

2000-065832

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

IN THE MATTER OF THE ESTATE OF )  
EVA R. EDWARDS (DECEASED) )

2000 SEP 11 PM 12:41

**SURVIVORSHIP AFFIDAVIT**

DARRYL YANCY, Administrator of the Estate of Marcell Edwards, being first duly sworn upon his oath, deposes and says:

MORRIS W. CARTER  
RECORDER

1. That he is of lawful age and lives and resides in Lake County, Indiana: that he is the Administrator of the Estate of MARCELL EDWARDS, who was formerly married to one EVA R. EDWARDS for many years and that MARCELL EDWARDS lived continuously with her as her husband until her death.

2. That Affiant further states that the decedent, EVA R. EDWARDS and her said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

ROSS L. 13 BL. 13 E2. L. 12 BL. 13 and ROSS ALL LOT 11 BL. 13 W2 LOT 12 BL. 13

Commonly known as:

3515 W. 48<sup>TH</sup> AVENUE, GARY, INDIANA 46408  
3519 W. 48<sup>TH</sup> AVENUE, GARY, INDIANA 46408

Tax Key No.: 39-0343-0011  
Tax Key No.: 39-0343-0013

3. That Affiant further says that the parties continued to be such owners of the title to said real estate until the death of EVA R. EDWARDS on the 25TH day of September, 1998, in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein).

4. That the value of the decedent, EVA R. EDWARDS' estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that, by reason of the death of EVA R. EDWARDS, MARCELL EDWARDS, became the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, EVA R. EDWARDS, from the tax rolls on said real estate.

Further your Affiant saith not.

86500

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me a Notary Public in and for Lake County and State this day of APRIL 26 2000,

*[Signature]*  
DARRYL YANCY

*[Signature]*  
NOTARY PUBLIC FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

My Commission Expires: 1-17-2008

My County of Residence: PORTER

SEP 11 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

12-66  
E.P.  
2187

ATTENTION ESTATE: The Social Security # is being requested by his state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 2136-98

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

PERMANENT INK

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>EVA RUTH EDWARDS</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>3:00 P.M.</b>	3b DATE OF DEATH (Month Day Year) <b>SEPTEMBER 25, 1998</b>
4 SOCIAL SECURITY NUMBER <b>310-22-6753</b>		5a AGE—Last Birthday (Years) <b>70</b>	5b UNDER 1 YEAR Months Days <b>0 0</b>	5c UNDER 1 DAY Hours Minutes <b>0 0</b>
6 DATE OF BIRTH (Mo. Day, Yr) <b>JAN. 29, 1928</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Bridgeport, Illinois</b>		
8a WAS DECEDENT A U.S. VETERAN? <b>no</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>no</b>	9a PLACE OF DEATH (Check only one—See instructions) <b>HOSPITAL</b> <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Marcell Edwards</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Custodian</b>		12b KIND OF BUSINESS/INDUSTRY <b>School City of Hammond</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>3515 W. 48th Avenue</b>
13e ZIP CODE <b>46408</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>U.S.A.</b>	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) <b>white</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>10</b>		17a Elementary/Secondary (9-12) <b>10</b>		
18 FATHER'S NAME (First Middle Last) <b>Roy Adams</b>		18 MOTHER'S NAME (First Middle, Maiden Surname) <b>Mary Waller</b>		
20a INFORMANT'S NAME (Type/Print) <b>Mr. Marcell Edwards</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3515 W. 48th Ave. Gary, IN 46408</b>		20c Relationship <b>Husband</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 28, 1998 St. John Cemetery</b>		21c LOCATION—City or Town, State <b>Hammond, Indiana</b>
22a EMBALMER'S NAME <b>C. William McCoy</b>		22b EMBALMER'S LICENSE NO. <b>FD01013612</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>FD01013507</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323</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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Pneumonia</b>				
b. <b>Sudden Cardiac Syndrome</b>				
c. <b>renal failure</b>				
d. <b>congestive heart failure</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>Conrado Castor M.D.</i>		29c MEDICAL LICENSE NO. <b>01027402</b>
29d DATE SIGNED (Month Day Year) <b>SEPTEMBER 28, 1998</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>CONRADO CASTOR, M.D. 911 FRAN LIN PARKWAY MUNSTER, INDIANA 46321</b>		
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>		31a DATE FILED (Month Day Year) <b>September 29, 1998</b>		
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		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED <b>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY</b>		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. <b>no</b>		34i DATE OF DEATH <b>AUG 27 2000</b>		

*Alexander S. Williams M.D.*  
LAKE COUNTY HEALTH COMMISSIONER