2000 043

Key# 45-364-40

STATE OF INDIANA)
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Comes now Arnita K. Borders who being duly sworn deposes and says:

1. That she is a personal representative of the estate of ALlen Keeton, deceased;

2. That Allen Keeton was the surviving tenant of the tenancy by the entireties in Allen and Rosa Lee Keeton;

3. That Rosa Keeton died on June 19, 1994;

4. That further affiant saith not.

5. That Rosa Lee Keeton and Allen Keeton were duly and legally married at the time they acquired title; also that the all funeral expenses have been paid in full.

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FILED

6 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Arnita K. Borders
ARNITA K. BORDERS

Subscribed and sworn to before me a notary public this 21st day of June, 2000.

My Commission Expires:
10-2-01

Paula Barrick
NOTARY PUBLIC Paula Barrick

County of Residence: Lake

PAULA BARRICK NOTARY EXP. 10/2/01 PUBLIC LAKE COUNTY, INDIANA

C2009

Prepared by Arnita K. Borders

Ticor M.O. 920000400 Halliburton

CC

ENTION ESTATE: Disclosure of the
we need to pursue our responsibilities
untary and there will be no penalty for
al.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ll No. 140.9-.94..... State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

'E/PRINT IN 'MANENT ACK INK

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
Rosa Lee Keeton	Female	12:42pm	June 19,1994

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)
307-20-4862	78			January 12,1916	Pine Bluff,AR

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)
NO	N/A	HOSPITAL [X] Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DENT

9b FACILITY NAME (If not institution, give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Methodist Hospital Southlake	Merrillville	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
Married	Allen Keeton	Custodian	Gary Community School Corp.

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Gary	1549 Pierce Street

13e ZIP CODE	13f INSIDE CITY LIMITS	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46407	☐ No [X] Yes	USA	[X] No ☐ Yes	Black	Elementary/Secondary (0-12)	College (1-4 or 5+)
	13g ON A FARM? [X] No ☐ Yes					2 Years

NTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
William Jones	Rosie (Unknown)

RMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Arnita Borders	7101 Birch Ave. Gary, Indiana 46403	Daughter

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
[X] Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 27,1994 Evergreen Cemetery	Hobart, Indiana

OSITION

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Roosevelt Allen Sr.	01051696	[X] ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
	08700298	83007704 Guy & Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, Indiana 46404

SE OF H

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. [illegible] Embolism

DUE TO (OR AS A CONSEQUENCE OF): b.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

FILED

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

Cirrhosis Infarct. Tracheotomy

27 WAS DECEDENT PREGNANT OR 30 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	Yes	Yes

PETER BENJAMIN
LAKE COUNTY AUDITOR

IFIER

29a CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) and manner 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

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
A. K. Dr. Khokhar	X01027943	6/23/94

TH CER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. M. KHOKHAR MD 7849 TAFT ST MERRILLVILLE

31 HEALTH OFFICER'S SIGNATURE Alexander D. Williams MD

32 DATE FILED (Month, Day, Year) June 27 1994

THIS CERTIFICATE WAS FILED IN THE OFFICE OF THE CLERK OF LAKE COUNTY

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 ☐ Could not be Determined ☐ 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)
	JUN 07 2010

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
	Alexander D. Williams MD LAKE COUNTY HEALTH COMMISSIONER

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

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