

STATE OF INDIANA)
) SS: AFFIDAVIT OF SURVIVORSHIP
COUNTY OF LAKE)

Comes now CURTIS EDWARD HAMILTON, SR. and being first duly sworn upon his oath says:

1. That your Affiant is the adult son of Russell Curtis Hamilton, also sometimes known as Russell C. Hamilton and Russell Hamilton, who died on the 19th day of June, 2002, while domiciled in Lake County, Indiana, a copy of his death certificate is attached hereto and made a part hereof as Exhibit "A".

2. That by Quit Claim Deed dated February 26, 1998, and thereafter recorded in the office of the Recorder of Lake County, Indiana, your Affiant and the decedent acquired title to the following described real estate as joint tenants with the right of survivorship until the date of decedent's death herein above set forth to-wit:

Lot 77 and the North on-half of Lot 76, in a Resubdivision of Part of Block 14 and a subdivision of Block 13, in C.J. Williams Subdivision of Blocks 10,14,15,16, C.J. Williams Addition to Glen Park, in the City of Gary, as shown in Plat Book 8, page 3, in Lake County, Indiana commonly known as 4317 Harrison Street, Gary, Indiana. (Key # 47-248-10)

3. That the gross value of the estate of the decedent was far less than the value required for the filing of a Federal Estate Tax Return Form 706 and was not subject to such tax; that your Affiant will prepare and file an Indiana Inheritance Tax Return on behalf of the decedent and pay any tax assessable thereon.

4. That your Affiant makes this Affidavit for the purpose of showing the vesting of the fee simple title to the above described real estate in himself as the surviving joint tenant of an estate held as joint tenants with the right of survivorship.

Curtis Edward Hamilton, SR.
CURTIS EDWARD HAMILTON, SR.

SUBSCRIBED and SWORN to before me, a Notary Public in and for said County and State this 11th day of July 2002.

My Commission Expires:
9-20-06



Nancy O'Bryan
NANCY O'BRYAN
Resident of Lake County

Prepared by: Attorney Roy Dakich
100 E. 90th Drive
Merrillville, Indiana 46410

FILED

JUL 15 2002

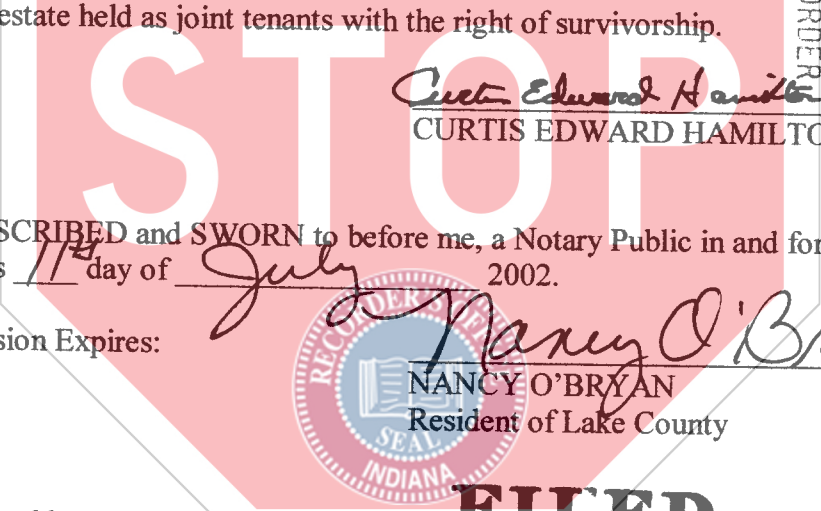
PETER BENJAMIN
LAKE COUNTY AUDITOR

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N.H.
11564*

2002 063477

FILED FOR RECORD
LAKE COUNTY
2002 JUL 15 PM 3:23
RECORDED, CLERK OF
RECORDER



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 35419

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED--NAME (First, Middle, Last) Russell Hamilton		2. SEX Male		3a. TIME OF DEATH 5:23a		3b. DATE OF DEATH (Month, Day, Yr.) June 19, 2002	
4. SOCIAL SECURITY NUMBER 306-09-3879		5a. AGE--Last Birthday (Years) 85		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		6. DATE OF BIRTH (Mo, Day, Yr) May 22, 1917		7. BIRTHPLACE (City and State or Foreign Country) Valparaiso, Indiana	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		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) Machine Operator		12b. KIND OF BUSINESS/INDUSTRY Utilities	
13a. RESIDENCE--STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 4317 Harrison St.	
13a. ZIP CODE 46408		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		16. RACE--American Indian, Black, White, etc. (Specify) Caucasian		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): 2	
18. FATHER'S NAME (First, Middle, Last) Roy Hamilton				19. MOTHER'S NAME (First, Middle, Maiden Surname) Maud Curtis			
20a. INFORMANT'S NAME (Type/Print) Curtis Hamilton				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 882 Farmview Ct. Valparaiso, Indiana 46383		20c. Relationship Son	
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) June 21, 2002 Chapel Lawn Memorial Gardens		21c. LOCATION--City or Town, State Scherverville, Indiana			
22a. EMBALMER'S NAME Jeffery N. Sachs		22b. EMBALMER'S LICENSE NO. FD29800086		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel E. White</i>		24b. LICENSE NUMBER (of Licensee) FD08700086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, 8178 Cline Avenue, Scherverville, Indiana, 46375			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute Respiratory Failure</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF): c. <i>Coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF): d. <i>Myelodysplasia</i>							
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) N/A			
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) as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Dora Kim MD</i>						29c. MEDICAL LICENSE NO. 01030861	
29d. DATE SIGNED (Month, Day, Year) 6/20/02							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Dr. Jony Kim 8777 Broadway Merrillville, IN 46410</i>							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							
32. DATE FILED (Month, Day, Year) <i>June 20, 2002</i>							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		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 20 2002	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.			