2000 038364

FILED
2000 JUN -1 AM 10:43
MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

WALLACE LEWIS BEING FIRST DULY SWORN UPON his OATH, DEPOSES AND SAYS:

THAT Warner Lewis DIED ON THE 29th DAY OF June, 19 97 AT Methodist Hospital Northlake.

THAT AT THE TIME OF his DEATH, he WAS A CO-OWNER AS A JOINT TENANT WITH Wallace Lewis

OF THE FOLLOWING DESCRIBED REAL ESTATE:

Lot 10 in Block 11 in Broadway Addition to Gary, as per plat thereof, recorded February 19, 1907 in Plat Book 6, Page 23, in the Office of the Recorder of Lake County, Indiana.

THAT NO FEDERAL ESTATE TAX OR INDIANA INHERITANCE TAX IS DUE AS A RESULT OF THE DEATH OF Warner Lewis.

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS brother.

FURTHER AFFIANT SAITH NOT.

Wallace Lewis
Wallace Lewis

BEFORE ME THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS 17th DAY OF May, 2000, PERSONALLY APPEARED Wallace Lewis AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:
August 3, 2000

Daniel W. Slusser
Daniel W. Slusser NOTARY PUBLIC

COUNTY OF RESIDENCE: LAKE

COMMUNITY TITLE COMPANY
FILE NO L 79543

THIS INSTRUMENT PREPARED BY:
Patrick J. McManama, Attorney at Law
Attorney ID#9534-45

FILED

MAY 25 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

02584

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.

2CC + 3 Free VETS

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 97-0442 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-8

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
Warner	Lewis	Jr.	Male	3:20 PM	June 29, 1997

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo. Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
496-30-2163	66			August 24, 1930	Mississippi

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1945	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital Northlake	Gary	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Laborer	DeSota Chemical Corp

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	1736 Connecticut Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)
46407	13g. ON A FARM? ☐ Yes	U S A	☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	Black	Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Warner Lewis Sr.	Rosie Lee Tillmon

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Wallace Lewis	1506 West 45th Avenue Gary, Indiana 46409	Brother

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	July 5, 1997 Evergreen Cemetery	Hobart, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Roosevelt Allen Sr.	#01051696	☒ Yes ☐ No

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	#08077298	Guy & Allen Funeral Directors, Inc #[illegible]007704 2959 West 11th Avenue Gary, Indiana 46404

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIO PHI MONARY ARREST	10 Minutes
DUE TO (OR AS A CONSEQUENCE OF)	b. CANCER OF THE STOMACH	3 months
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	c.	
DUE TO (OR AS A CONSEQUENCE OF)	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
NO	NO	

29a. CERTIFIER (Check only one)

☒ 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.

CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Nguyen MD	01033684	7-11-97

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Thanh Nguyen 208 E. 81st Court Merrillville, IN. 46410

31. HEALTH OFFICER'S SIGNATURE

[signature] MD MPH

32. DATE FILED (Month, Day, Year) JUL 14 97

HEALTH OFFICER

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide				

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1