

FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD JUL 19 2000

2000 050935

2000 JUL 19 PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

HAZEL RANGÉ , being first duly sworn upon her oath,
deposes and says:

1. That she is the wife of ARRAION RANGÉ and that
THEY were married on the date that they
acquired title as husband and wife as tenants by the entireties to
certain Real Estate in LAKE County, Indiana To- Wit:

LOTS 89 & 90 BLOCK 2
SHERMAN PARK ADD. TOLLESTON CITY OF GARY
PLAT BOOK 2 PAGE 42 LAKE CO, IN.

2. The marital relationship which existed between HAZEL
ARRAION RANGÉ , continued unbroken from the time they
so acquired title to said real estate until the death of ARRAION
on 8-31-95 at which time HAZEL acquired title as
surviving tenant by the entireties.

3. That the gross value of the estate of the said ARRAION
RANGÉ deceased, taking into consideration in the evaluation
thereof, the value of all his gifts in contemplation of death,
including all gifts made by him in the three years next preceding
his death, together with the value of all of his investments in
joint properties and tenants by the entirety, including the real
estate in the above-described deed, plus the proceeds of all
insurance on his life, did not equal or exceed the sum required to
necessitate the filing of a federal estate tax return and that as
a consequence of which, her estate was not subject to federal
estate tax.

4. That all debts, estate and inheritance taxes, funeral
expenses, and expenses of the last illness of ARRAION RANGÉ have
been fully paid and satisfied.

5. That the purpose of this affidavit is to induce the
County Auditor to show the transfer of such property on his
records.

AFFIANT FURTHER SAYETH NOT.

Hazel Rangé

Subscribed and sworn to before me, a Notary Public in and for
said County and State, this 13th day of JULY, ~~1999~~ 2000

My Commission Expires:
7-12-2008

Elizabeth Webster
ELIZABETH J. WEBSTER
NOTARY PUBLIC STATE OF INDIANA
Resident Of Lake County
Notary Public My Commission Expires January 12, 2008
Resident of LAKE County, IN

Mail Tax Bills to: 3348 WEST 20TH AVE

Tax Key Number: GARY IN 46404
25-47-0039-0039

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF Attorney at Law
10971 Four Seasons Place Crown Point, IN 46307, (219) 662-8200
Our File No. 973438-03

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

00076

11/00
AC
12321

Re sub 10 cc

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **95-0693**

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) Arraion Range SR		2. SEX Male	3a. TIME OF DEATH 7:37PM	3b. DATE OF DEATH (Month Day Yr) August 31, 1995	
4. SOCIAL SECURITY NUMBER 430-64-1238	5a. AGE - Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Mar 4, 1935	
7. BIRTHPLACE (City and State or Foreign Country) Bytheville, AR 72316	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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) 3348 West 20th Avenue	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) Hazel	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker		12b. KIND OF BUSINESS INDUSTRY Manufacturing	
13a. RESIDENCE - STATE IN	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Gary	13d. STREET AND NUMBER 3348 West 20th Avenue		
13a. ZIP CODE 46404	13e. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <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) Afro Amer	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 06 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Willie Range			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Genevia Jefferson		20a. INFORMANT'S NAME (Type/Print) Hazel Range			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3348 West 20th, 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) Sep 7, 1995 Fern Oak Cemetery		21c. LOCATION - City or Town State Griffith, IN	
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1018254		22c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James D. Adkins</i>		24b. LICENSE NUMBER (of Licensee) FDO1011822	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408		
26. PART I Enter the disease 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. Vascular Collapse DUE TO (OR AS A CONSEQUENCE OF) Due to Arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF) disease DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death Unknown	
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 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. Deputy <input checked="" 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>[Signature]</i>			
29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month Day Year) September 12, 1995			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Deputy Coroner D. Melyon, 2293 North Main Street, Crown Point, IN 46007					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month Day Year) SEP 12 1995	
33. MANNER OF DEATH <input checked="" 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
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) August 31, 1995		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

