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STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2004 042842

INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 MAY 20 AM 9:45

MORRIS [unclear] RECORDER

AFFIDAVIT OF SURVIVORSHIP

EMMA D. PERRY, being duly sworn upon their oath, and states as follows:

1. EMMA D. PERRY is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 35 and 36, Block 3, Holmes and Wrights 1st Addition, recorded in Platbook 9, page 15, in the office of the Recorder of Lake County, Indiana.

Key No: 45-60-35 & 36

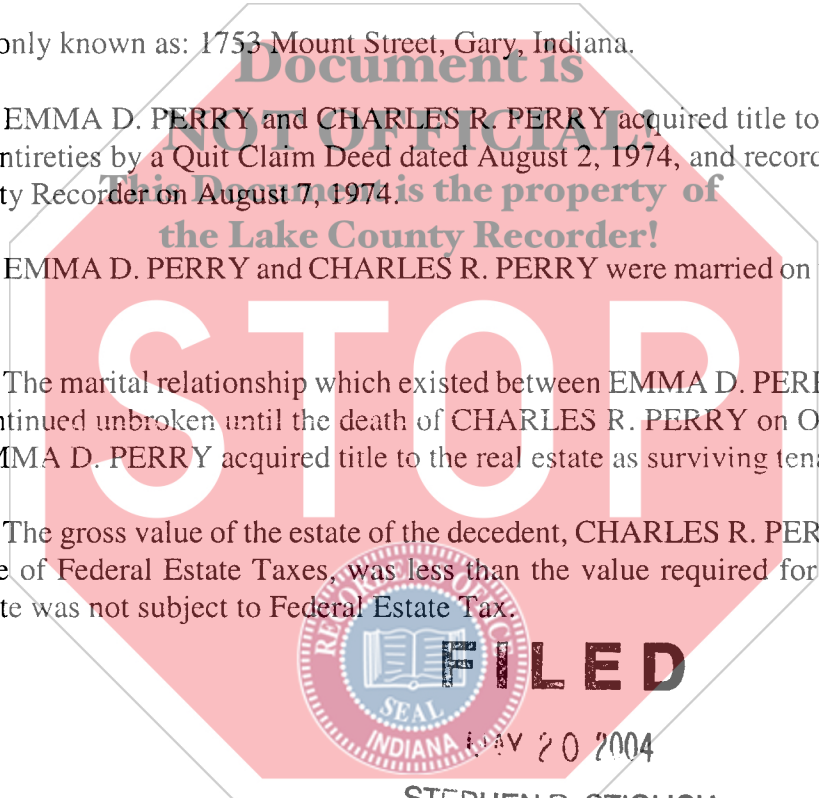
Commonly known as: 1753 Mount Street, Gary, Indiana.

2. EMMA D. PERRY and CHARLES R. PERRY acquired title to said real estate as tenant by the entireties by a Quit Claim Deed dated August 2, 1974, and recorded in the Office of the Lake County Recorder on August 7, 1974.

3. EMMA D. PERRY and CHARLES R. PERRY were married on the 27th day of July, 1974.

4. The marital relationship which existed between EMMA D. PERRY and CHARLES R. PERRY continued unbroken until the death of CHARLES R. PERRY on October 22, 2003, at which time EMMA D. PERRY acquired title to the real estate as surviving tenant.

5. The gross value of the estate of the decedent, CHARLES R. PERRY, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.



STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001774

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13:00
RP
OK
10093

6. The decedent's estate was not subject to Indiana Inheritance Taxes.

FURTHER YOUR AFFIANT SAYETH NOT.

Emma D. Perry
EMMA D. PERRY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)


Before me, a Notary Public in and for the State of Indiana, personally appeared EMMA D. PERRY, who acknowledged the execution of the foregoing Affidavit of Survivorship.

Witness my hand and Notarial Seal this 15th day of April, 2004.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder.

Donna C. Ward
Notary Public
Donna C. Ward
Printed
County of Residence: Postler
Commission Expires: 08/01/07

STOP



This instrument prepared by: C. Donald Emery, III, EMERY CLEMENT & SCHMIDT, P.C., 370 West 80th Place, Merrillville, Indiana 46410.

* 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

Local No. 03-0775

State 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) Charles Ronald Perry		2. SEX Male	3a. TIME OF DEATH 4:08 A M	3b. DATE OF DEATH (Month, Day, Yr) October 22, 2003	
4. *SOCIAL SECURITY NUMBER 308-50-5153	5a. AGE—Last Birthday (Years) 58	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) October 16, 1945	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1971	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 1753 Mount Street		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) Emma J. Dunn	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mail Processor Machine Operator		12b. KIND OF BUSINESS/INDUSTRY U S Postal Service	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1753 Mount Street		
13e. ZIP CODE 46404	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 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) 12th College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Charles Perry			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lila Brezan		20a. INFORMANT'S NAME (Type/Print) Emma J. Perry			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. BOX 64442 Gary, Indiana 46401		20c. Relationship Wife			
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) October 25, 2003 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. #01051701		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704	
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. Sudden cardiac death DUE TO (OR AS A CONSEQUENCE OF): b. Hypertension DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypercholesterolemia				Approximate Interval Between Onset and Death	
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 Dr. A. Artis		29c. MEDICAL LICENSE NO. 1037773		29d. DATE SIGNED (Month, Day, Year) 10/28/03	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 5800 BROADWAY SUITE A MERRIMILLE IN 46410					
31. HEALTH OFFICER'S SIGNATURE STEPHEN R. STIGLICH LAKE COUNTY AUDITOR			32. DATE FILED (Month, Day, Year) NOV 03 2003		
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		34a. DATE OF INJURY (Month, Day, Year) MAY 20 2004	34b. TIME OF INJURY (Yes or no) 2:00 PM	34c. DESCRIBE HOW INJURY OCCURRED 001775	
34d. PLACE OF INJURY—At home, farm, street, road, place, building, etc. (Specify)		34e. 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.			