

ORIGINAL

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

RE: Wallace Higgins Jr., Deceased March 5, 1988  
Legal: Lot 1, Block 2, in Broadway Gardens, In the  
City of Gary, as per plat thereof, recorded in Plat  
Book 19, Page 4, in the Office of the Recorder of  
Lake County, Indiana Tax Unit 25 Key number 41-  
153-1

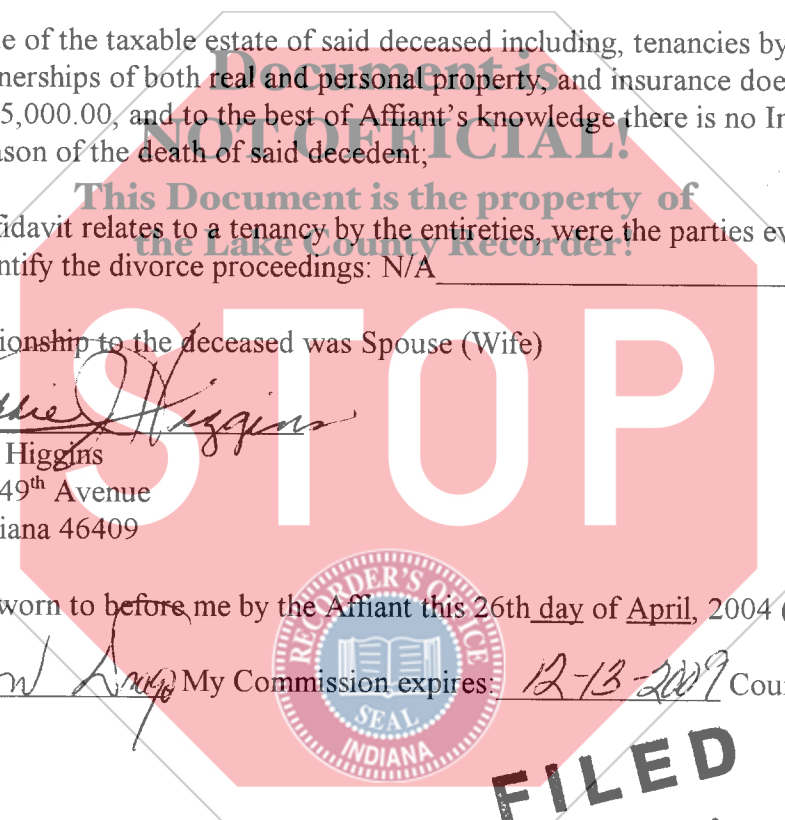
On this 26th day of April, 2004 before me personally appeared Bobbie J. Higgins identified to me  
State of Indiana Driver License, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir at Law, Spouse (Wife) of deceased Wallace Higgins Jr. owner(s),  
(Interest of Affiant in the above premises as "owner" "heir of owner" etc)
3. Said premises were formerly owned by Wallace Higgins Jr. and Bobbie J. Higgins Husband  
and Wife.
4. Said Wallace Higgins Jr., Deceased March 5, 1988, intestate, in Lake County, Indiana
5. The total value of the taxable estate of said deceased including, tenancies by 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 Inheritance tax  
liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No (if yes identify the divorce proceedings: N/A \_\_\_\_\_)
7. Affiant's relationship to the deceased was Spouse (Wife)

Signature Bobbie J. Higgins  
Bobbie J. Higgins  
631 East 49th Avenue  
Gary, Indiana 46409

Subscribed and sworn to before me by the Affiant this 26th day of April, 2004 (year)

Jacquelyn Amy My Commission expires: 12-13-2009 County of Lake  
Notary



2004 03 19 99

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

FILED  
MAY 7 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

000627

HOLD MIC 14-DG  
3973

**ORIGINAL**

STATE OF INDIANA        )  
                                  )  
COUNTY OF LAKE        )

In Re: Wallace Higgins Jr., deceased March 5, 1988  
SS :

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Bobbie J. Higgins, Spouse (wife), of 631 East 49<sup>th</sup> Avenue, Gary, Indiana 46409.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 631 East 49<sup>th</sup> Avenue, Gary, Indiana 46409, described as following:  

Lot 1, Block 2, in Broadway Gardens, in the City of Gary, as per plat thereof, recorded in Plat Book 19, Page 4, in the Office of the Recorder of Lake County, Indiana Tax unit 25 Key Number 41-153-1
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Wallace Higgins Jr. as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 505-98

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST <b>Wallace Higgins Jr.</b>	2 SEX <b>male</b>		3 DATE OF DEATH (Mo. Day Yr.) <b>Mar. 5, 1988</b>	
4 SOCIAL SECURITY NUMBER <b>432-70-6180</b>	5a AGE—Last Birthday (Years) <b>49</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) <b>June 7, 1938</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Kelso, Arkansas</b>	8 YEAR LAST SERVED IN U.S. ARMED FORCES? <b>never</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"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) <b>married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Bobbie J. Patterson</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>steelworker</b>		12b KIND OF BUSINESS/INDUSTRY <b>USX Steel Corp.</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>631 East 49th Avenue</b>	
13e INSIDE CITY LIMITS? (Yes or no) <b>yes</b>	13f FARM <b>no</b>	13g ZIP CODE <b>46409</b>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes specify Cuban, Mexican, Puerto Rican, etc.) <del>XXX</del> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	15 RACE—American Indian, Black, White, etc. (Specify) <b>black</b>
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		17 FATHER'S NAME (First, Middle, Last) <b>Wallace Higgins</b>		
18 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Blanchie Baker</b>			19a INFORMANT'S NAME (Type/Print) <b>Bobbie J. Higgins</b>	
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>631 East 49th Avenue Gary, In. 46409</b>		19c Relationship <b>wife</b>		
20a 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)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>March 10, 1988 Oakhill Cemetery</b>		20c LOCATION—City or Town, State <b>Gary, Indiana</b>	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Chas Wann</i>	21b LICENSE NUMBER (of Licensee) <b>FDE 1042607</b>	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Smith Bizzell &amp; Warner FDH3002487 2295 Washington St. Gary, In. 46407</b>		
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: _____	23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)	24 TIME OF DEATH <b>10:45 P M</b>	
25 DATE PRONOUNCED DEAD (Month, Day, Year) <b>March 5, 1988</b>	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <b>no</b>			
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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) <b>Cancer Pancreas</b> Approximate Interval Between Onset and Death <b>3 mo.</b>	a _____ DUE TO (OR AS A CONSEQUENCE OF)	b _____ DUE TO (OR AS A CONSEQUENCE OF)	c _____ DUE TO (OR AS A CONSEQUENCE OF)	d _____ DUE TO (OR AS A CONSEQUENCE OF)
27 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	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 (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.	29b SIGNATURE AND TITLE OF CERTIFIER <i>Robert H. Wolf MD</i>	29c LICENSE NUMBER <b>22391</b>	29d DATE SIGNED (Month, Day, Year) <b>3/6/88</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>Dr. R. Wolf 8585 Broadway Merrillville, Indiana 46410</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Charles Johnson MD</i>	32 DATE FILED (Month, Day, Year) <b>May 7 2004</b>	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"/> Homocide		
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)			



**FILED**

**STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR**