

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

2

STATE OF: INDIANA

COUNTY OF: PORTER

2003 ss: 034845

2003 APR -7 AM 8:51

MORRIS W. CARTER
RECORDER
Willie M. Gunn

On this 26th day of March, 2003 Before me personally appeared Willie M. Gunn

to me personally known, who being duly sworn on oath did say that:

30-625-5 (24)

- Affiant resides at the address given below affiant's signature;
- Affiant is owner (state interest of affiant in the above premises as owner);
- Said premises described as follows: Lot 5 Parcel One of Prairie Park Unit No. 5, a Subdivision in the City of East Chicago, Indiana, as per plat thereof, recorded in Plat Book 38 page 8, in the Office of the Recorder of ~~Porter~~ Lake County, Indiana.

4. Said premises were formerly owned as joint tenants or as tenants by entireties by Allen L. Gunn and Willie Mae Gunn

5. Said Allen L. Gunn (fill in name of co-tenant who died)

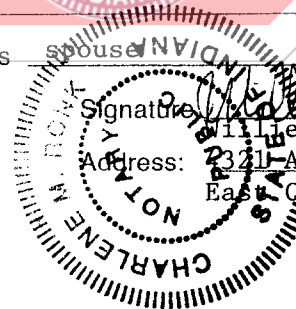
died on 1-2-98

leaving no will; (insert "a" or "no" if a will has been left; attach a copy)

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the 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 estate or inheritance tax liability by reason of the death of the said decedent;

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No (If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was Spouse



Signature: Willie M. Gunn

Address: 2321 Alder Street, East Chicago, IN 46312

State of Indiana)
County of Porter)

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of March, 2003 personally appeared Willie M. Gunn

and acknowledged the execution of the foregoing Affidavit.

FILED

APR 4 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Charlene M. Ronk
Charlene M. Ronk,
Notary Public

Resident of Porter County

My Commission expires: 8/15/2008

[Handwritten signature]

Prepared by: Willie M. Gunn
920031384

TICOR TITLE INSURANCE
2686 Willowcreek Road
Portage, IN 46368

000252

5cc

* 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

Local No. 306-2... CERTIFICATE OF DEATH State No. ...

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

(24) 30-625-5

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Allen Gunn Jr				2. SEX Male		3a. TIME OF DEATH 710A M		3b. DATE OF DEATH (Month, Day, Yr.) January 02, 1998			
4. *SOCIAL SECURITY NUMBER 306-44-3526		5a. AGE-Last Birthday (Years) 52		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) May 15, 1945		7. BIRTHPLACE (City and State or Foreign Country) Tuskegee Al.	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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) St Catherine Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Willie Mae Lockett		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker				12b. KIND OF BUSINESS/INDUSTRY Steel Mill			
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago				13d. STREET AND NUMBER 4321 Alder ST.			
13e. ZIP CODE 46312		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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE--American Indian, Black, White, etc. (Specify) Afro-American		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
18. FATHER'S NAME (First, Middle, Last) Allen Gunn Sr.						19. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Bunkley					
20a. INFORMANT'S NAME (Type/Print) Willie Mae Gunn				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4321 Alder ST. East Chicago, Indiana 46312				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) January 07, 1998 Evergreen Memorial Park				21c. LOCATION--City or Town, State Hobart, 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>Armas</i>				24b. LICENSE NUMBER (of Licensee) FDO 1015177		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) a. Congestive Heart Failure b. Plural Effusions and Atelectasis c. Metastatic Lung Carcinoma 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.										Approximate Interval Between Onset and Death	
				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 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>Raymond Santos</i>								29c. MEDICAL LICENSE NO. 30618		29d. DATE SIGNED (Month, Day, Year) 1-5-98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Napolian Santos 8129 Kennedy Ave Highland In.											
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Raykovich</i>								32. DATE FILED (Month, Day, Year) 1-5-98			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY (Yes or No)		34d. DESCRIBE HOW INJURY OCCURRED			
		34e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)		APR 4 2003		STEPHEN R. STIGLICH LAKE COUNTY AUDITOR		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 000253			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT (Yes or No)							

923-1384
TICOR
INSURANCE
PT

