

2005 006294

2005 JAN 27 AM 9:57

**Chicago Title Insurance Company**

MICHAEL A. DOWNS  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

620050102

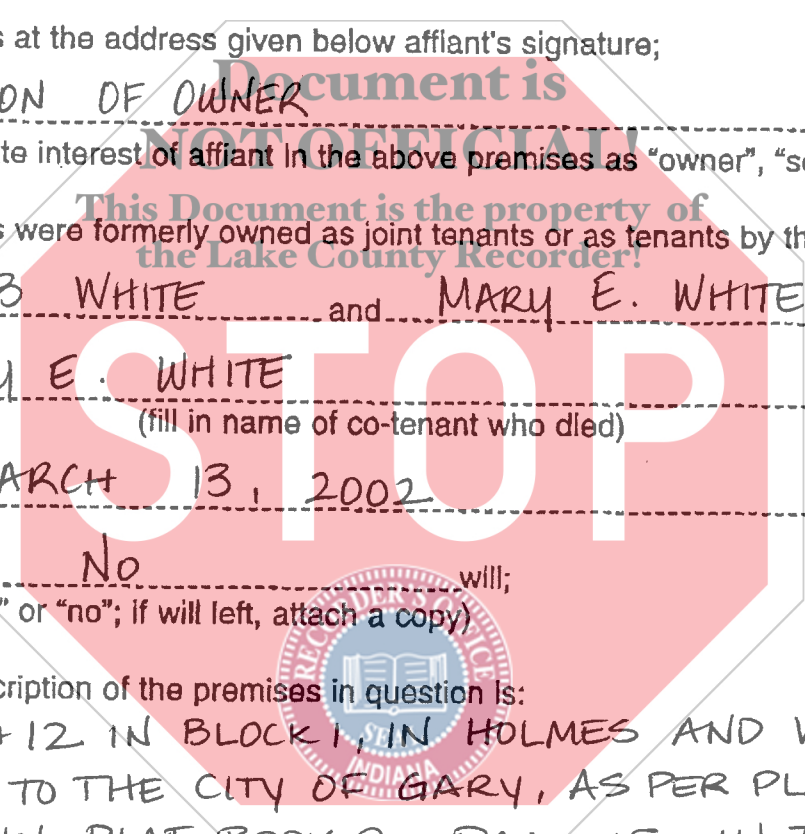
On this 21 JANUARY 2005 before me personally appeared \_\_\_\_\_  
(insert date)

FRANKLIN D. WHITE

Chicago Title Insurance Company

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is SON OF OWNER \_\_\_\_\_;  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
JAMES B WHITE and MARY E. WHITE \_\_\_\_\_;
- Said MARY E. WHITE \_\_\_\_\_  
(fill in name of co-tenant who died)  
died on MARCH 13, 2002 \_\_\_\_\_  
leaving No \_\_\_\_\_ will;  
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:  
LOTS 11 + 12 IN BLOCK 1, IN HOLMES AND WRIGHTS FIRST  
ADDITION, TO THE CITY OF GARY, AS PER PLAT THEREOF,  
RECORDED IN PLAT BOOK 9, PAGE 15, IN THE OFFICE  
OF THE RECORDER OF LAKE COUNTY, INDIANA.
- Is there Federal Estate or State inheritance tax liability by reason of the death of said  
decedent?     Yes     No  
If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are     paid or     unpaid.



**FILED**

JAN 26 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

01270  
2 14  
DJ

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 SON

Signature: *[Handwritten Signature]*

Printed Name FRANKLIN D. WHITE

Address: 1520 HOVEY ST.

GARY, IN 46406

This Document is the property of  
Porter County Recorder!

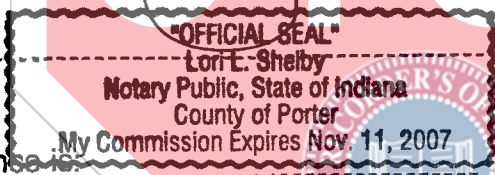
Subscribed and sworn to before me by the affiant

this \_\_\_\_\_

*[Handwritten Signature]*  
(insert date)

Notary Public

Printed Name \_\_\_\_\_



My County of Residence is \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This instrument prepared by FRANKLIN D. WHITE

Chicago Title Insurance Company Jan. 14 2005 06:38PM P1

0200 50102

FROM : MARSHALL

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

State No.

