

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 059997

2000 AUG 18 AM 11:41

STATE OF INDIANA)

) SS:

MORRIS W. CARTER
RECORDER

COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Patricia Shirley Greer, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Freddie Greer, that Freddie Greer and Patricia Shirley Greer, 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: Lot 35 in Block 9 in Maywood Addition to the City of Hammond, as same appears in Plat Book 11, page 32, in the Recorder's Office, Lake County, Indiana.

2. The marital relationship which existed between Freddie Greer and Patricia Shirley Greer, continued unbroken from the time they so acquired title to said real estate until the death of Freddie Greer on 10-26-94, at which time Patricia Shirley Greer acquired title as surviving tenant by the entireties.

3. That the gross value of the estate of the said Freddie Greer, 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, his 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 Freddie Greer have been fully paid and satisfied.

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

AFFIANT FURTHER SAYETH NOT.

Patricia Shirley Greer
Patricia Shirley Greer

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 5th day of August, 2000.

My Commission Expires:

Notary Public

Resident of

DUTY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 18 2000

DUTY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

PETER BENJAMIN
LAKE COUNTY AUDITOR
AUG 18 2000

EBRA A. HEINLEIN
NOTARY PUBLIC STATE OF INDIANA
Resident Of Lake County

Mail Commission Expires January 11, 2008
To Patricia Shirley Greer
1136 Highland St, Hammond, IN

Tax Key No. 26-35-0061-0036

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHIK PETER BENJAMIN
325 N. Main, Crown Point, IN 46307 (219) 662-2000 LAKE COUNTY AUDITOR
Our File No. 2013012-03

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN 2013012-3
CROWN POINT, IN 46307

EBRA A. HEINLEIN
NOTARY PUBLIC STATE OF INDIANA
Resident Of Lake County
My Commission Expires January 11, 2008

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11:00
E.P.
CAH
12/22

we need to pursue our responsibilities and there will be no penalty for it.

INDIANA STATE DEPARTMENT OF HEALTH COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT. CERTIFICATE OF DEATH

SI No. 853

Nov 1 1994 Date Issued Hammond Health Commissioner

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

PRINT IN PERMANENT INK

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POSITION

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1. DECEASED—NAME (First, Middle, Last) Freddie Greer Sr.		2. SEX Male	3. TIME OF DEATH 2:12 AM	3a. DATE OF DEATH (Month, Day, Year) October 26, 1994
4. SOCIAL SECURITY NUMBER 428-64-4573	5a. AGE—Last Birthday (Years) 62	5b. UNDER 1 YEAR Months Days 0 0	5c. UNDER 1 DAY Hours Minutes 0 0	6. DATE OF BIRTH (Month, Day, Year) Aug. 8, 1931
7. BIRTHPLACE (City and State or Foreign Country) Leland, Mississippi	8. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. WAS DECEASED A U.S. VETERAN? Yes	9b. YEAR LAST SERVED IN U.S. ARMED FORCES 1957	9c. FACILITY NAME (If not mentioned, give street and number) 1136 Highland Street		
9d. CITY, TOWN OR LOCATION OF DEATH Hammond		9e. COUNTY OF DEATH Lake		
10. MARITAL STATUS Married	11. SURVIVING SPOUSE (If not, give spouse name) Patricia Patton	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use restraint) Steelworker Mason Dept.	12b. KIND OF BUSINESS/INDUSTRY LTV Steel Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond	13d. STREET AND NUMBER 1136 Highland Street	
14a. ZIP CODE 46320	14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14c. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) 3		18. FATHER'S NAME (First, Middle, Last) Eddie Greer Sr.		
19. MOTHER'S NAME (First, Middle, Last) Minnie Watson		20a. INFORMANT'S NAME (Type/print) Patricia Greer		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 1136 Highland St., Hammond, IN 46320		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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 (Date of entombment, cremation, etc.) November 1, 1994		21c. LOCATION—City or Town, State Gary, Indiana
22a. EMBALMER'S NAME Sherman G. Banks III		22b. EMBALMER'S LICENSE NO. FDO1016234	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER FDO1015177	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell Warner & Son 4209 Grant St., Gary, IN 46408 FB88900011	
26. PART I. Enter the disease, injuries or complications that caused the death. Do not enter non-specific terms, such as collapse or respiratory arrest, shock, or heart failure. List only one cause on each line. Acute Myocardial Infarction				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Myocardial Infarction b. MI c. MI - Myocardial Disease d. MI e. MI				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEASED 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) No	
30a. 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 observation 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.				
30b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		30c. MEDICAL LICENSE NO. 20603	30d. DATE SIGNED (Month, Day, Year) October 31, 1994	
31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/print) J. Greenwald, M.D. 222 Douglas Street, Hammond, Indiana 46320				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) November 1, 1994
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. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34f. DATE PRONOUNCED DEAD (Month, Day, Year)		34g. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		