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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2002 DEC 17 PM 1:56
MORRIS W. CARTER
RECORDER

2002 116885

Key No.: 47-428-14

SURVIVORSHIP AFFIDAVIT

We, LEON HAYNES, ROSIE L. ALLEN, MILFRED LISE, BEATRICE THOMPSON, MARILYN LOCKETT and EVELYN McMILLIAN, being first duly sworn, state:

1. Affiants state that they are the current living children of AMOS HAYNES, who died a resident of Lake County, Indiana, on September 18, 1990. **Death Certificate attached as Exhibit A.**

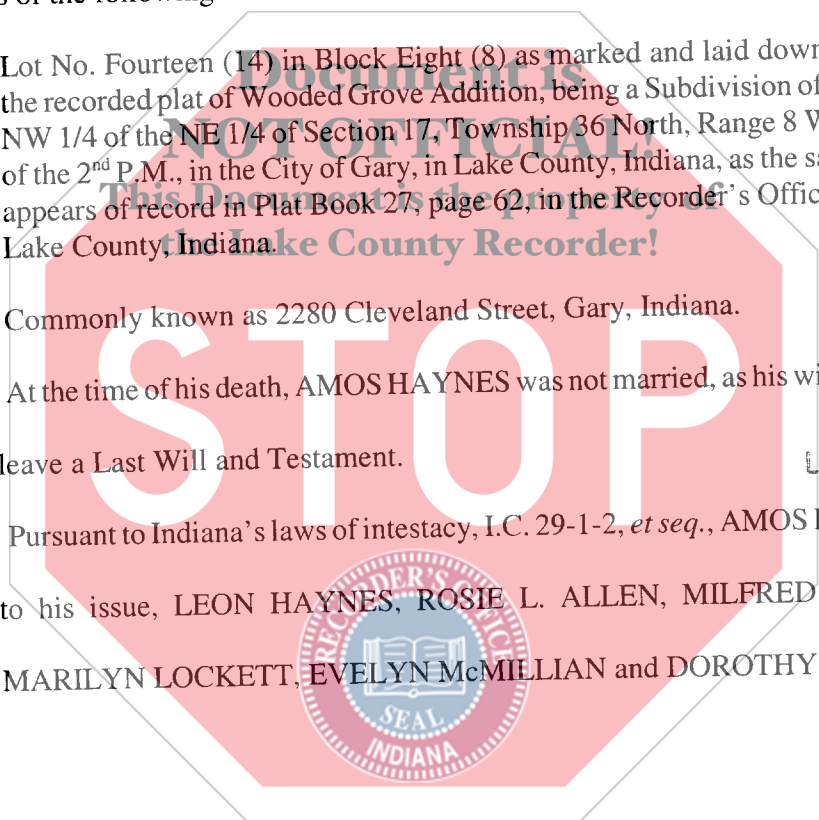
2. At the time of his death, AMOS HAYNES and FLORA M. HAYNES, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot No. Fourteen (14) in Block Eight (8) as marked and laid down on the recorded plat of Wooded Grove Addition, being a Subdivision of the NW 1/4 of the NE 1/4 of Section 17, Township 36 North, Range 8 West of the 2nd P.M., in the City of Gary, in Lake County, Indiana, as the same appears of record in Plat Book 27, page 62, in the Recorder's Office of Lake County, Indiana.

Commonly known as 2280 Cleveland Street, Gary, Indiana.

3. At the time of his death, AMOS HAYNES was not married, as his wife predeceased him, and he did not leave a Last Will and Testament.

4. Pursuant to Indiana's laws of intestacy, I.C. 29-1-2, et seq., AMOS HAYNES' net estate is distributed to his issue, LEON HAYNES, ROSIE L. ALLEN, MILFRED LISE, BEATRICE THOMPSON, MARILYN LOCKETT, EVELYN McMILLIAN and DOROTHY MAE HAYNES.



