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STATE OF INDIANA)
COUNTY OF LAKE

2003) SUPERIOR COURT OF LAKE COUNTY
2003) PROBATE DIVISION, ROOM TWO
2003) SITTING ROOM, GARY, INDIANA
2003 OCT 15 PM 1:34

IN THE MATTER OF THE ESTATE OF
Willie Alexandria, DECEASED

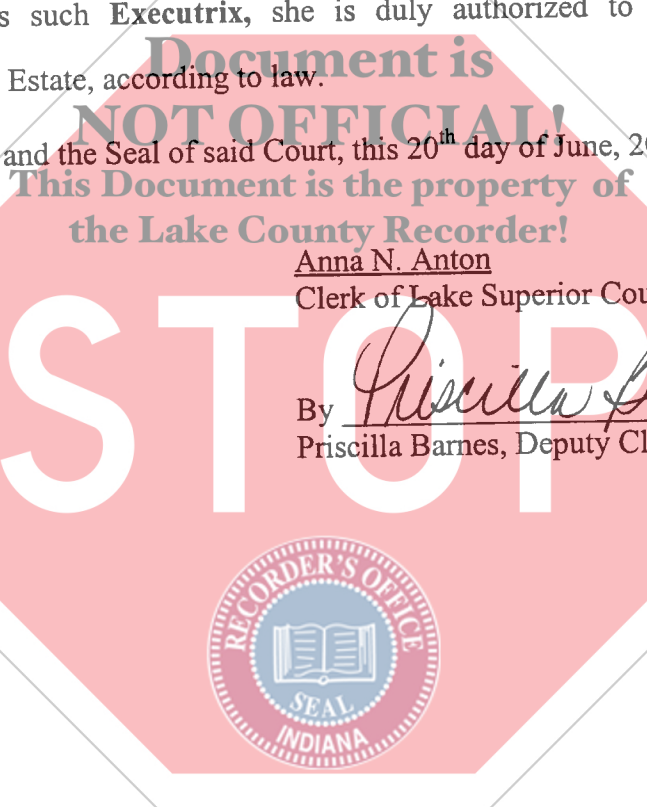
MOBILE ELECTED

CAUSE NUMBER: 45D03-0306-EU-00043

LETTERS OF TESTAMENTARY

I, Anna N. Anton, Clerk of the Superior Court for the County of Lake, in the State of Indiana, do hereby certify that Letters Testamentary for the Estate of Willie Alexandria, late of Lake County, deceased, is granted to **Wynette A. Frazier** and the said **Wynette A. Frazier**, having qualified and given **OATH** as such **Executrix**, she is duly authorized to take upon herself the administration of such Estate, according to law.

WITNESS, my Hand and the Seal of said Court, this 20th day of June, 2003.



2003 110820

2003 OCT 15 PM 1:35

STATE OF INDIANA
CLERK OF SUPERIOR COURT

↓
Wynette Frazier
1254 Road Dr.
Lancaster, TX 75134

18.00
KM
CASH

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

* 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. 02 06 87

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

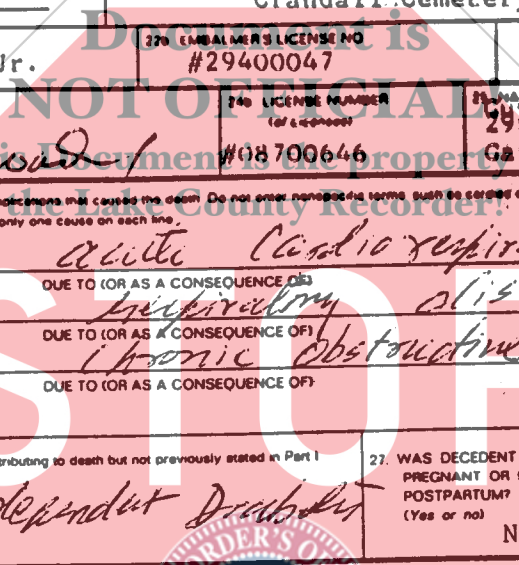
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Willie Alexandria Jr.		2 SEX Male	3a TIME OF DEATH 11:35 AM	3b DATE OF DEATH (Month, Day, Yr) November 8, 2002	
4 SOCIAL SECURITY NUMBER 451-46-3675	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 3, 1924	
7 BIRTHPLACE (City and State or Foreign Country) Texas					
8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one. See instructions.) 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 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) Divorced	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) Deputy Sheriff		12b KIND OF BUSINESS/INDUSTRY Lake County Sheriff	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 2110 West 2nd 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 Year		17 College (11-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Willie Alexandria Sr.		19 MOTHER'S NAME (First, Middle, Maiden Surname) Janie Warren			
20a INFORMANT'S NAME (Type/Print) Wynette Frazier		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1254 Roan Drive Lancaster, Texas 75134	20c Relationship Daughte		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) November 13, 2002 Crandall Cemetery		21c LOCATION—City or Town, State Cradle, Texas	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broad</i>		24b LICENSE NUMBER (of Licensee) #08700646	24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Webb Funeral Directors, Inc 2959 Webb 11th Avenue Gary, Indiana 46404 83007704		
25 PART I Enter the disease, injuries or complications that caused the death. Do not enter non-causal terms such as sepsis or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a acute cardio-respiratory arrest b respiratory distress c chronic obstructive pulmonary disease d					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Insulin dependent Diabetes					
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>Wynette Frazier MD</i>		29c. MEDICAL LICENSE NO. 01026051	
29d. DATE SIGNED (Month, Day, Year) 11-18-02		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 200 E. 86th Place, Merrillville, IN 46410 Dr Dave'			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> (MD, MPH)			32 DATE FILED (Month, Day, Year) NOV 20 2002		
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
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.			





