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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1145 FILMORE STREET, GARY, INDIANA 46407

2002 111247

2002 DEC -4 AM 9:46

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

On the 4th day of November, 2002, before me personally appeared IDA BENNET, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at P.O. Box 23, Woodland, MD 39776.

2. Affiant is the owner of the following described property :

   ALL OF LOT 38 IN BLOCK 6, GARY LAND CO'S, 11TH SUB. TO THE CITY OF GARY, INDIANA. THIS PROPERTY COMMOLY KNOWN AS 2245 FILMORE STREET, GARY, INDIANA 46407. KEY # 44-298-47

3. Said premises were formerly owned by BRUCE & IDA BENNET, Joint Tenants with CHARLES CALVERT, with rights of survivorship.

4. Said BRUCE BENNET died on the 17 day of April, 1997, a true and exact certified copy of the death certificate of BRUCE BENNETT is attached hereto as Exhibit "A".

5. That upon the death of BRUCE BENNET, affiant IDA BENNET AND CHARLES CALVERT became the sole owners of the said real estate.

Ida B Bennett
IDA BENNET

Ms. Webster
STATE OF ~~INDIANA,~~ COUNTY OF ~~LAKE~~, SS:

Before me, the undersigned Notary Public for said County and State, on this 4th day of November, ~~1999~~ 2002 IDA BENNET, personally appeared and acknowledged the execution of the foregoing affidavit. I have hereunto subscribed my name and affixed my official seal.

SEAL

Glenda Hughes Clark
Notary Public

This Instrument Prepared By: WILLIAM E. DITTRICH, ATTORNEY AT LAW
Thomas L. Kirsch and Associates
131 Ridge Road, Munster, IN 46321

MAIL TO

CLARK COUNTY, MS NOTARY PUBLIC GLENDA HUGHES CLARK

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 8, 2004
BONDED THRU STEGALL NOTARY SERVICE

FILED

DEC 4 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR
000298

dl # 19629
12-

* **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.

4CC + 2 Free VEIS

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 146 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Bruce Calvert	Male	12:50 A M	April 17, 1997

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)
425-20-5164	81			May 16, 1915	Mississippi

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1947	HOSPITAL: XXXX Inpatient; ☐ ER/Outpatient; ☐ DOA — OTHER: ☐ Nursing Home; ☐ Other (Specify); ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Catherine Hospital	East Chicago	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Hotbed Oiler	Inland Steel

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	1145 Fillmore Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
					Elementary/Secondary (0-12)	College (1-4 or 5 +)
46407	13g. ON A FARM?	U S A	XXXX No ☐ Yes	Black	4th	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Harries Calvert	Minnie Lee Chandler

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Ida Bennett	1145 Fillmore Street Gary, Indiana 46407	Sister

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
XXXX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	April 23, 1997 OakHill Cemetery	Gary, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Roosevetl Allen Sr.	#01051696	☐ No XXXX ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Valerie J. Broadnax	#08700646	Guy & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute myocardial infarction	
	DUE TO (OR AS A CONSEQUENCE OF): b. atherosclerotic heart dse	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): c. Gram negative Septicemia	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

FILED DEC 1 2002

CERTIFIER

29a. CERTIFIER (Check only one)

XXXX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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.

PETER BONILLA LAKE COUNTY, INDIANA

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Wallace	0102916 D	June 21, 1997

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

3700 Main St. East Chicago Ind. 46312 A.K. Kaloderas, M.D.

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Dr. Timothy Raybrock	6-27-97

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				000299

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.