



2004 041180

2004 MAY 19 AM 9:27

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MORRIS J. STIGLICH
RECORDER

AFFIDAVIT OF SURVIVORSHIP

ON THIS 12th DAY OF March, 2004, personally appeared Anita Floyd, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is the daughter of Mackie Mae White, who died intestate on the 19th day of March, 1990.
3. Affiant, Anita Floyd, is the granddaughter of Mack White, who died intestate on the 11th day of May, 1982.
4. Mackie Mae White was the only child of Mack White.
5. Anita Floyd was the only child of Mackie Mae White.
6. At the time of his death, Mack White was divorced.
7. At the time of her death, Mackie Mae White was single, having never been married.
8. The legal description of the said premises in question is:

Lots numbered Twenty-one (21) and Twenty-two (22), in Block No. One (1), as marked and laid down on the recorded plat of Lincoln Park Addition to Gary, in Lake county, Indiana, as the same appears of record in Plat Book 6, page 17, in the Recorder's office of Lake County, Indiana.

Commonly known as: 2604-2606 Grant Street, Gary, Indiana

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of either Mack White or Mackie Mae White.
7. To the best of the affiant's knowledge, all expenses of last illness for Mack White and Mackie Mae White were paid.

Anita Floyd
2512 Adams
Gary, Indiana

STATE OF INDIANA) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 12th day of March, 2004.

My Commission expires:
7-9-2008
Resident of Lake County.

NOTARY PUBLIC

001127

1710

13⁰⁰
BB

-> Barbara Shaver 9013 Indpls Blvd Highland, IN 46322

500
90,0244

INDIANA STATE BOARD OF HEALTH

Local No. ~~190-1164~~ /

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Mackie M. White		2. SEX Female	3a. TIME OF DEATH 8:53 am	3b. DATE OF DEATH (Month, Day, Yr) March 19, 1990
4. SOCIAL SECURITY NUMBER 311-26-1266	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Oct. 4, 1929
7a. WAS DECEDENT A U.S. VETERAN? NO	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7. BIRTHPLACE (City, and State or Foreign Country) Forest City, Ark.		
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				

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) St Mary's Medical Center		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) None	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clerical	12b. KIND OF BUSINESS/INDUSTRY N/A
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2512 Adams Street

PARENTS

13e. ZIP CODE 46407	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) 12th College (1-4 or 5+)
18. FATHER'S NAME (First, Middle, Last) Mack White		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ora M. Brooks			

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Ora M. White	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1160 Harrison Blvd. Gary, In. 46404	20c. Relationship Mother
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) March 24, 1990 Oak Hill Cemetery Gary, Indiana	21c. LOCATION—City or Town, State Gary, Indiana
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CAUSE OF DEATH

22a. EMBALMER'S NAME Roosevelt Allen Sr.	22b. EMBALMER'S LICENSE NO. 01051696	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Galere Prodnan</i>	24b. LICENSE NUMBER (of Licensee) 08700646	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 83007704 2959 W. 11th Ave. Gary, In. 46404

26. PART I. Enter the disease, 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. **Scleroderma** DUE TO (OR AS A CONSEQUENCE OF) _____

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
d. _____ DUE TO (OR AS A CONSEQUENCE OF) _____

Approximate Interval Between Onset and Death

CERTIFIER

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part 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)
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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>Robert Valenzuela MD</i>	29c. MEDICAL LICENSE NO. 01020584	29d. DATE SIGNED (Month, Day, Year) 3/27/90
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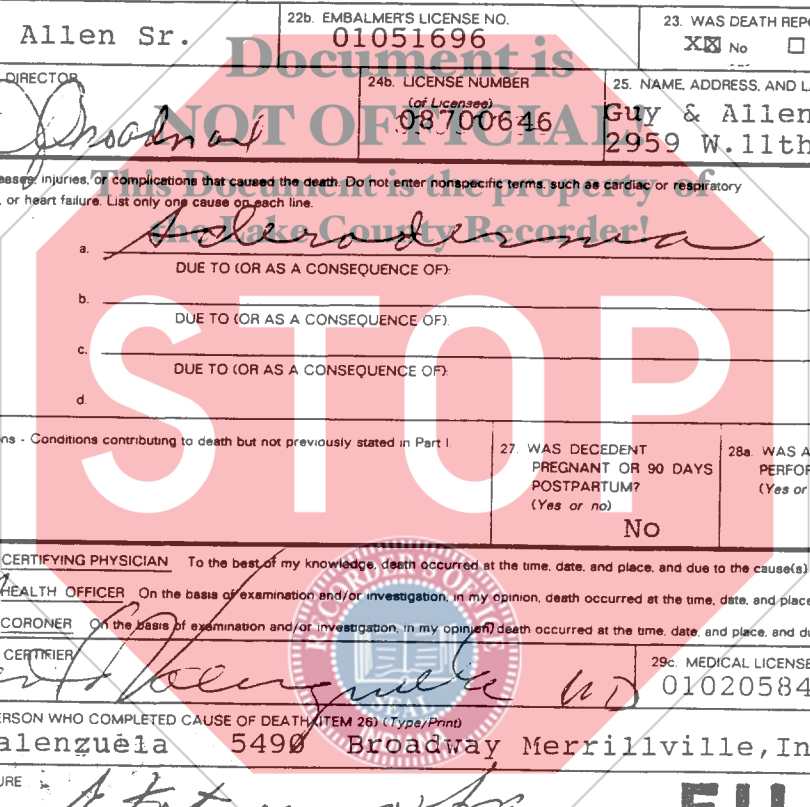
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. R. Valenzuela 5490 Broadway Merrillville, In. 46403

