STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 050521

2005 JUN 20 AM 10: 23

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TICOR TITLE INSURANCE

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:
COUNTY OF: Lake)

On this June 10, 2005 Before me personally appeared Betty Whittington

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

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as owner)
3. Said premises described as follows: 1168 Mathews Street, Gary, In 46404 in Block 4 Lots 17, 18, 19, 20 and 21 in Gary Guild Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 18 page 33, in the Office of the Recorder of Lake County, Indiana.
~~43-150-19-20-21~~ (25)
4. Said premises were formerly owned as joint tenants or as tenants by entireties by Roby Whittington and Betty Whittington
5. Said Roby Whittington
(fill in name of co-tenant who died)
died on 1-31-04
leaving No will;
(insert "a" or "no" if a will has been left, attach a copy)
6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 25,100.— and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said descendent:
7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No
(If answer is YES, identify the dissolution proceedings.)
8. Affiant's relationship to the deceased was wife (spouse)

Signature Betty Whittington
Betty Whittington
Address: 8000 Attorney Dr
Dyer, In. 46311

State of Indiana)
County of Lake) Porter

Before me, the undersigned, a Notary Public in and for said County and State, this June 10, 2005 personally appeared Betty Whittington and acknowledged the execution of the foregoing Affidavit.

CHERI M. JOLLIFF
Porter County
My Commission Expires
Oct 8, 2010

Cheri M Jolliff
Notary Public
Resident of Porter County
My Commission expires: Oct 8, 2010

Prepared by: Betty Whittington

925-0702
TICOR MO

FILED

JUN 17 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

12-20 TI

01467

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

al No. 322-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

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SPOSITION

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EALTH FFICER

1 DECEASED—NAME (First, Middle, Last): Roby Whittington			2 SEX: Male	3a TIME OF DEATH: 11:50 p. M	3b DATE OF DEATH (Month, Day, Yr.): January 31, 2004
4 SOCIAL SECURITY NUMBER: 425-56-5107	5a AGE—Last Birthday (Years): 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.): September 1, 1932	7 BIRTHPLACE (City and State or Foreign Country): Farmhaven, Mississippi
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? Unknown	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA		OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence	
9b FACILITY NAME (If not institution, give street and number): The Community Hospital		9c CITY, TOWN, OR LOCATION OF DEATH: Munster		9d COUNTY OF DEATH: Lake	
10 MARITAL STATUS (Specify): Married	11 SURVIVING SPOUSE (If wife, give maiden name): Betty A. Scruggs	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Labor Leader		12b KIND OF BUSINESS/INDUSTRY: Steel	
13a RESIDENCE—STATE: Indiana	13b COUNTY: Lake	13c CITY, TOWN, OR LOCATION: Dyer		13d STREET AND NUMBER: 800 Killarney Drive	
13e ZIP CODE: 46311	13f INSIDE CITY LIMITS ☐ No ☒ Yes	13g ON A FARM? ☒ No ☐ Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify): Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12	College (1-4 or 5+): 0				
18 FATHER'S NAME (First, Middle, Last): Sulm Whittington			19 MOTHER'S NAME (First, Middle, Maiden Surname): Nettie Williams		
20a INFORMANT'S NAME (Type/Print): Betty Whittington		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 800 Killarney Drive Dyer, Indiana 46311		20c Relationship: Wife	
21a METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 14, 2004 Allen Williams Memorial Garden		21c LOCATION—City or Town, State: Canton, Mississippi	
22a EMBALMER'S NAME: Thomas D. Klopfenstein		22b EMBALMER'S LICENSE NO: FD29500017		23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes	
24a SIGNATURE OF FUNERAL DIRECTOR: Thomas D. Klopfenstein		24b LICENSE NUMBER (of Licensee): FD29500017		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Ridgelawn Funeral Home 4201 West Ridge Road Gary, IN 46408 FH10200007	

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. Carcinomas of the lung — Approximate Interval Between Onset and Death: 2 yrs
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
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): 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): No

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: Darryl L. Fortson

29c MEDICAL LICENSE NO: 01037803

29d DATE SIGNED (Month, Day, Year): 2/4/04

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): Darryl L. Fortson 2717 Wabash Avenue Gary, Indiana 46404

31 HEALTH OFFICER'S SIGNATURE: Susan M. Brat D.O

32 DATE FILED (Month, Day, Year): February 4 2004

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e 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)
	MAR 10 2005

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.