



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was

brother

Signature

*[Handwritten Signature]*

Printed Name

Milton Ward

Address:

7407 Forest Ave

CARY IN 46403

Subscribed and sworn to before me by the affiant

this

JAN - 6 2005

(insert date)

Notary Public

Printed Name

JACALYN L SMITH  
Lake County  
My Commission Expires  
December 8, 2007

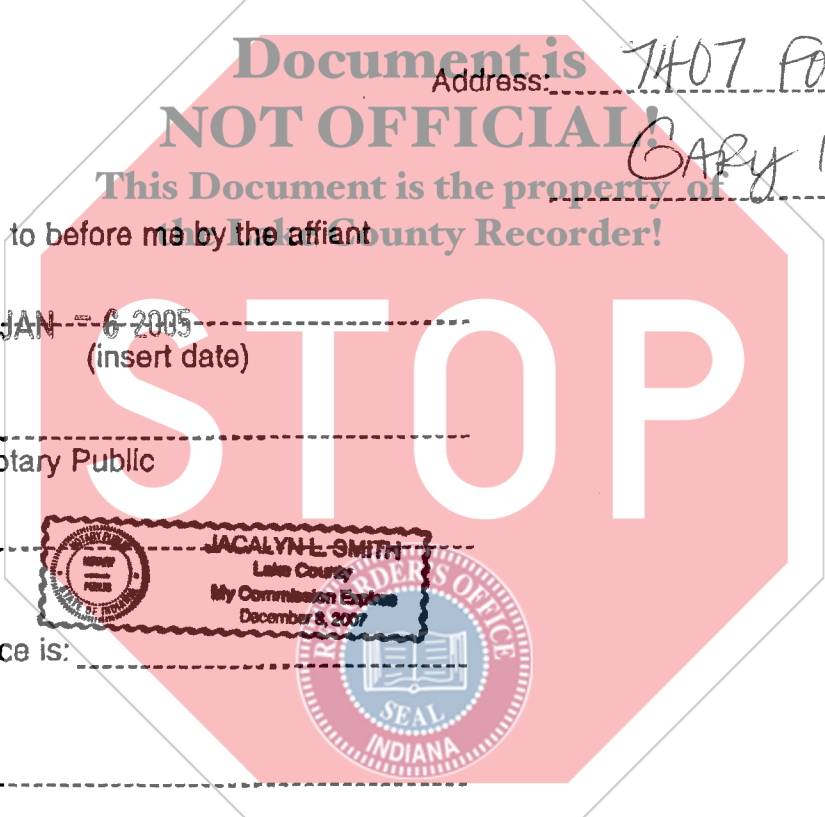
My County of Residence is:

