

FILED

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2000 JUN -1 11:10:43

MONIES RECEIVED
RECORDERS

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

WALLACE LEWIS

BEING FIRST DULY SWORN

UPON his OATH, DEPOSES AND SAYS:

THAT Rosie Lee Lewis a/k/a Rosie L. Lewis DIED ON THE 15th

DAY OF February, ~~18~~ 2000 AT 1736 Connecticut Street, Gary, IN.

THAT AT THE TIME OF her DEATH, she 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 Rosie Lee Lewis.

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

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

AND ACKNOWLEDGED THE
EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:

August 3, 2000

Daniel W. Slusser
NOTARY PUBLIC

COUNTY OF RESIDENCE: LAKE

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

COMMUNITY TITLE COMPANY
FILE NO 219543 MV MAY 25 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR 032585

11-00
12
cm

* ATTENTION: This form is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary, and the requester will incur no penalty for refusal.

200
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED - NAME (First, Middle, Last) Rosie L. Lewis
2 SEX Female
3a TIME OF DEATH 4:47 A.M.
3b DATE OF DEATH (Month, Day, Year) February 15, 2000

4 SOCIAL SECURITY NUMBER 304-34-3829
5a AGE - Last Birthday (Years) 95
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month, Day, Year) January 14, 1905
7 BIRTHPLACE (City and State or Foreign Country) Mississippi

8a WAS DECEDENT A U.S. VETERAN? NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a PLACE OF DEATH (Check only one. See instructions)
HOSPITAL Inpatient ER/Outpatient DCA
OTHER Nursing Home Other (Specify) XXXXXXXXX

DECEDENT

10 FACILITY NAME (If not institution give street and number) 1736 Connecticut Street
11 CITY/TOWN OR LOCATION OF DEATH Gary
12 COUNTY OF DEATH Lake

10 MARRITAL STATUS Widowed
11 SURVIVING SPOUSE (If any, give maiden name) N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work and during what part of working life. Do not use retired) Homemaker
12b KIND OF BUSINESS/INDUSTRY Home

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

13e ZIP CODE 46407
13f INSIDE CITY LIMITS No Yes
13g ON A FARM? No Yes
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE - American Indian, Black, White, etc. (Specify) Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)

PARENTS

18 FATHER'S NAME (First, Middle, Last) Charlie Tillmon
19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary (Unknown)

INFORMANT

20a INFORMANT'S NAME (Type/Print) Wallace Lewis
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1506 West 45th Avenue Gary, Indiana 46408
20c Relationship Son

DISPOSITION

21a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 21, 2000 Evergreen Cemetery
21c LOCATION - City or Town, State Hobart, Indiana

22a EMBALMER'S NAME Roosevelt Allen Jr.
22b EMBALMER'S LICENSE NO #01051701
23 WAS DEATH REPORTED TO CORONER? No Yes

24 SIGNATURE OF FUNERAL DIRECTOR Carmelia W. Guy
24b LICENSE NUMBER (of License) #29700070
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

CAUSE OF DEATH

PART I Enter the disease, injury, or complication 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 leading to death) CARDIAC RESPIRATORY ARREST
DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERIOCALCIFICATION
DUE TO (OR AS A CONSEQUENCE OF) BENIGN ESSENTIAL TREMORS
DUE TO (OR AS A CONSEQUENCE OF)

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
28 WAS AN AUTOPSY PERFORMED? (Yes or no) NO
29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

30 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.

HEALTH OFFICER

31 SIGNATURE AND TITLE OF CERTIFIER X [Signature] Health Officer
31a MEDICAL LICENSE NO 01032692
31b DATE SIGNED (Month, Day, Year) 4/3/00
32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IF NOT YOU/PRINT) Dr. Yvas 3229 Broadway #151 Gary, IN 46409
32 HEALTH OFFICER'S SIGNATURE [Signature] MD, MPH
32 DATE FILED (Month, Day, Year) APR 10 2000

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Homicide Could not be Determined
33a DATE OF INJURY (Month, Day, Year)
33b TIME OF INJURY
33c INJURY AT WORK? (Yes or no)
33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
34b LOCATION (Street and Number or Rural Route Number, City or Town, State)

35 DATE PRONOUNCED DEAD (Month, Day, Year)
36 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.