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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 041181

2004 MAY 19 AM 9:27

STATE OF INDIANA)
COUNTY OF LAKE) SS:

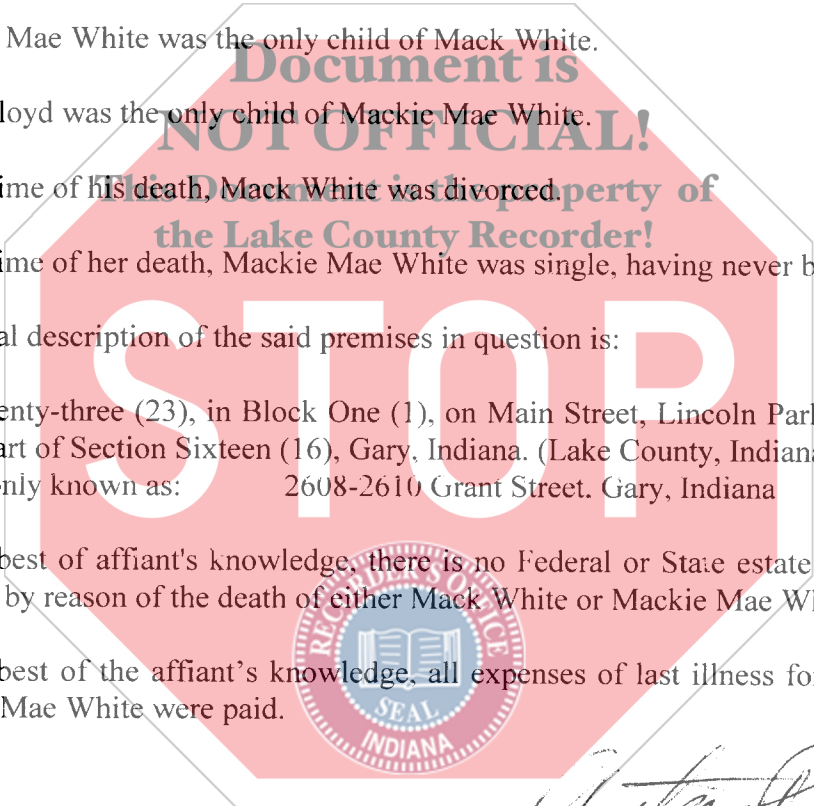
MORRIS W. STIGLICH
RECORDER

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:

Lot Twenty-three (23), in Block One (1), on Main Street, Lincoln Park Addition, being part of Section Sixteen (16), Gary, Indiana. (Lake County, Indiana)
Commonly known as: 2608-2610 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

 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

Denny Kay Diehl

 NOTARY PUBLIC

C:\Documents and Settings\All Users\Documents\BMS\WHITE, ORA\AffSur 2608Grant.wpd

001130
FILED

MAY 14 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

1709
1300
BB

-> Barbara Shaver

90,0244

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. ... 190-1911/...

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		7. BIRTHPLACE (City and State or Foreign Country) Forest City, Ark.			
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) <input type="checkbox"/> Residence									
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. DECEDENT'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						
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. DECEDENT'S EDUCATION (Specify only highest grade completed) 12th			
18. FATHER'S NAME (First, Middle, Last) Mack White						19. MOTHER'S NAME (First, Middle, Maiden Surname) Ora M. Brooks							
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					
21a. 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) _____				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					
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>Valerie Goodnow</i>				24b. LICENSE NUMBER (of Licensee) 08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 8300770 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. Atherosclerosis DUE TO (OR AS A CONSEQUENCE OF): _____ b. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death			
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)		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) as stated.										29c. MEDICAL LICENSE NO. 01020584		29d. DATE SIGNED (Month, Day, Year) 3/27/90	
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	
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) MAR. 21 1990			
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"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED 001-01					
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

