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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



# TICOR TITLE INSURANCE

MICHAEL A. BROWN  
RECORDER

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

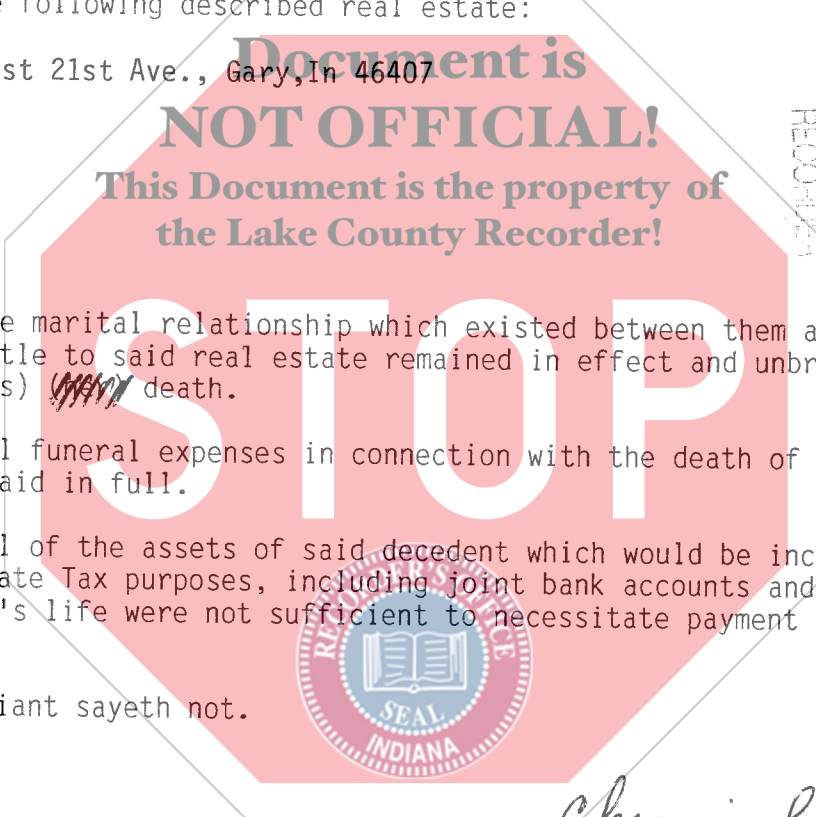
2005 06 20 09 33

Climmie Sampson, aka Clemmie Sampson, being first duly sworn upon oath, deposes and says:

1. That Osborne B. Sampson, SR. died March 30, 19 2004 at 2:00 am.

2. That Climmie Sampson, aka Clemmie Sampson and Osborne B. Sampson were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

408 East 21st Ave., Gary, In 46407



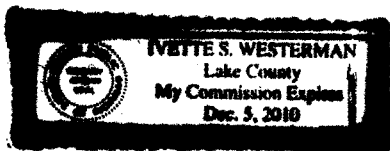
STATE OF INDIANA  
LAKE COUNTY  
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2005 JUN 21 AM 9:1  
MICHAEL A. BROWN  
RECORDER

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~WIFE'S~~ death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Clemmie Sampson by Osborne B. Sampson pro. as her attorney in fact*  
Climmie Sampson, aka Clemmie Sampson

Subscribed and sworn to before me, a Notary Public, this 15th day of June, 19 2005.



*[Signature]*  
Notary Public

My Commission expires:  
12/05/10

County of Residence:  
Lake

### FILED

JUN 20 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

This Instrument prepared by Climmie Sampson, aka Clemmie Sampson

TICOR MO  
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STATE OF MICHIGAN )  
COUNTY OF BERRIEN ) SS

I, M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph, this 1st day of April, A.D. 2004.

M. LOUISE STINE  
COUNTY CLERK

*Debbie Vitale*  
DEPUTY CLERK

This record is provided free of charge  
FOR ADMINISTRATIVE USE ONLY, NOT  
FOR PERSONAL USE (MCL 333.2883(2)).

