

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
2004 003015

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

100 MAY 12 2004

NOTARY PUBLIC
RECORDS

AFFIDAVIT OF SURVIVORSHIP

Comes now Johnny S. James, being duly sworn upon his oath and states as follows:

1. That he is competent and has personal knowledge of the facts contained herein.
2. That at the time of her death, Rose James was the owner in fee simple of the following described real estate located at 3848 Adams Street, Gary, Indiana and more particularly described as follows:

Lot 18 and the South 5 feet of Lot 17 in Block 12, Jackson Park South Broadway Addition to Gary, as per plat thereof, recorded in Plat Book 7, page 35, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 3848 Adams Street, Gary, IN

3. That Johnny S. James and Rose James were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Johnny S. James and Rose James continued unbroken from the time they acquired title to said real estate until the death of Rose James on January 2, 2004.
4. That the gross value of the estate of Rose James was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.
5. That the estate of Rose James was not subject to Indiana Inheritance Taxes.

Johnny S. James

Johnny S. James

FILED

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Johnny S. James and acknowledged the execution of the foregoing document. Witness my hand and seal this 8th day of April, 2004.

Resident of Lake County

Kathryn S. Grudzen

KATHRYN S. GRUDZEN

Notary Public

My Commission Expires: 09/08/09

MAY 7 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

↓
*Breclaw, Harris, & Taylor P.C.,
200 W. Glen Park ave,
Griffith, In. 46319*

000495

11.00
LP
ck
18444

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Rose James		2 SEX Female		3a TIME OF DEATH 12:02 P M		3b DATE OF DEATH (Month, Day, Year) January 2, 2004	
4 *SOCIAL SECURITY NUMBER 426-32-4175		5a AGE—Last Birthday (Years) 88		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) July 15, 1915		7 BIRTHPLACE (City and State or Foreign Country) Baton Rouge, Louisiana					
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Timberview Nursing Home				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) Johnny James		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) homemaker		12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 3848 Adams Street	
13e ZIP CODE 46408		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U S A		15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) -0- College (1-4 or 5+) -					
18 FATHER'S NAME (First, Middle, Last) Wilson Griffin				19 MOTHER'S NAME (First, Middle, Maiden Surname) Estella Garrett			
20a INFORMANT'S NAME (Type/Print) Johnny James		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3848 Adams Street Gary, Indiana 46408			20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) January 7, 2004 Oak Hill Cemetery			21c LOCATION—City or Town, State Gary, 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>Stephanie M. Jones</i>		24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gry & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404			
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) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		a Aspiration pneumonia DUE TO (OR AS A CONSEQUENCE OF)		b Asystole DUE TO (OR AS A CONSEQUENCE OF)		c DUE TO (OR AS A CONSEQUENCE OF)	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT OR SOLELY PERFORMED POSTPARTUM? (Yes or no) No		28 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>Stephanie M. Jones MD</i>		29c MEDICAL LICENSE NO. 01058571A		29d DATE SIGNED (Month, Day, Year) 1/9/04	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Stephanie M. Jones MD 3535 Broadway GARY IN 46409</i>							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month, Day, Year) JAN 12 2004	
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		33a DATE OF INJURY (Month, Day, Year)		33b TIME OF INJURY		33c INJURY AT WORK? (Yes or no)	
33d DESCRIBE HOW INJURY OCCURRED 000494		34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34b 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.			