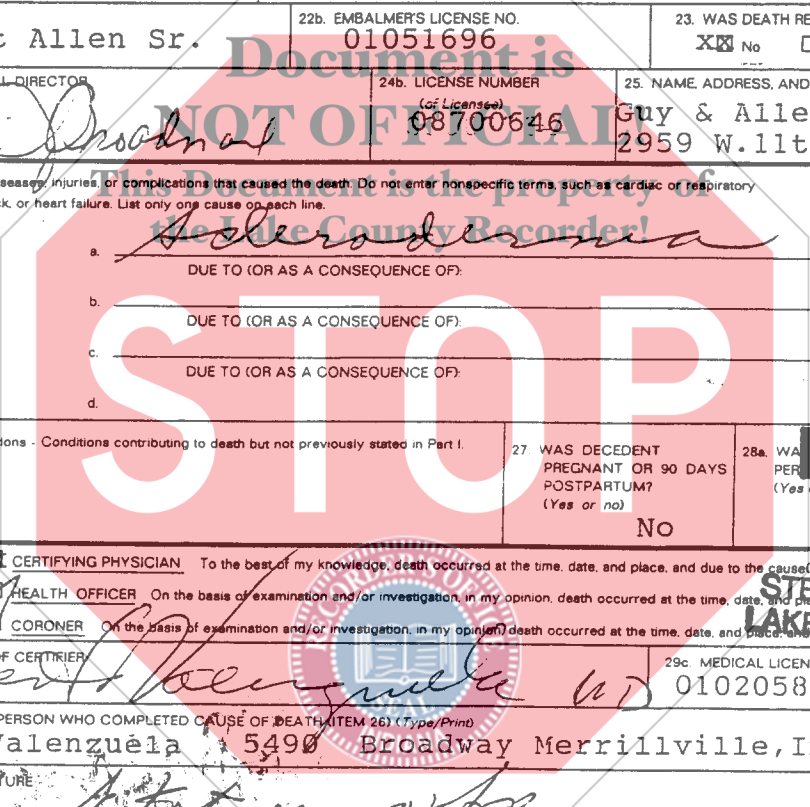
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED MAY 9 1 2004

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

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

82-0349

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

1	DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH DAY YEAR)	DATE OF DEATH (MONTH DAY YEAR)
	Mack		White	White	Male	12/16/1988	May 11, 1982
2	RACE - 2a. <u>Black</u>	AGE - 2b. <u>73</u>	UNDER 1 YEAR	UNDER 1 DAY	HOURS	MINS	
3	CITY, TOWN OR LOCATION OF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUNTRY	HOSPITAL OR OTHER INSTITUTION	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (Name, date of death)	
4	Gary	Arkansas	U.S.A.	Methodist Hospital	Divorced	North-11th	
5	RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION	USUAL OCCUPATION	IS RESIDENCE ON A FARM?	KIND OF BUSINESS OR INDUSTRY	
6	Indiana	Lake	Gary	Retired	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	U.S. Steel Corp.	
7	STREET AND NUMBER	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	FATHER - NAME	MOTHER - MAIDEN NAME	FIRST	MIDDLE	LAST
8	1126 West 13th Ave.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Randall	White	Alice		Kirby
9	INFORMANT - NAME (Type or print)	RELATIONSHIP	RESIDING ADDRESS	CITY OR TOWN	STATE	ZIP	
10	Mackie White (Daughter)	Daughter	2512 Adams St.	Gary, Indiana	Indiana	46407	
11	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY - FUNERAL HOME	LOCATION	CITY OR TOWN	STATE		
12	Burial	Oak Hill Cemetery	Gary, Indiana	Gary, Indiana	Indiana		
13	DATE (MONTH, DAY, YEAR)	FUNERAL HOME - NAME AND ADDRESS	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	
14	5/18/82	Guy & Allen Funeral Directors	2959 W. 11th Ave.	Gary, Ind	Indiana		
15	NAME OF ATTENDING PHYSICIAN (Type or print)	DATE SIGNED (MO DAY YR)	HOUR OF DEATH				
16	Dr. Seymour Oberlander	5/17/82					
17	MAILING ADDRESS - PHYSICIAN	DATE RECEIVED BY LOCAL HEALTH OFFICER					
18	3290 Grant St. Gary, Indiana	MAY 26 1982					
19	HEALTH OFFICER (Type or print)	DATE RECEIVED BY LOCAL HEALTH OFFICER					
20	Dr. M. D. White						
21	CONDITIONS WHICH GAVE RISE TO THE CAUSE STAYING THE UNDERLYING CAUSE LAST						
22	DOE TO, OR AS A CONSEQUENCE OF						
23	DOE TO, OR AS A CONSEQUENCE OF						
24	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART II						

SBH 06-003 - State Form 35430
 REV. 10/77

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