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STATE OF INDIANA) 2003 114433
COUNTY OF LAKE)

2003 OCT 23 11:00 AM
RECORDED

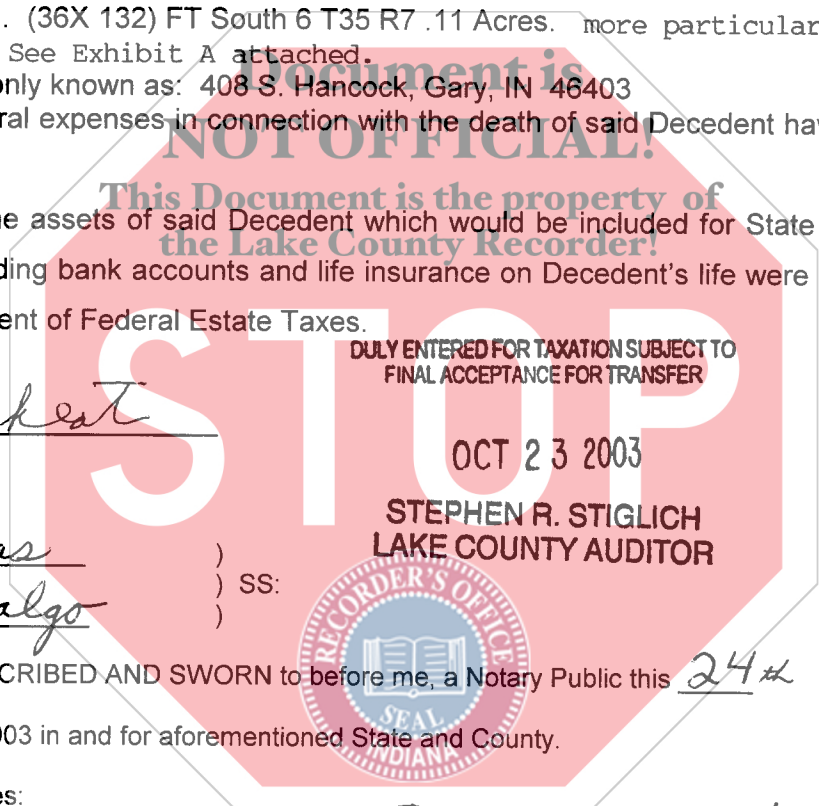
620036514

SURVIVORSHIP AFFIDAVIT

Chicago Title Insurance Company

Ila Wheat before me personally appeared and who after having been duly sworn upon her oath deposes and states that:

1. That the deceased Ruby Crisman resided at 408 S. Hancock, Gary, Indiana.
2. AT THE TIME OF HER DEATH, Ruby Crisman was a single person and in fact Ruby Crisman was never married. (said Death Certificate is attached as Exhibit "A"). That Ruby Crisman is survived by her sister Ila Wheat and her niece Clarice Wilson.
3. That said Ila Wheat and Clarice Wilson are currently the only living heirs of Ruby Crisman.
4. The deceased purchased said real estates as described below:
PT. SW. NE. (36X 132) FT South 6 T35 R7 .11 Acres. more particularly described as follows: See Exhibit A attached.
More commonly known as: 408 S. Hancock, Gary, IN 46403
5. That all funeral expenses in connection with the death of said Decedent have been paid in full.
6. That all of the assets of said Decedent which would be included for State and Federal Tax purposes, including bank accounts and life insurance on Decedent's life were not sufficient to necessitate payment of Federal Estate Taxes.



Ila Wheat
Ila Wheat

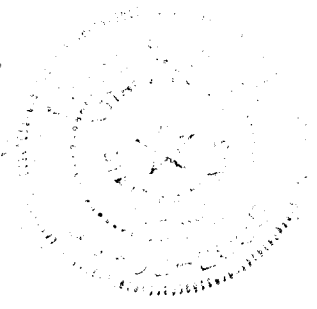
STATE OF Texas)
COUNTY OF Hidalgo) SS:

OCT 23 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN to before me, a Notary Public this 24th day of Sept., 2003 in and for aforementioned State and County.

My Commission Expires:
4-2-05
County of residence: Hidalgo

Bruce J. Hebel
, Notary Public



001938

1402
ct
CS

No: 620036514

LEGAL DESCRIPTION

Part of the Southwest Quarter of the Northeast Quarter, of Section 6, Township 36 North, Range 7 West of the 2nd Principal Meridian, beginning at a point on the West line of Hancock Street (formerly First Avenue), which is 96 feet South of the South line of Fourth Avenue (formerly Ontario Street), and running thence South along the West line of Hancock Street, 36 feet; thence West at right angles, 132 feet to the East line of a North and South alley; thence North along said East line, 36 feet; thence East 132 feet to the place of beginning, in the City of Gary, in Lake County, Indiana.



EX "A"

* 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.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) RUBY CRISMAN			2 SEX FEMALE	3a TIME OF DEATH 3:10P M	3b DATE OF DEATH (Month Day, Yr.) FEBRUARY 26, 2003	
4 *SOCIAL SECURITY NUMBER 312-10-8798	5a AGE—Last Birthday (Years) 98	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.) OCT. 31, 1904	7 BIRTHPLACE (City and State or Foreign Country) CRISMAN, INDIANA	
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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)				
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) NEVER MARRIED	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) SECRETARY		12b KIND OF BUSINESS/INDUSTRY		
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE	13c CITY TOWN OR LOCATION GARY		13d STREET AND NUMBER 408 S. HANCOCK	
13e ZIP CODE 46403	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) _____			18 FATHER'S NAME (First Middle, Last) B.A. CRISMAN			
19 MOTHER'S NAME (First Middle, Maiden Surname) CLARA M. BIEGLOW			20a INFORMANT'S NAME (Type/Print) MARK WHEAT			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3820 NEUHAUS DR., McALLEN, TX. 78503			20c Relationship NEPHEW			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) MARCH 4, 2003 HERITAGE CREMATORY		21c LOCATION—City or Town, State PORTAGE, INDIANA		
22a EMBALMER'S NAME NONE PERFORMED		22b EMBALMER'S LICENSE NO.		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) FD29500009		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME EDMONDS & EVANS F.H. FH19700013 6941 CENTRAL AVE. PORTAGE, IN. 46368		
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 Pneumonia				
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b _____				
		c _____				
		d _____				
PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I Hypothyroidism			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>[Signature]</i> CERTIFIER			29c MEDICAL LICENSE NO. 61053737-A	29d DATE SIGNED (Month Day, Year) 03-03-2003		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SAMIR SAXENA M.D., 2640 HAMSTROM RD., PORTAGE, IN. 46368						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day, Year) MAR 06 2003		
33 MANNER OF DEATH <input checked="" 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 AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED	
		34a 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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

