

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 060000

2000 AUG 18 AM 11:41

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Allie M. Boozer, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Charles T. Boozer, that Charles T. Boozer and Allie M. Boozer 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 Nine (9), Block Two (2), Second Addition to Pulaski Village, in the City of Gary.

2. The marital relationship which existed between Charles T. Boozer and Allie M. Boozer continued unbroken from the time they so acquired title to said real estate until the death of Charles T. Boozer on the 15th day of SEPTEMBER, 1992, at which time Allie M. Boozer acquired title as surviving tenant by the entireties.

3. That the gross value of the estate of the said Charles T. Boozer, 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 Charles T. Boozer 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.

Allie M. Boozer  
Allie M. Boozer

(Seal)

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 10th day of Aug. 2000, 2000.

My Commission Expires:

Chibudulsk

PETER BENJAMIN  
LAKE COUNTY AUDITOR  
ANDREW J. WEBSTER  
NOTARY PUBLIC STATE OF INDIANA  
Resident Of Lake County  
My Commission Expires January 12, 2008

Notary Public  
Resident of \_\_\_\_\_ County, IN

Mail Tax Bills To: Allie M. Boozer

1937 OHIO ST GARY IN 46407

Tax Key No. 25-47-0430-0009

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF Attorney at Law

325 N. Main, Crown Point, IN 46307 (219) 662-8200

Our File No. 2014277-03

01290

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

Woo  
EP  
12412

INDIANA STATE BOARD OF HEALTH

No. .... 92-0666

CERTIFICATE OF DEATH

State No. ....

PRINT IN PERMANENT INK

IDENT

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IDENT

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1 DECEASED—NAME (First, Middle, Last) <b>Charles T. Boozer</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>2:31 P.M.</b>	3b DATE OF DEATH (Month, Day, Yr) <b>September 15, 1992</b>
4 SOCIAL SECURITY NUMBER <b>251-32-1392</b>	5a AGE—Last Birthday (Years) <b>64</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>October 11, 1927</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Newberry, S. Carolina</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> <b>Methodist</b> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Northlake</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9c COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Allie M. Williams</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done, or trade, profession, etc. Do not use retired) <b>Tractor Works</b>		12b KIND OF BUSINESS/INDUSTRY <b>Internal Harvester</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>1937 Ohio Street</b>	
13e ZIP CODE <b>46407</b>	13f 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? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8th</b> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) <b>Timothy Boozer</b>		
19 MOTHER'S NAME (First, Middle, Last) <b>Alene Dewalt</b>		20a INFORMANT'S NAME (Type/Print) <b>Allie M. Boozer</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1937 Ohio Street Gary, Indiana 46407</b>		20c Relationship <b>Wife</b>		
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 (Name of cemetery, crematory, or other place) <b>September 19, 1992 Evergreen Cemetery</b>		21c LOCATION—City or Town, State <b>Hobart, IN</b>
22a EMBALMER'S NAME <b>Roosevelt Allen Jr.</b>		22b EMBALMER'S LICENSE NO. <b>#01051701</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) <b>08700646</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>83007704 Guy &amp; Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404</b>	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a <b>Myocardial infarction</b> b <b>Due to (or as a consequence of)</b> c <b>Due to (or as a consequence of)</b> d <b>Due to (or as a consequence of)</b>				Approximate Interval Between Onset and Death <b>18 months</b>
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) <b>NO</b>
28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>
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>[Signature]</i>			29c MEDICAL LICENSE NO. <b>01033117</b>	29d DATE SIGNED (Month, Day, Year) <b>9/21/92</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (FROM 26) (Type/Print) <b>636 E 21st Ave. GARY, IN 46407 Bayne W. Spotwood</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) <b>SEP. 25 1992</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <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 DESCRIBE HOW INJURY OCCURRED		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		