31. HEALTH OFFICER'S SIGNATURE <i>Robert Valenzuela MD</i>	32. DATE FILED (Month, Day, Year) FILED MAR 21 1990
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CORONER USE ONLY

33. MANNER OF DEATH <input 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 MAY 14 2004 001128
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCAL HEALTH OFFICER (Name, City or Town, State) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR	

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
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PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Roosevelt Allen LICENSE No. 5170
FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen FUNERAL DIRECTOR'S LICENSE No. 270
FUNERAL HOME No. 770

Local No. 82-0349

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 100129

1 DECEASED-NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH-MONTH DAY YEAR	
<u>Mack</u>		<u>White</u>		<u>White</u>		<u>Male</u>		<u>Male</u>		<u>May 11, 1982</u>	
2 RACE-g White, Black, American Indian, etc. (Specify)		AGE-Year, Month, Day		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH-MON, DAY, YR		COUNTRY OF BIRTH	
<u>Black</u>		<u>73</u>		MOS. DAYS HOURS MINS		HOURS MINS		<u>12/16/1908</u>		<u>Lake</u>	
3 CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		HOSPITAL OR OTHER INSTITUTION (Name, if not in office, give street and number)		COUNTY OF DEATH	
<u>Gary</u>		<u>U.S.A.</u>		<u>Divorced</u>		<u>Retired</u>		<u>Methodist Hospital North-Lake</u>		<u>Lake</u>	
4 STATE OF BIRTH (If not in U.S.A. Name, etc., if known)		CITIZEN OF WHAT COUNTRY		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		CITY OF BIRTH		CITY OF DEATH	
<u>Arkansas</u>		<u>U.S.A.</u>		<u>Retired</u>		<u>U.S. Steel</u>		<u>Gary</u>		<u>Gary, Indiana</u>	
5 SOCIAL SECURITY NUMBER		RESIDENCE-STATE		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		CITY OF TOWN		STATE	
<u>313-07-9841</u>		<u>Indiana</u>		<u>Lake</u>		<u>NO</u>		<u>Gary, Indiana</u>		<u>46407</u>	
6 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		COUNTRY		CITY, TOWN OR LOCATION		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		CITY OF TOWN		STATE	
<u>1126 West 13th Ave.</u>		<u>Lake</u>		<u>Gary</u>		<u>NO</u>		<u>Gary, Indiana</u>		<u>46407</u>	
7 PARENTS		FATHER-NAME		MOTHER-MAIDEN NAME		MIDDLE		LAST		CITY OF TOWN	
		<u>Randall</u>		<u>White</u>		<u>Alice</u>		<u>Kirby</u>		<u>Gary, Indiana</u>	
8 DISPOSITION		INFORMANT-NAME (Type or print)		RELATIONSHIP		MIDDLE		LAST		CITY OF TOWN	
<u>Burial</u>		<u>Mackie White (Daughter)</u>		<u>5512 Adams St.</u>		<u>Gary, Indiana</u>		<u>46407</u>		<u>Gary, Indiana</u>	
9 M.D. OR D.O.		DATE		FURNERAL HOME-NAME AND ADDRESS		LOCATION		CITY OF TOWN		STATE	
<u>Df. Seymour Oberlander</u>		<u>5/18/82</u>		<u>Oak Hill Cemetery</u>		<u>Gary, Indiana</u>		<u>Gary, Indiana</u>		<u>46407</u>	
10 HEALTH OFFICER'S SIGNATURE		DATE SIGNED (Mo, Day, Yr)		CEMETERY OR CREMATORY-FURNERAL HOME		CITY OF TOWN		STATE		CITY OF TOWN	
<u>Roosevelt Allen</u>		<u>5/17/82</u>		<u>Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind</u>		<u>Gary, Indiana</u>		<u>46407</u>		<u>Gary, Indiana</u>	
11 M.A.I.C. CASE		DATE RECEIVED BY LOCAL HEALTH OFFICER		CITY OF TOWN		STATE		CITY OF TOWN		STATE	
<u>Miss. S. J. ...</u>		<u>MAY 26 1982</u>		<u>Gary, Indiana</u>		<u>46407</u>		<u>Gary, Indiana</u>		<u>46407</u>	
12 CAUSE		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
<u>...</u>		<u>...</u>		<u>...</u>		<u>...</u>		<u>...</u>		<u>...</u>	

FILED
MAY 4 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

SBH 08-003 State Form 35430
REV. 10/77

PB