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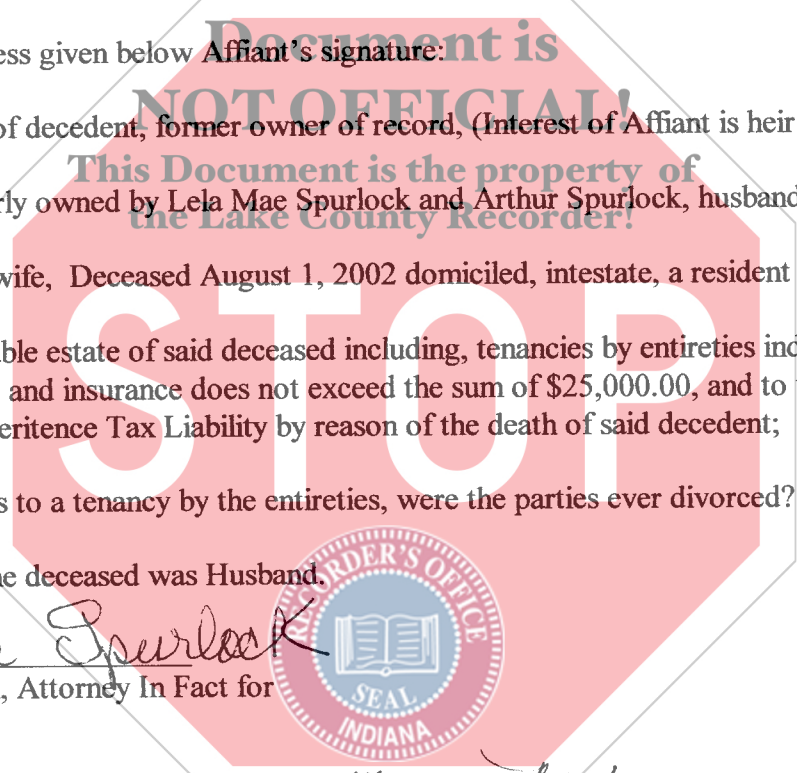
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS :
)
LAKE COUNTY)

Re: Lela Mae Spurlock, Deceased August 1, 2002
Legal: The North 3 1/2 Feet of Lot 37, and all Lot 38, Block 26,
Gary Land Company's First Subdivision, in the City of Gary
Shown in Plat Book 6, Page 15, Lake County, In.
Tax Unit 25 Key Number 44-26-45

On this 6th day of Nov, 2002 before me personally appeared Arthur Spurlock, by Attorney In Fact Princee Spurlock, with Limited Power of Attorney, recorded August 21, 2002 in the Office of the Recorder of Lake County, Indiana as Document No. 2002 074975, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir, Husband of decedent, former owner of record, (Interest of Affiant is heir of Former Owner" etc.)
3. Said premises were formerly owned by Lela Mae Spurlock and Arthur Spurlock, husband and wife.
4. Said Lela Mae Spurlock, wife, Deceased August 1, 2002 domiciled, intestate, a resident of Lake County, Indiana.
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance Tax Liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
7. Affiant's relationship to the deceased was Husband.



Signature Princee Spurlock
Princee Spurlock, Attorney In Fact for
Arthur Spurlock

NOV 13 2002
RECORDER
2002 NOV 13 PM 12:20

Subscribed and sworn to before me by the Affiant this 6th day of Nov 2002

My Commission Expires: 12-13-2009

Jacquelyn Drago
Jacquelyn Drago
Signature (Notary)

Jacquelyn Drago Printed (Notary)
Resident of Lake County, Indiana

FILED
FILED
NOV 12 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

001024
1400 Km
CK# 3270

STATE OF INDIANA)
)
COUNTY OF LAKE)

In Re: Lela Mae Spurlock, Deceased August 1, 2002

SS :

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Arthur Spurlock, Husband, of 708 Tyler Street, Gary, Indiana 46402.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent and his wife, located at 708 Tyler Street, Gary, Indiana 46402 described as follows:

The North 3 ½ Feet of Lot 37 and all Lot 38, Block 26, Gary Land Company's First Subdivision, in the City of Gary, as shown in Plat Book 6, Page 15, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 708 Tyler Street, Gary, Indiana 46402
Tax Unit 25 Key Number: 44-26-45
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Lela Spurlock as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

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.

3CC
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 02 0331

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

USE OF
ATH

CERTIFIER

PLTH
CER

1 DECEASED—NAME (First, Middle, Last) Lela Mae Spurlock		2 SEX Female		3a TIME OF DEATH 4:48 A M		3b DATE OF DEATH (Month, Day, Yr.) August 1, 2002	
4 *SOCIAL SECURITY NUMBER 494-36-5981		5a AGE—Last Birthday (Years) 67		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.) April 20, 1935		7 BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		9c CITY, TOWN OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake		9e PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Hospital <input checked="" 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 type="checkbox"/> Residence	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Arthur Spurlock		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 708 Tyler Street	
13e ZIP CODE 46402		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input type="checkbox"/> No <input 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.)		16 RACE—American Indian, Black, White, etc. (Specify) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th		17 College (1-4 or 5 +)	
18 FATHER'S NAME (First, Middle, Last) Alexander Williams		19 MOTHER'S NAME (First, Middle, Maiden Surname) Nora White		20a INFORMANT'S NAME (Type/Print) Arthur Spurlock		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 708 Tyler Street, Gary, Indiana 46402	
20c Relationship Husband		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 6, 2002 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a SIGNATURE OF FUNERAL DIRECTOR 	
24b LICENSE NUMBER (of Licensee) #08700298		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404		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 Acute Renal Failure b CHRONIC HYPERTENSION c d Conditions, if any, which gave rise to the immediate cause stating the underlying cause last 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)		Approximate Interval Between Onset and Death	
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 		29c MEDICAL LICENSE NO. 010015841		29d DATE SIGNED (Month, Day, Year) NOV 12 2002	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C. Randall Chubb, 3229 Broadway Hill, Gary		31 HEALTH OFFICER'S SIGNATURE 		32 DATE FILED (Month, Day, Year) NOV 29 2002		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"/> 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) 1020		34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	



FILED

PETER BENJAMIN
LAKE COUNTY AUDITOR