

2000-042964

2000 042964 **TICOR TITLE INSURANCE**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MORRIS W. CARTER  
RECORDER  
AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

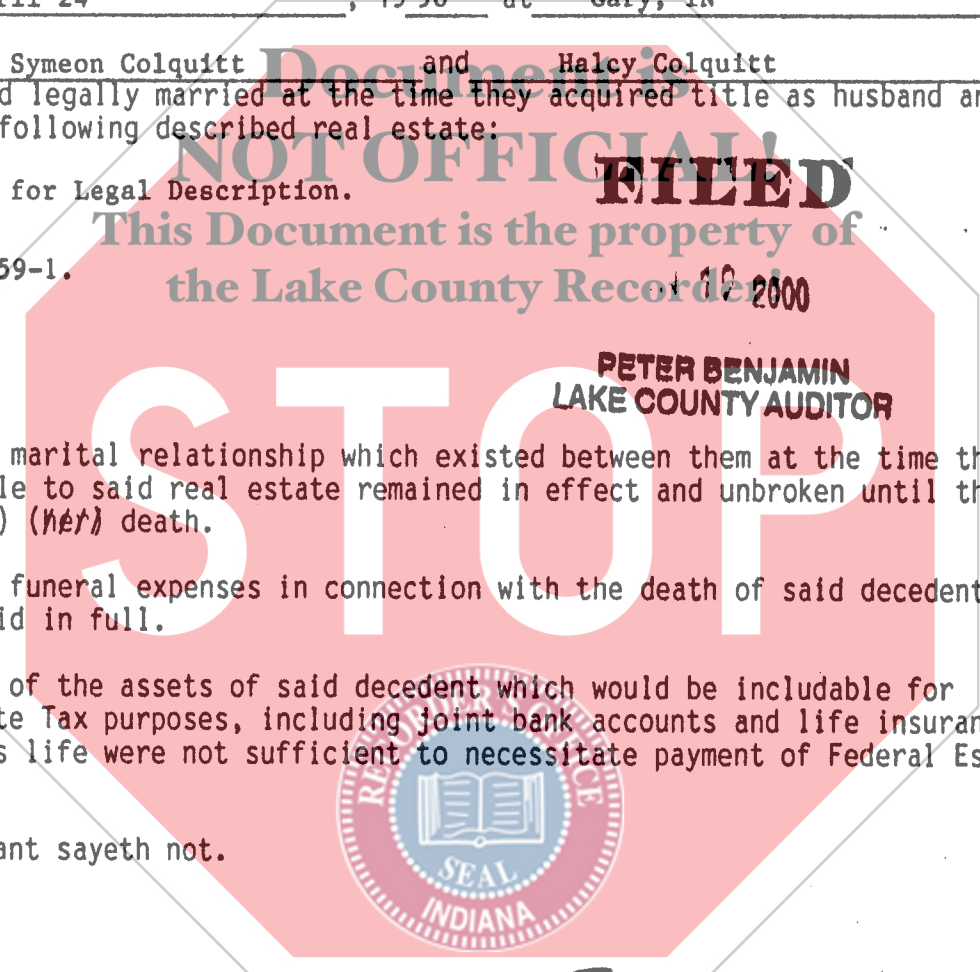
Symeon Colquitt, being first duly sworn upon oath, deposes and says:

1. That Symeon Colquitt died on April 24, 1990 at Gary, IN.

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

See Attached for Legal Description.

Key No. 47-159-1.



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.

Symeon Colquitt  
Symeon Colquitt

Subscribed and sworn to before me, a Notary Public, this 14th day of June, 19 2000.

Jean Henderson  
Jean Henderson Notary Public

My Commission expires:

12-3-01

County of Residence:

Lake

01311

This Instrument prepared by Symeon Colquitt

13-00  
12/1  
T

INDIANA STATE BOARD OF HEALTH

Local No. 90-0316

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF  
ATH

ERTIFIER

ALTH  
FICER

RONER  
E ONLY

1 DECEASED—NAME (First Middle, Last) SYMEON COLQUITT		2 SEX MALE	3a TIME OF DEATH 11:00 AM	3b DATE OF DEATH (Month, Day, Year) April 24, 1990	
4 SOCIAL SECURITY NUMBER 515388004	5a AGE—Last Birthday (Years) 52	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Aug. 4, 1937	
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a PLACE OF DEATH (Check only one (See instructions))				
8a WAS DECEDENT A U.S. VETERAN? <input type="checkbox"/>	8b YEAR LAST SERVED IN U.S. ARMED SERVICES? <input type="checkbox"/>	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9a FACILITY NAME (If not institution, give street and number) ST. MARY'S MEDICAL CENTER		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) HALCY HODGES	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life (If not retired)) POLICEMAN	12b KIND OF BUSINESS/INDUSTRY GARY POLICE DEPARTMENT		
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION GARY	13d STREET AND NUMBER 2185 GARFIELD STREET		
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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 only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 2years	18 FATHER'S NAME (First Middle Last) DAVID COLQUITT				
19 MOTHER'S NAME (First Middle, Maiden Surname) MOZELLE BRANNON		20a INFORMANT'S NAME (Type/Print) HALCY COLQUITT			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2185 GARFIELD STREET, GARY, IN 46404		20c Relationship WIFE			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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 28, 1990, OAK HILL CEMETERY		21c LOCATION—City or Town, State GARY, IN	
22a EMBALMER'S NAME ROOSEVELT ALLEN JR.		22b EMBALMER'S LICENSE NO. 01051701	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broadwell</i>		24b LICENSE NUMBER (of License) 08700646	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen, 2959 W. 11th Ave., 83007704		
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>ASINOBYOMA (MALIGNANT) OF HEAD &amp; METALS</u>					
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 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 <i>Mem O'Connell</i>		29c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>2318 West 5th Ave Gary Ind 46404</i>	29d DATE SIGNED (Month, Day, Year) <i>4/27/90</i>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <i>2318 West 5th Ave Gary Ind 46404</i>					
31. HEALTH OFFICER'S SIGNATURE <i>Peter Benjamin</i>			32 DATE FILED (Month, Day, Year) MAY 4 1990		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED LAKE COUNTY AUDITOR
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. 01312			

### LEGAL DESCRIPTION

Lots 1 to 5, both inclusive, in Block 1 in Tolleston Land Company's Second Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 7 page 36, in the Office of the Recorder of Lake County, Indiana, except that part of Lots 1 and 2 described as follows:

Beginning at the Northeast corner of said Lot 1; thence South 1 degree 18 minutes 08 seconds East 27.68 feet along the East line of said Lot 1; thence North 50 degrees 04 minutes 13 seconds West 42.55 feet to the North line of said Lot 2; thence North 89 degrees 20 minutes 52 seconds West 32.00 feet along the North line of said Lots 2 and 1 to the point of beginning.

