AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

2005 048850

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUN 14 AM 10:59

MICHAEL A. BROWN
RECORDER

William B. Anderson, being first duly sworn upon oath, deposes and says:

1. That **Virginia L. Jackson**, died on the 30th day of August, 2004 at Merrillville, Lake County, Indiana.
2. That at the time of her death, she was co-owner as Joint Tenant with William B. Anderson, the following described real estate:

LOT 84 AND THE SOUTH HALF OF LOT 85, BROOKWOOD, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 27, PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Virginia L. Jackson.
4. That this Affiant's relationship to the Decedent was Son.

FURTHER, Affiant sayeth not.

William B Anderson
WILLIAM B. ANDERSON

Subscribed and sworn to before me, a Notary Public this 10th day of JUNE, 2005.

_____, Notary Public

My Commission Expires: _____
County of Residence: _____

PATRICIA LUDINGTON
NOTARY PUBLIC - INDIANA
COUNTY OF LAKE
MY COMMISSION EXPIRES 04-15-08

COMMUNITY TITLE COMPANY
FILE NO L 31085

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED

JUN 13 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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ZP

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2146-04 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
Virginia L Jackson	Female	9:27 AM	August 30, 2004

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Minutes)	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
316-18-6593	81			March 15, 1923	Syracuse, Kansas

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)
NO	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
6331 Cleveland Street	Merrillville	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Widowed	None	Homemaker	OWN HOME

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Merrillville	6331 Cleveland Street

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46410	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+): -0-

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
B.C. Allen	Mary Anna Covington

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
William B. Anderson	6331 Cleveland Street Merrillville, Indiana 46410	Son

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	September 1, 2004 Community Cremation Service	Schererville, In. 46375

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Eddie Bulerin-Govain	FD29700004	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Eddie Bulerin-Govain	FD29700004	Ridgelawn Funeral Home 4201 West Ridge Road Gary, IN 46408 FH10200007

CAUSE OF DEATH

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. Cardiopulmonary arrest — Approximate Interval Between Onset and Death:
DUE TO (OR AS A CONSEQUENCE OF)
b. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF)
c. Congestive heart failure
DUE TO (OR 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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a CERTIFIER (Check only one)
☑ CERTIFYING 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) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO.	29d DATE SIGNED (Month, Day, Year)
Surendra J. Shah	01032180	9/2/04

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. Surendra J. Shah 5825 Broadway Merrillville, Indiana 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE Surendra J. Shah D.O

32 DATE FILED (Month, Day, Year) September 2, 2004

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)	36d DESCRIBE HOW INJURY OCCURRED

34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

SEP 02 2004

COMPLETE COPY OF CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

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

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