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DEC 17 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

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ck
22317

5. No federal estate tax or Indiana inheritance tax is due from the Estate of AMOS HAYNES.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested, as tenants in common, in the name of LEON HAYNES, ROSIE L. ALLEN, MILFRED LISE, BEATRICE THOMPSON, MARILYN LOCKETT, EVELYN McMILLIAN, and DOROTHY MAE HAYNES, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated 12-5-02, 2002

Leon Haynes
LEON HAYNES

STATE OF IN)

COUNTY OF LAKE) SS:

Document is NOT OFFICIAL!

Before me the undersigned, a Notary Public in and for said County and State, personally appeared LEON HAYNES, and he, being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true this 5th day of December, 2002.

My Commission Expires: _____

Mary Joan Piszczek
_____, Notary Public

A resident of LAKE County.

Printed Name

MARY JOAN PISZCZEK
Notary Public State of Indiana
Lake County
My Commission Exp. July 9, 2007



Rosie L. Allen
ROSIE L. ALLEN

STATE OF IN)
) SS:
COUNTY OF LAKE)

MARY JOAN PISZCZEK
Notary Public State of Indiana
Lake County
My Commission Exp. July 9, 2007

Before me the undersigned, a Notary Public in and for said County and State, personally appeared ROSIE L. ALLEN, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true this 5th day of DECEMBER, 2002.

My Commission Expires: _____

Mary Jo Piszczek
_____, Notary Public

A resident of LAKE County.

Printed Name

Milfred Lise
MILFRED LISE

STATE OF IN)
) SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public in and for said County and State, personally appeared MILFRED LISE, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true this 5th day of DECEMBER, 2002.

My Commission Expires: _____

Mary Jo Piszczek
_____, Notary Public

A resident of LAKE County.

Printed Name



MARY JOAN PISZCZEK
Notary Public State of Indiana
Lake County
My Commission Exp. July 9, 2007

Evelyn McMILLIAN
EVELYN McMILLIAN

STATE OF Co)
) SS:
COUNTY OF Arapahoe

Before me the undersigned, a Notary Public in and for said County and State, personally appeared EVELYN McMILLIAN, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true this 9th day of December, 2002.

My Commission Expires: 2/28/04

[Signature]
Printed Name _____, Notary Public

A resident of Denver County.



This instrument prepared by
and after recording return to:

Alissa F. Resop, with the firm Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

6cc

90-0665

Local No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) Amos Haynes				2. SEX Male	3a. TIME OF DEATH 5:48 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) September 18, 1990	
4. SOCIAL SECURITY NUMBER 324-12-0605		5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) April 10, 1910		7. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) 2280 Cleveland Street				9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Production Line		12b. KIND OF BUSINESS/INDUSTRY Ingersoll	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2280 Cleveland Street	
13e. ZIP CODE 46404		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 6th College (1-4 or 5+) _____				18. FATHER'S NAME (First, Middle, Last) Gus Haynes	
19. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown				20a. INFORMANT'S NAME (Type/Print) Dorothy Haynes		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2280 Cleveland St. Gary, Indiana 46404	
20c. Relationship Daughter		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 21, 1990 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Patrician Owens		22b. EMBALMER'S LICENSE NO. #08700298		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Proctor</i>		24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue #83007704			
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF):		b. Due to arteriosclerotic heart and vascular disease. DUE TO (OR AS A CONSEQUENCE OF):		c. _____ DUE TO (OR AS A CONSEQUENCE OF):	
d. _____ DUE TO (OR AS A CONSEQUENCE OF):		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)		29a. CERTIFIER (Check only one) <input 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 checked="" 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>Daniel D. Thomas</i>				29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) October 1, 1990	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Richard J. ...</i>							
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 DEC 17 2002		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) PETER BENJAMIN LAKE COUNTY AUDITOR	
34g. DATE PRONOUNCED DEAD (Month, Day, Year) September 18, 1990				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 001279			

SBH06-004

State Form 10110 (R2/3-89)

DEA CERT/PD 1

Exhibit A

FILED
OCT. 5 1990