

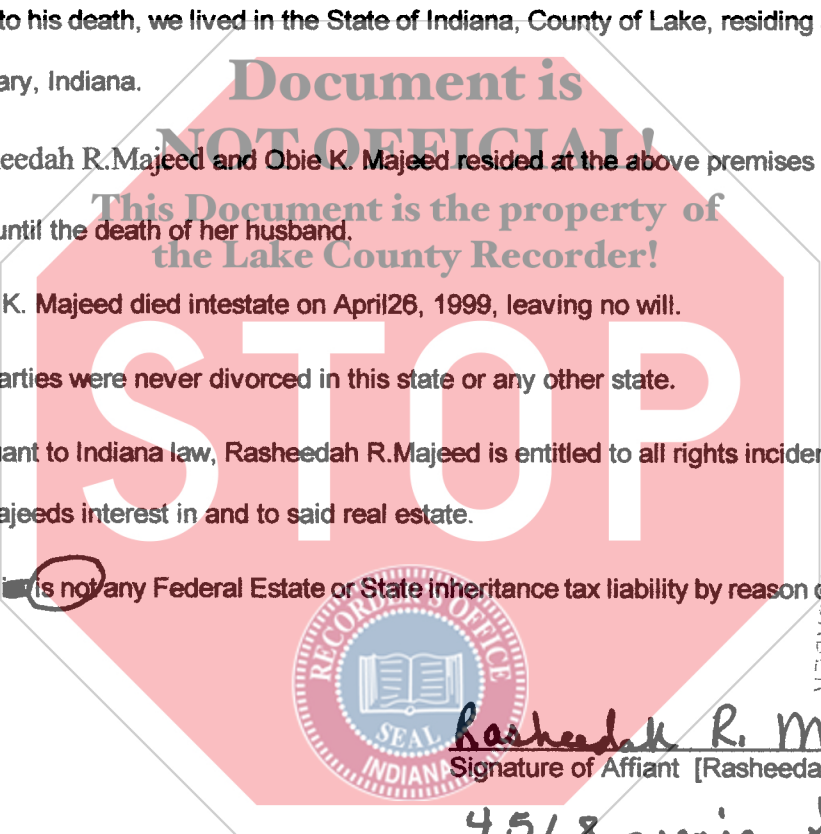
AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)
COUNTY OF LAKE)

2

BEFORE ME, Edward R. Hall, the undersigned attorney, on this second day of December, 2002, personally appeared Rasheedah R. Majeed, formerly known as Rasheedah R. Muhammad, wife of Obie K. Majeed, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:

1. That I am over the age of eighteen and competent to testify to the facts stated herein.
2. That I have first hand knowledge of the facts stated herein.
3. That on April 24, 1978, I was married to Obie K. Majeed in the State of Illinois, County of Cook. A true and accurate copy of the marriage certificate is attached hereto.
4. That I stayed married to Obie K. Majeed and lived as husband and wife until his death on April 26, 1999. A true and accurate copy of his death certificate is attached hereto.
5. That prior to his death, we lived in the State of Indiana, County of Lake, residing at 2373 Industrial Blvd. in Gary, Indiana.
6. That Rasheedah R. Majeed and Obie K. Majeed resided at the above premises as tenants by the entireties until the death of her husband.
7. That Obie K. Majeed died intestate on April 26, 1999, leaving no will.
8. That the parties were never divorced in this state or any other state.
9. That pursuant to Indiana law, Rasheedah R. Majeed is entitled to all rights incident to ownership of Obie K. Majeed's interest in and to said real estate.
10. That there is not any Federal Estate or State inheritance tax liability by reason of the death of the decedent.



0002
18475

2002 DEC 20 PM 12:00
RECORDED

Rasheedah R. Majeed
Signature of Affiant [Rasheedah R. Majeed]

4568 Perce St.
[address of affiant]

Gary, In 46408

ACKNOWLEDGMENT

STATE OF INDIANA
COUNTY OF LAKE

Subscribed and sworn to before me, this second day of December, 2002.
This instrument was acknowledged before me on December 2, 2002, by Rasheedah R. Majeed.

Laura D. Hanus
[signature of Notary]

LAURA D. HANUS

[typed name of officer]
LAURA D. HANUS

My commission expires: 10-26, 2008

DULY ENTERED FOR TAXATION SUBJECT TO
This document prepared by FINAL ACCEPTANCE FOR TRANSFER

Attorney Edward R. Hall
7520 Broadway
Merrillville, IN
219-756-7670

DEC 20 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

001556

4568 Perce St.
Gary 46408

12.00
LP
CS

* 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.
 Local No. **99-0316**

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED--NAME (First, Middle, Last) Obie K. Majeed		2. SEX Male		3a. TIME OF DEATH 9:50pm		3b. DATE OF DEATH (Month, Day, Yr.) M April 26, 1999	
4. SOCIAL SECURITY NUMBER 311-48-9897		5a. AGE--Last Birthday (Years) 53		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) July 22, 1945		7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1969		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient DOA OTHER: <input type="checkbox"/> Nursing Home Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake				9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rasheedah Avont		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roller Helper		12b. KIND OF BUSINESS/INDUSTRY U S X	
13a. RESIDENCE--STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2373 Industrial Blvd.	
13e. ZIP CODE 47407		13f. INSIDE CITY LIMITS 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.) Afro-American	
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+) 4					
18. FATHER'S NAME (First, Middle, Last) Waymon Crawford Sr				19. MOTHER'S NAME (First, Middle, Maiden Surname) Icelee Dunn			
20a. INFORMANT'S NAME (Type/Print) Rasheedah Majeed		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2373 Industrial Blvd. Gary, IN 46407				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 28, 1999 Oak Hill Cemetery		21c. LOCATION--City or Town, State Gary, IN			
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home. FH19600034 4209 Grant St. Gary, IN, 46408			
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. Carcinoma of Duodenum DUE TO (OR AS A CONSEQUENCE OF)		b. Anemia DUE TO (OR AS A CONSEQUENCE OF)		c. Candida Esophagitis DUE TO (OR AS A CONSEQUENCE OF)	
PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I.		d. Merasmus		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) NO		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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01026654	
29d. DATE SIGNED (Month, Day, Year) 4-27-99		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Adolphus Anekwe 3195 Broadway Gary Indiana 887-0900.		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			
32. DATE FILED (Month, Day, Year) MAY 10 1999		33. MANNER OF DEATH Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Homicide <input type="checkbox"/>		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	
34c. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)		34d. DESCRIBE HOW INJURY OCCURRED					
34e. 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.							

