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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA  
COUNTY OF LAKE, SS:

2004 093724

2004 NOV -3 AM 10:09

MORRIS W. CARTER  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

AGENTS CASE NO. 04-0647LG

BERNICE WILLIS, being first duly sworn, on oath states as follows:

1. That she is the owner in fee simple of the following described real estate located in LAKE County, Indiana, to-wit:

SEE LEGAL DESCRIPTION ATTACHED

*Key 25-43-0167-0009*

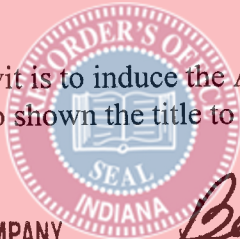
2. That BERNICE WILLIS and her now deceased spouse, CHARLES G. WILLIS, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance recorded in the Office of the Recorder of LAKE County, Indiana.

3. That the marital relationship which existed between this affiant and his spouse continued unbroken from the time they acquired title to said real estate until the death intestate of said spouse on 7-8-97, at which time this affiant acquired title to said real estate as surviving tenant by the entireties, and that all debts, funeral expenses, and expenses of last illness of decedent have been fully paid and satisfied.

4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was not more than \$600,000.00, and estate was not subject to a Federal Estate Tax.

5. That the purpose of this affidavit is to induce the Auditor of LAKE County to change the tax records, and if necessary, to shown the title to the above described real estate in the name of this affiant.

*Refs to*  
THE GUARANTEE TITLE & TRUST COMPANY  
789 BROADWAY • SUITE A  
MERRILLVILLE, IN 46410

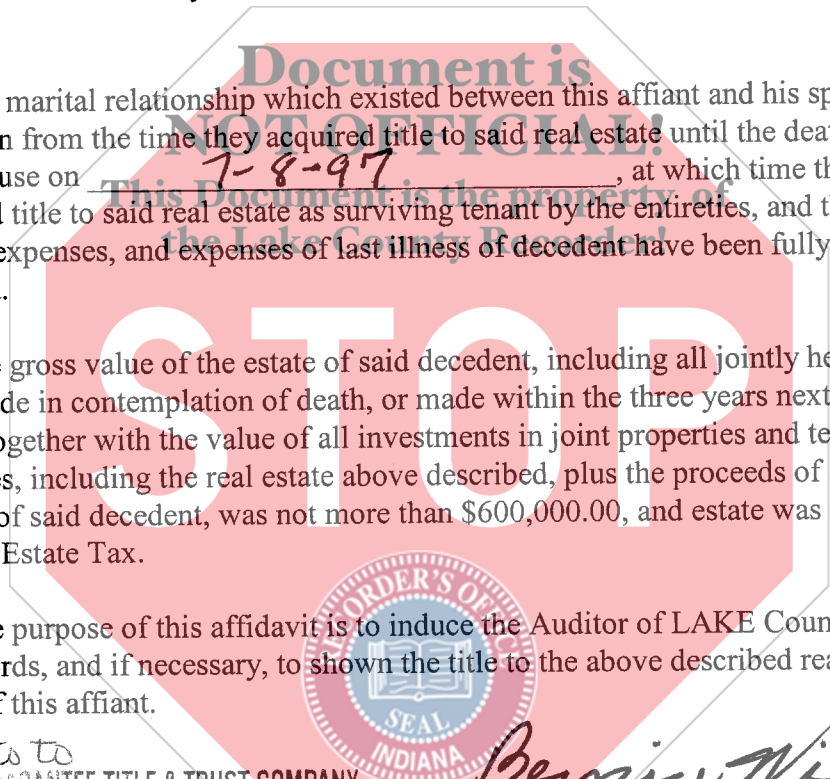


*Bernice Willis*  
BERNICE WILLIS

NOV 3 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

000274

*15-  
DG  
1/9/01*



**LEGAL DESCRIPTION**

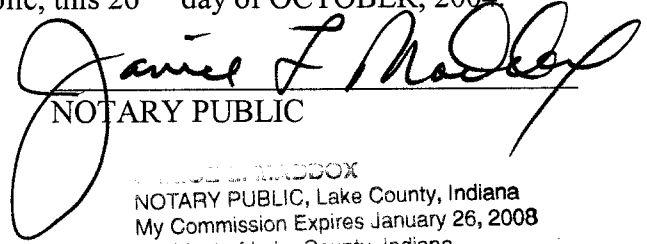
**LOTS 9 AND 10, IN BLOCK 15 IN GARY HEIGHTS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