In the State of

My Commission Expires

This instrument prepared by

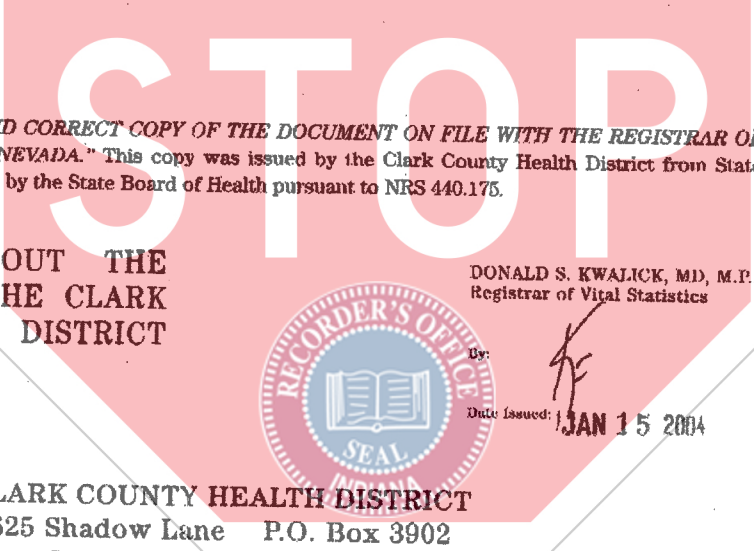
Milton Ward



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DECEASED	1. DECEASED - NAME: <b>Roosevelt WARD, Jr.</b>		DATE OF DEATH (Month, Day, Year): <b>2 January 7, 2004</b>		STATE FILE NUMBER
	2. CITY, TOWN OR LOCATION OF DEATH: <b>Las Vegas North</b>		3. HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street and number): <b>1003 E. Lake Mead Blvd. (outside)</b>		4. COUNTY OF DEATH: <b>Clark</b>
	5. RACE: <b>Black</b>		6. SEX: <b>Male</b>		7. DATE OF BIRTH (Mo., Day, Yr.): <b>July 24, 1929</b>
	8. STATE OF BIRTH: <b>Indiana</b>		9. CITIZEN OF WHAT COUNTRY: <b>USA</b>		10. EDUCATION: <b>13</b>
CERTIFIER	11. SOCIAL SECURITY NUMBER: <b>317-20-7709</b>		12. USUAL OCCUPATION: <b>Head Custodian</b>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: <b>Married</b>
	14. RESIDENCE - STATE: <b>Nevada</b>		15. COUNTY: <b>Clark</b>		16. CITY, TOWN, OR LOCATION: <b>North Las Vegas</b>
	17. FATHER - NAME: <b>Roosevelt Ward, Sr.</b>		18. MOTHER - MAIDEN NAME: <b>Gladys Wilkins</b>		19. SURVIVING SPOUSE (if wife, give maiden name): <b>Helen Estelle Stevens</b>
	20. INFORMANT - NAME (Type or Print): <b>Helen Estelle Ward</b>		21. MAILING ADDRESS: <b>4903 Donna Street, N. Las Vegas, Nevada 89031</b>		22. INSIDE CITY LIMITS (Specify Yes or No): <b>Yes</b>
DISPOSITION	23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): <b>Removal/Burial</b>		24. CEMETERY OR CREMATORY - NAME: <b>Oak Hill Cemetery</b>		25. LOCATION: <b>Cary, Indiana</b>
	26. FUNERAL DIRECTOR - SIGNATURE: <i>[Signature]</i>		27. FUNERAL DIRECTOR LICENSE NUMBER: <b>15</b>		28. NAME AND ADDRESS OF FACILITY: <b>HITES FUNERAL HOME, 438 W. SUNSET ROAD, HENDERSON, NEVADA 89015</b>
	29. DATE SIGNED (Mo., Day, Yr.): <b>1/7/04</b>		30. HOUR OF DEATH: <b>6:35 P.M.</b>		31. DATE SIGNED (Mo., Day, Yr.): <b>1/7/04</b>
	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): <b>P. Michael Murphy, Coroner, 1704 Pinto Lane, Las Vegas, NV</b>		33. LICENSE NUMBER: <b>N/A</b>		34. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): <b>JAN 12 2004</b>
CAUSE OF DEATH	35. IMMEDIATE CAUSE: <b>Hypertensive cardiovascular disease</b>		36. DEATH DUE TO COMMUNICABLE DISEASE: <b>NO</b>		37. INTERVAL BETWEEN ONSET AND DEATH
	38. DUE TO, OR AS A CONSEQUENCE OF:		39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1:		40. AUTOPSY (Specify Yes or No): <b>No</b>
	41. ACCIDENT, SUICIDE, HOMICIDE, UNDER OR PENDING INVESTIGATION (Specify):		42. DATE OF INJURY (Mo., Day, Yr.):		43. HOUR OF INJURY:
	44. INJURY AT WORK (Specify Yes or No):		45. PLACE OF INJURY - (Home, farm, street, factory, office, building, etc. (Specify)):		46. LOCATION: STREET OR R.F.D. No., CITY OR TOWN, STATE

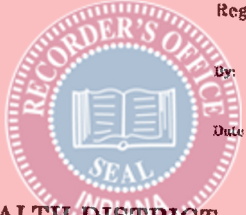
STATE REGISTRAR No. 252048



"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics



Date Issued: **JAN 15 2004**

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 3902  
Las Vegas, Nevada 89127  
702-383-1223  
Tax ID# 88-0151573

No: 620048415

## LEGAL DESCRIPTION

Lot 41, and the South 10 feet of Lot 42, in Block 2, in South Broadway Land Co's Sixth South Broadway Addition, to the City of Gary, as per plat thereof, recorded in Plat Book 9 page 4, in the Office of the Recorder of Lake County, Indiana.

