

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
2004 078489

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 SEP 15 PM 4:04

AFFIDAVIT OF SURVIVORSHIP

MORRIS W. WALTER
RECORDER

Redrick Douglas, being first duly sworn upon his oath, states:

That, he is the surviving spouse of the late Magnolia Douglas, who died intestate on Nov 4, 1996; that at the time of her death, she was a resident of the City of Gary, Lake County, Indiana; that at the time of death her death, they were husband and wife and were the owners, as tenants by the entireties, of the following described real estate:

EXHIBIT A

LOT SIXTEEN (16), BLOCK ONE HUNDRED TWO (102), GARY LAND COMPANY'S FIRST SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 6, PAGE 15, IN LAKE COUNTY, INDIANA.

ADDRESS: 436 JEFFERSON STREET, GARY, IN TAX MAP OR PARCEL ID NO. 25-44-0102-0012

NOT OFFICIAL!
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the Lake County Recorder!

Affiant further states that this Affiant and the deceased were continuously husband and wife from the date they acquired title to this property until the date of death as aforesaid, and that the total value of the estate, including proceeds of life insurance and any interest in jointly owned property was not large enough to be subject to Federal Estate Tax.

Further affiant saith not.



Redrick Douglas

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 8th day of September, 2004.

Amy Jo Dumalecaugh
LK Cty Res Notary Public

My Commission Expires:

12/11/2011
Residing in Lake County

Prepared by: Scott A. [Signature]

Return to: **American General Finance**
6701 Broadway Ste 1A
Merrillville, IN 46410-3531
(Phone: 219 - 769-1717)

FILED

SEP 15 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001228

#1970
\$ 12.00
DG

ATTENTION: ESTATE: The Social Security # is being reported by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

6CC INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 96-0734

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED--NAME (First, Middle, Last) **Magnolia Douglas**

2 SEX **Female**

3a TIME OF DEATH **1:20 AM**

3b DATE OF DEATH (Month, Day, Year) **November 4, 1996**

4 *SOCIAL SECURITY NUMBER **544-40-0420**

5a AGE--Last Birthday (Years) **59**

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes **August 11, 1937**

6 DATE OF BIRTH (Mo, Day, Yr)

7 BIRTHPLACE (City and State, Foreign Country) **Canton, Mississippi**

8a PLACE OF DEATH (City, County, State, Country)

8b HOSPITAL Inpatient EIT/Outpatient DOA

8c OTHER Nursing Home Other (Specify) **Nursing Home**

9a FACILITY NAME (If not institution, give street and number) **436 Jefferson Street**

9b CITY, TOWN OR LOCATION OF DEATH **Gary**

9c COUNTY OF DEATH **Lake**

10 MARITAL STATUS **Married**

11 SURVIVING SPOUSE (Last name, first name, middle initial) **Redrick Douglas**

12a DECEASED'S USUAL OCCUPATION (Last one first) **Beautician**

12b EMPLOYER'S NAME (Last one first)

13a RESIDENCE--STATE **Indiana**

13b COUNTY **Lake**

13c CITY, TOWN OR LOCATION **Gary**

13d STREET AND NUMBER **436 Jefferson Street**

13e ZIP CODE **46402**

13f INSIDE CITY LIMITS No Yes

13g ON A FARM? Yes No

14 CITIZEN OF WHAT COUNTRY? **USA**

15 WAS DECEASED OF HISPANIC ORIGIN? 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) **High**

18 FATHER'S NAME (First, Middle, Last) **Arthur Coles**

19 MOTHER'S NAME (First, Middle, Maiden Surname) **Iona (UNKNOWN)**

20a INFORMANT'S NAME (Type/Print) **Redrick Douglas**

20b MARITAL ADDRESS (Street and Number, Rural Route Number, City or Town, State, Zip Code) **436 Jefferson Street, Gary, Indiana 46402**

20c Relationship **Spouse**

21a METHOD OF DISPOSITION Burial Entombment Removal from State Donation Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **November 11, 1996 Oak Hill Cemetery**

21c LOCATION--City or Town, State

22a EMBALMER'S NAME **Rosenwald D. Allen Jr.**

22b EMBALMER'S LICENSE NO. **#29400047**

23 WAS DEATH REPORTED TO CORONER? Yes No

24a SIGNATURE OF FUNERAL DIRECTOR *[Signature]*

24b LICENSE NUMBER (or Licensee) **#08700646**

24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **Guy & Allen Funeral Directors, Inc. 83007701 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)

a **congestive heart failure-uncomplicated**

b **due TO (OR AS A CONSEQUENCE OF) Type II diabetes mellitus**

c **due TO (OR AS A CONSEQUENCE OF)**

d **due TO (OR AS A CONSEQUENCE OF)**

27 WAS DECEASED 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 PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

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.

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.

29b SIGNATURE AND TITLE OF CERTIFIER *[Signature]*

29c MEDICAL LICENSE NO. **01037803**

29d DATE SIGNED (Month, Day, Year) **12/13/96**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Dr. Darryl L. Fortson MD 2717 Wabash Avenue Gary, Indiana 46404**

31 HEALTH OFFICER'S SIGNATURE *[Signature]*

31d DATE SIGNED (Month, Day, Year) **DEC 13 1996**

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

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, Town, State)

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