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STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
2441520

3CC DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) <b>OSBORNE B. SAMPSON SR</b>		2. DATE OF BIRTH (Month, Day, Year) <b>March 28, 1919</b>		3. SEX <b>Male</b>		4. DATE OF DEATH (Month, Day, Year) <b>March 30, 2004</b>					
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years) <b>85</b>		6b. UNDER 1 YEAR MONTHS _____ DAYS _____		6c. UNDER 1 DAY HOURS _____ MINUTES _____			
NAME OF DECEDENT For use by physician or institution	7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) <b>485 Hoover Ave., 49022</b>				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>St. Joseph Township</b>			7c. COUNTY OF DEATH <b>Berrien</b>				
	8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Berrien</b>		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE (inside limits of) <b>St. Joseph</b>			8d. STREET AND NUMBER (Include Apt. No. if applicable) <b>485 Hoover Ave.</b>				
PARENTS	8e. ZIP CODE <b>49022</b>		9. BIRTHPLACE (City and State or Country) <b>Tupelo, Mississippi</b>		10. SOCIAL SECURITY NUMBER <b>317-09-9778</b>		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>6th Grade</b>					
	12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) <b>Black</b>		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>American</b>		13b. HISPANIC ORIGIN (Yes or No) <b>No</b>		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) <b>Yes</b>					
INFORMANT	15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. <b>Recorder</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Steel Mfg.</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) <b>Clemmie Williams</b>					
	19. FATHER'S NAME (First, Middle, Last) <b>Rufus Sampson</b>				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Minnie Dixon</b>							
DISPOSITION	21a. INFORMANT'S NAME (Type/Print) <b>Osborne B. Sampson Jr</b>		21b. RELATIONSHIP TO DECEDENT <b>Son</b>		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>485 Hoover Ave., Benton Harbor MI 49022</b>							
	22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) <b>Burial</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>Oak Hill Cemetery</b>			23b. LOCATION - City or Village, State <b>Gary, Indiana</b>						
CERTIFICATION	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER (of Licensee) <b>6298</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Fairplain Chapel: Florin Funeral Service, Inc. 1053 E. Napier Ave., Benton Harbor MI 49022</b>							
	27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause/s) and manner stated. <input type="checkbox"/> Medical Examiner - 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 stated. Signature and Title <i>[Signature]</i> <b>Sridhar Narra</b>		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>2:00 A. M.</b>		28b. PRONOUNCED DEAD ON (Mo. Day Yr.) <b>Mar. 30, 2004</b>		28c. TIME PRONOUNCED DEAD <b>2:00 A. M.</b>					
CAUSE OF DEATH	27b. DATE SIGNED (Mo. Day, Yr.) <b>3/30/2004</b>		27c. LICENSE NUMBER <b>5315009871</b>		29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>No</b>		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) <b>Home</b>		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)			
	32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)				33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
MEDICAL EXAMINER	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <b>Sridhar Narra MD, 960 Agard St., Benton Harbor MI 49022</b>											
	35a. REGISTRAR'S SIGNATURE <i>[Signature]</i>					35b. DATE FILED (Month, Day, Year) <b>April 1, 2004</b>						
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. a. <b>Metastatic Prostate Cancer</b> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>Hypertension, Hypothyroidism</b>									Approximate Interval Between Onset and Death <b>2yrs.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.									37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <b>Natural</b>			40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)							
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY <b>M</b>		41c. DESCRIBE HOW INJURY OCCURRED								
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No.		City, Village or Twp.		State		

No: 920053948

**LEGAL DESCRIPTION**

Lot 8 in Block 5 in John Gunzenhauser's 2nd Subdivision to Gary, as per plat thereof, recorded in Plat Book 17 page 4, in the Office of the Recorder of Lake County, Indiana.

