

STATE OF INDIANA
LAKE COUNTY
FILE FOR RECORD

2003 110687

2003 OCT 15 AM 9:47

Chicago Title Insurance Company

MORRIS W. CARTER

620038521

SURVIVORSHIP AFFIDAVIT

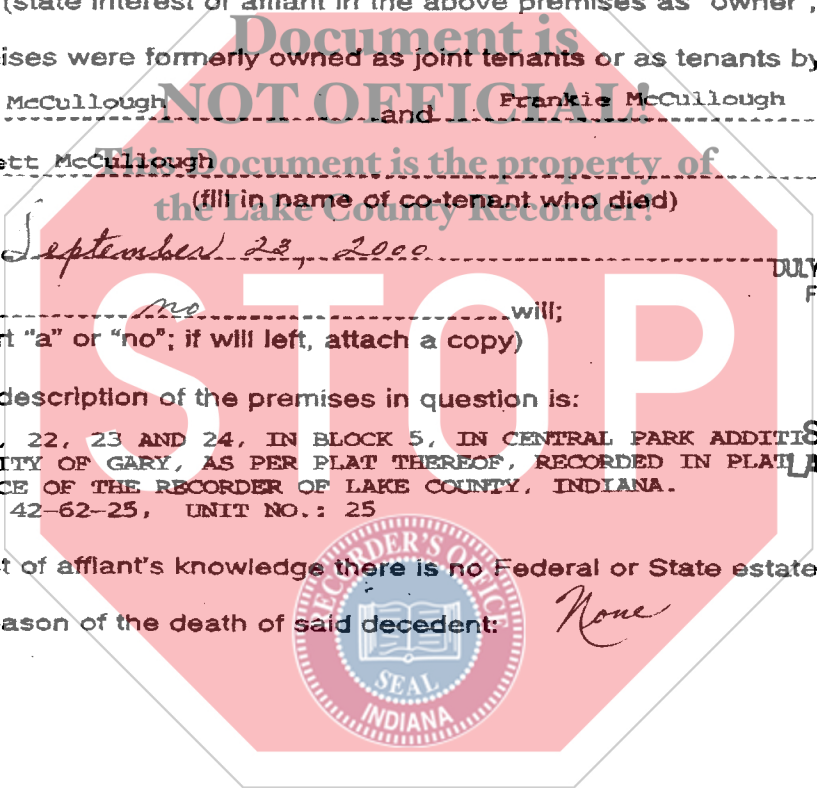
Chicago Title Insurance Company

STATE OF _____ }
COUNTY OF _____ } S.S.

On this September 24, 2003 before me personally appeared Frankie McCullough
(insert date)

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

- Affiant resides at the address given below affiant's signature;
- Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Emmett McCullough and Frankie McCullough
- Said Emmett McCullough (fill in name of co-tenant who died)
died on September 23, 2000
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:
LOTS 21, 22, 23 AND 24, IN BLOCK 5, IN CENTRAL PARK ADDITION
IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 48 IN
THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
KEY NO.: 42-62-25, UNIT NO.: 25
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent: None



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

OCT 14 2003

STEPHEN H. STOUGH
LAKE COUNTY AUDITOR

001047

13.00
KTR
CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Wife

Signature: Douglas M. Lough

Address: 2008 W. 19th Ave., Gary, IN 46404

Subscribed and sworn to before me by the affiant

this September 24, 2003

(insert date)

Natasha S. Cody

Notary Public

My Commission Expires 2-10-2011

This instrument prepared by Mercantile National Bank / M. Waechter



* 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

CERTIFICATE OF DEATH

State No.

Local No. 00 0724

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle, Last) Emmett Jackson McCullough		2 SEX Male		3a TIME OF DEATH 2:46 P M		3b DATE OF DEATH (Month, Day, Yr) September 23, 2000	
4 *SOCIAL SECURITY NUMBER 316-05-9114		5a AGE—Last Birthday (Years) 84		5b UNDER 1 YEAR Months Days		5c UNDER 1 QAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) August 17, 1916		7 BIRTHPLACE (City and State or Foreign Country) Alabama					
8a WAS DECEDENT A US VETERAN? YES		8b YEAR LAST SERVED IN US ARMED FORCES? 1945		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) Methodist Hospital 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) Frankie Woods		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Educator		12b KIND OF BUSINESS/INDUSTRY Gary Community School	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 2008 West 19th Avenue	
13e ZIP CODE 46404		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 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 6 +					
18 FATHER'S NAME (First Middle Last) Adam David McCullough Isaac				19 MOTHER'S NAME (First Middle Maiden Surname) Willie Bertha Drake Pearl			
20a INFORMANT'S NAME (Type/Print) Frankie McCullough				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2008 West 19th Avenue Gary, Indiana 46404		20c Relationship Wife	
21a METHOD OF DISPOSITION <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) September 29, 2000 Fern Oak Cemetery		21c LOCATION—City or Town, State Griffith, Indiana			
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brooker</i>		24b LICENSE NUMBER (of Licensee) #08700646		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Aspiration Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>1 Gastric Ulcer</i> <i>2 GI Bleeding</i> <i>3 Spine Herniation</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 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>Thomas S. Collins M.D.</i>				29c MEDICAL LICENSE NO. 01030748		29d DATE SIGNED (Month Day Year) 10/9/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Thomas Collins M.D. 3390 Grant Street Gary, Indiana 46409							
31 HEALTH OFFICER'S SIGNATURE <i>Roosevelt Allen Jr.</i>						32 DATE FILED (Month Day Year) OCT 11 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY (Yes or no)		34c DESCRIBE HOW INJURY OCCURRED	
34d PLACE OF INJURY—At home farm street factory office building etc. (Specify)				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			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