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

TYPEPRINT IN PERMANENT BLACK INK

1. DECEDENT'S NAME (First, Middle, Last) **Mary Enid White**

2. SEX **Female**

3. TIME OF DEATH **12:46 P**

4. DATE OF DEATH (Month, Day, Year) **March 13, 2002**

5. SOCIAL SECURITY NUMBER **310-36-6691**

6. AGE (Last Birthday (Year)) **81**

7. DATE OF BIRTH (Month, Day, Year) **October 15, 1921**

8. PLACE OF BIRTH (City, Town, State or Foreign Country) **Vicksburg, Mississippi**

9. DECEASED BY (Check only one. Do not check both.)  
 Natural  Homicide  Suicide  Unknown Cause

10. FACILITY NAME (If not within five street mile radius) **Methodist Hospital Southlake**

11. CITY, TOWN, OR LOCATION OF DEATH **Merrillville**

12. COUNTY OF DEATH **Lake**

13. MARITAL STATUS (Specify) **Married**

14. DECEASED'S USUAL OCCUPATION (Give kind of work done during usual of working life. Do not use retired) **Scansstress**

15. KIND OF BUSINESS/INDUSTRY **Joyce Sportswear**

16. RESIDENCE - STATE **Indiana**

17. COUNTY **Lake**

18. CITY, TOWN, OR LOCATION **City**

19. STREET AND NUMBER **1520 Hovey Street**

20. ZIP CODE **46406**

21. INSIDE CITY LIMITS **X** YES **No**

22. CITIZENSHIP **U.S.A.**

23. WAS DECEASED OF HISPANIC ORIGIN? **X** No **Yes** (If yes specify ethnic origin: Puerto Rican, etc.)

24. RACE - American Indian, Black, White, etc. (Specify) **Black**

25. DECEASED'S EDUCATION (Specify any integral grade completed) **College (1-4 yr)**

26. FATHER'S NAME (First, Middle, Last) **James Gardner**

27. MOTHER'S NAME (First, Middle, Maiden Surname) **Dora Prentiss**

28. INFORMANT'S NAME (If not next of kin) **James B. White**

29. MAILING ADDRESS (Street and Address or Rural Route Number, City or Town, State, Zip Code) **1520 Hovey Street, Indiana 46406**

30. Relationship **Husband**

31. METHOD OF DISPOSITION (Check one)  
 Burial  Cremation  Other (Specify) **Other (Specify)**

32. DATE AND PLACE OF DISPOSITION (Date of interment, cremation, or other disposal) **March 19, 2002**

33. LOCATION (City or Town, State) **City, Indiana**

34. BURIAL HOME'S NAME **Sherran G. Banks III**

35. BURIAL HOME'S LICENSE NO. **FD 01016254**

36. WAS DEATH REPORTED TO CORONER? **Yes**

37. SIGNATURE OF FUNERAL DIRECTOR **Sherran G. Banks III**

38. LICENSE NUMBER (of Licensee) **FD20000301**

39. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Smith Bizzell & Warner Funeral Home, FH19600034, 4209 Grant St. Gary, IN, 46408**

40. PART I. Filter the surface, internal, or environmental conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or brain failure. Use a city, village, or town name.

41. IMMEDIATE CAUSE (Final step in or condition resulting in death) **Coronary Perforation**

42. CONDITION, if any, which gave rise to the immediate cause, starting the underlying causal chain **Coronary Artery Atherosclerosis**

43. PART II. Other significant conditions - Coronary artery atherosclerosis (if death had not previously stated in Part I) **End-stage Renal Disease, Sclerotic Cardiomyopathy**

44. CAUSE TO (OR AS A CONSEQUENCE OF) **Coronary Artery Atherosclerosis**

45. CAUSE TO (OR AS A CONSEQUENCE OF) **Coronary Artery Atherosclerosis**

46. CAUSE TO (OR AS A CONSEQUENCE OF) **Coronary Artery Atherosclerosis**

47. WAS DECEASED PREGNANT OR 10 DAYS POSTPARTUM? (Yes or No) **NO**

48. WAS AN AUTOPSY PERFORMED? (Yes or No) **NO**

49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) **NO**

50. CERTIFIER **Thomas Galabek**

51. SIGNATURE AND TITLE OF CERTIFIER **Thomas Galabek, M.D.**

52. MEDICAL LICENSE NO. **#1035770**

53. DATE SIGNED (Month, Day, Year) **3/15/02**

54. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If not next of kin) **Thomas Galabek, M.D., 826 S Broadway, MERRILLVILLE IN**

55. HEALTH OFFICER'S SIGNATURE **Thomas Galabek, M.D.**

56. DATE FILED (Month, Day, Year) **March 27, 2002**

57. MANNER OF DEATH **X** Natural **Accident** **Suicide** **Unknown**

58. DATE OF INJURY (Month, Day, Year)

59. TIME OF INJURY

60. INJURY AT WORK (Yes or No)

61. DESCRIBE HOW INJURY OCCURRED

62. PLACE OF INJURY - (at home, 1000, school, factory, office, etc.)

63. LOCATION (Street and Number or Rural Route Number, City or Town, State)

64. DATE PRONOUNCED DEAD (Month, Day, Year)

65. MOTOR VEHICLE ACCIDENT (Yes or No) **No**