**COMMONLY KNOWN AS: 1100 LANE STREET, GARY, IN 46404**



CTTO  
ER

Subscribed and sworn to before me a Notary Public, this 26<sup>TH</sup> day of OCTOBER, 2004

  
NOTARY PUBLIC

My Commission Expires:

JAMES F. MADDOX  
NOTARY PUBLIC, Lake County, Indiana  
My Commission Expires January 26, 2008  
Resident of Lake County, Indiana

County of Residence:

THIS INSTRUMENT WAS PREPARED BY: JOHN E. KOLAS, ESQ., SLAUGHTER, KOLAS & CENTERS



MENTION ESTATE: The Social Security # is requested by this state agency in order to do its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

al No. 97-0471

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

PRINT IN IMANENT ACK INK

IDENT

ENTS

FORMANT

POSITION

USE OF ITH

ITIFIER

ALTH ICER

1. DECEASED—NAME (Print, Middle Last) <b>Charles G. Willis</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>10:50A M</b>	3b. DATE OF DEATH (Month, Day, Year) <b>July 8, 1997</b>
4. SOCIAL SECURITY NUMBER <b>309-16-8892</b>	5a. AGE—Last Birthday (Years) <b>75</b>	5b. UNDER 1 YEAR Months Days <b>7 2</b>	5c. UNDER 1 DAY Hours Minutes <b>10 50</b>	5. DATE OF BIRTH (Month, Day, Year) <b>July 2, 1922</b>
6a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	7a. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <b>Methodist Hospital Northlake</b> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		7. BIRTHPLACE (City and State or Foreign Country) <b>Dolenite, Alabama</b>
8a. FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Northlake</b>		8b. CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>	8c. COUNTY OF DEATH <b>Lake</b>	
9a. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Bernice Stover</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Sand Screener</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Inland Steel Corp</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER <b>1100 Lane Street</b>
13a. ZIP CODE <b>46404</b>	13i. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13j. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>12th</b> College (1-4 or 5+) _____		18. MOTHER'S NAME (Print, Middle, Maiden Surname) <b>Darcella Calver</b>		
18. FATHER'S NAME (First, Middle, Last) <b>Albert Willis Sr.</b>		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1100 Lane Street Gary, Indiana 46404</b>		20a. Relationship <b>Wife</b>
20a. INFORMANT'S NAME (Type/Print) <b>Bernice Willis</b>		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) <b>July 12, 1997 Fern Oak Cemetery Griffith, Indiana</b>
22a. EMBALMER'S NAME <b>Roosevelt Allen Sr.</b>		22b. EMBALMER'S LICENSE NO. <b>#01051696</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of License) <b>#08700298</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404</b>	
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. <b>Multiple myeloma</b> DUE TO IOR AS A CONSEQUENCE OF: b. <b>acute on chronic renal failure</b> DUE TO IOR AS A CONSEQUENCE OF: c. _____ DUE TO IOR AS A CONSEQUENCE OF: d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.				
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) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	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 <b>Daryl L. Fortson MD</b>			29c. MEDICAL LICENSE NO. <b>W01037803</b>	29d. DATE SIGNED (Month, Day, Year) <b>7/11/97</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>Dr. Daryl L. Fortson MD 2717 Wabash Avenue Gary, Indiana 46404</b>				
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) <b>JUL 16 1997</b>
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		33a. DATE OF INJURY (Month, Day, Year)	33b. NAME OF INJURY	34a. INJURY AT WORK? (Yes or no)
34b. PLACE OF INJURY—At home, farm, street, factory, office, vending, etc. (Specify)		34c. DESCRIBE HOW INJURY OCCURRED		
34d. DATE PRONOUNCED DEAD (Month, Day, Year)		34e. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		