosevelt L. Robinson Sr			
19 MOTHER'S NAME (First Middle Maiden Surname) Berthenia Ferguson		20a INFORMANT'S NAME (Type/Print) Nancy R. Robinson			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3733 West 10th Avenue Gary, Indiana 46404		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) June 6, 1998 Fern Oak Cemetery		21c LOCATION—City or Town, State Griffith, Indiana		
22a EMBALMER'S NAME Roosevelt Allen Sr.		22b EMBALMER'S LICENSE NO. #01051696	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) 08700298	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 8300/704 Guy & Allen Funeral Directors, Inc 2959 W. 11th Avenue Gary, Indiana 4640		
26 PART I Enter the disease, injuries, or conditions 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) A <u>CARDIO PULMONARY ARREST</u> DUE TO (OR AS A CONSEQUENCE OF) B _____ DUE TO (OR AS A CONSEQUENCE OF) C _____ DUE TO (OR AS A CONSEQUENCE OF) D _____ Conditions if any which gave rise to the immediate cause stating the underlying cause list					
26 PART II 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)	
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 		29c MEDICAL LICENSE NO. 1042994	29d DATE SIGNED (Month Day Year) 6-23-98		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Augustine Izat 1619 W. 5th Ave Gary, In 46404					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month Day Year) JUN 24 1998		
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
34e PLACE OF INJURY—At home (give street, factory, office, building, etc.) (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
35a DATE PRONOUNCED DEAD (Month Day Year)		35b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			