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STATE OF INDIANA )  
 )SS: IN THE LAKE CIRCUIT COURT  
COUNTY OF LAKE ) SITTING AT CROWN POINT, INDIANA  
CAUSE NO: 45C01-0301-EU-003  
SOCIAL SECURITY # 311-26-3556

IN THE MATTER OF THE ESTATE OF )  
 )  
FANNIE KATE PETERSON, DECEASED )

2003 107446  
301-7 PM12:46  
FILED FOR RECORDING  
OFFICE OF THE CLERK  
LAKE COUNTY, INDIANA

SURVIVORSHIP AFFIDAVIT

AUBREY L. WALKER, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in Gary, Lake County, Indiana: that he is the son of the deceased, FANNIE KATE PETERSON, who was formerly married to one GEORGE O. PETERSON for many years and lived continuously with him as his wife until his death.

2. That Affiant further states that the decedent, FANNIE KATE PETERSON and her said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

Legal Description: LT. 44 Wx S 17' of Lt. 43' S 9' of Lt. 46 Blk 61 2<sup>nd</sup> Oak Park Add

Common Description: 2515 JACKSON STREET, GARY, INDIANA 46404

Key #: 25-46-0216-0046

3. That Affiant further says that the parties continued to be such owners of the title to said real estate until the death of GEORGE O. PETERSON on the 22ND day of October 1994, in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein).

4. That the value of the decedent, GEORGE O. PETERSONS' estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that, by reason of the death of GEORGE O. PETERSON, FANNIE KATE PETERSON, became the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, GEORGE O. PETERSON, from the tax rolls on said real estate.

Further your Affiant saith not.

*Aubrey L. Walker*  
AUBREY L. WALKER  
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

STATE OF INDIANA )  
COUNTY OF LAKE )

OCT 6 2003

Subscribed and sworn to before me a Notary Public in and for Lake County, Indiana, and State this 10th day of September, 2003.  
*Stephanie P. Stiglich*  
STEPHANIE P. STIGLICH  
LAKE COUNTY AUDITOR  
NOTARY PUBLIC

My Commission Expires: Nov. 5, 2008  
My County of Residence: Lake

↳ Sonya A. Morris  
222 Indianapolis Blvd., Ste. 105  
Schererville, In. 46375

000528

12.00  
7.00  
3.00  
over  
1716

ATTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities voluntary and there will be no penalty for usal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2770-94

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>George O. Peterson</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>12:00 p.m.</b>	3b DATE OF DEATH (Month, Day, Year) <b>October 22, 1994</b>
4 *SOCIAL SECURITY NUMBER <b>412-36-9805</b>	5a AGE—Last Birthday (Years) <b>74</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>Feb. 21, 1920</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Stanton, Tennessee</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	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) <b>Methodist Hospital Southlake Campus</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Fannie Kate Bowles</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Janitor</b>	12b. KIND OF BUSINESS, INDUSTRY <b>Lake Machine &amp; Tool Work</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Gary</b>	13d. STREET AND NUMBER <b>2515 Jackson Street</b>	
13e. ZIP CODE <b>46407</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>Afro Amer</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>6</b> College (1-4 or 5+) <b>6</b>		18. FATHER'S NAME (First, Middle, Last) <b>Billie Peterson</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Florence Bowman</b>		20. INFORMANT'S NAME (Type/Print) <b>Fannie Kate Peterson</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2515 Jackson Street Gary, Indiana 46407</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>October 29, 1994 Evergreen Memorial Park</b>		21c. LOCATION—City or Town, State <b>Hobart, Indiana</b>
22a. EMBALMER'S NAME <b>Sherman G. Banks III</b>		22b. EMBALMER'S LICENSE NO. <b>FDO1016254</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of licensee) <b>FDO1015177</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Smith Bizzell Warner &amp; Son 4209 Grant St., Gary, Indiana 46408 PH88900011</b>	
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. <b>Cerebrovascular accident</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>arteriosclerotic cerebrovascular disease</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>Generalized arteriosclerosis</b> DUE TO (OR AS A CONSEQUENCE OF) d. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Broncho pneumonia Dehydration</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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. <b>OCT 6 2003</b>				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. AND TITLE OF CERTIFIER (Month, Day, Year) <b>STEPHEN R. STIGLICH 250 LAKE COUNTY AUDITOR 1/94</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. T. Krishnan Potti, M.D. 8308 Broadway Merrillville, Indiana 46410</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>October 26, 1994</b>
33. MANNER OF DEATH <input 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 <b>000529</b>		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.				