Form IH-14

State Form 48839 (R1 / 02/02)

Prescribed by the Indiana Department of Revenue

Application For Consent To Transfer Securities Or Personal Property Of Any Description Owned By A Resident Decedent

(Please enclose self-addressed stamped envelope for prompt return)

In the Matter of the Estate of: WILLIE ALEXANDRIA JR.

Decedent's Social Security Number: 451-46-3675, deceased of LAKE County

I (we) WYNETTE ALEXANDRIA FRAZIER surviving owner(s) of personal property, held in joint names with the decedent, personal representative(s), or legal heir(s) of the decedent's estate (strike inappropriate terms) do hereby certify:

That the decedent died testate (intestate) on the 8th day of NOVEMBER, 2002, a resident of LAKE County, State of Indiana, and

(a) that letters testamentary or of administration were granted to WYNETTE A FRAZIER by the SUPERIOR Court of LAKE County on the 20th day of JUNE, 2003, or

(b) that no administration of the estate of said decedent is pending in any court and no proceedings therefore are contemplated by anyone to the knowledge, information or belief of the undersigned, except as stated on the back of this sheet. (Strike either (a) or (b), whichever is not pertinent.)

That at the date of death said decedent owned the following listed securities and/or other personal property:

Holding Institution	Description of Property	Date of Death Value
BANK ONE 504 Broadway GARY, IND. 46702	SOLE OWNER - CHECKING Acct. 180002248886	\$ 13,637.44
	SOLE OWNER - SAVING Acct. 180153022336	\$ 562.63

Person(s) to whom the property will be transferred: WYNETTE ALEXANDRIA FRAZIER, DAUGHTER
Relationship to decedent and/or estate
Address: 1254 ROAN Ln. LANCASTER TEXAS 75134

By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

Signature of transferee(s): Wynette Alexandria Frazier Name (typed or printed): WYNETTE ALEXANDRIA FRAZIER

CONSENT TO TRANSFER

The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in the foregoing application be transferred to the above transferee(s) by any person, corporation or association holding or controlling the transfer of said property, under the following conditions:

Dated _____, 20____

Indiana Department of Revenue Inheritance Tax Division

By _____ Assessor and Inheritance Tax Appraiser

_____ County, Indiana

NOTE: The application must be submitted, in triplicate, to the county assessor where the decedent was a resident and a consent will be issued by the county assessor. A separate application must be submitted for each person, association, or organization holding assets of a resident decedent.



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That at the date of death said decedent owned the following listed securities and/or other personal property:

Table with columns: Holding Institution, Description of Property, Date of Death, Value. Includes entries for BANK ONE and Gary, Ind. 4402.

By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

Signature of transferee(s) and Name (typed or printed) WYNETTE ALEXANDRIA FRAZIER

CONSENT TO TRANSFER

The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in the foregoing application be transferred to the above transferee(s) by any person, corporation or association holding or controlling the transfer of said property, under the following conditions:

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Table with 3 columns: Holding Institution, Description of Property, Date of Death Value. Includes entries for BANK ONE (Checking Acct. \$13,637.44) and Gary, Ind. (Savings Acct. \$562.63). Relationship to decedent: DAUGHTER. Address: LANCASTER TEXAS 75134.

By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

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