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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 051534

2005 JUN 22 AM 11:03

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL A. BRONKHORST, Key No.: 26-36-0064-0005
RECORDER

SURVIVORSHIP AFFIDAVIT

I, Linda Slayton, being first duly sworn, state:

- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that she is the Daughter of Evie Pauline McMeans, who died

intestate a resident of Lake County, Indiana, on December 24, 1994.

- 3. At the time of her death, Oscar McMeans and Evie Pauline McMeans, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot Seven (7), Block Two (2), H.W. Sohl's Fifth Addition to the City of Hammond, as shown in Plat Book 2, page 10, in Lake County, Indiana.
Commonly known as: 5616 Alice Street, Hammond, IN 46320

- 4. At the time of her death, Oscar McMeans and Evie Pauline McMeans were not divorced and were living together as husband and wife.

- 5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of Evie Pauline McMeans and all funeral expenses have been paid.

- 6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Oscar McMeans, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: June 16, 2005

FILED

Linda Slayton
Linda Slayton

JUN 22 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

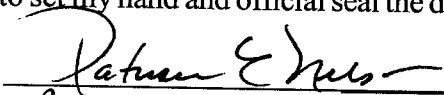
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STATE OF INDIANA)
COUNTY OF LAKE) SS.

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of June, 2005, personally appeared Linda Slayton, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.



Patricia E. Nelson, Notary Public
(printed name)

My Commission Expires: 7-2-2006
Resident of County: LAKE

This instrument prepared by: Alissa Resop, Attorney at Law, Attorney No. 22518-64 – Beckman, Kelly and Smith,
5920 Hohman Avenue, Hammond, Indiana 46320 • (219)933-6200



WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 1009

CERTIFICATE OF DEATH

Date Issued Dec 28, 1994 Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED—NAME (First, Middle, Last) Evie Pauline Mc Means; 2. SEX Female; 3a. TIME OF DEATH 1:45 AM; 3b. DATE OF DEATH (Month, Day, Yr.) December 24, 1994; 4. *SOCIAL SECURITY NUMBER 416-34-9488; 5a. AGE—Last Birthday (Years) 73; 5b. UNDER 1 YEAR Months Days; 5c. UNDER 1 DAY Hours Minutes; 6. DATE OF BIRTH (Mo, Day, Yr) April 22, 1921; 7. BIRTHPLACE (City and State or Foreign Country) Decatur, Alabama; 8a. WAS DECEDENT A U.S. VETERAN? no; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----; 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL [X] Inpatient [] ER/Outpatient [] DOA; OTHER [] Nursing Home [] Other (Specify) [] Residence; 9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy-North Campus; 9c. CITY, TOWN, OR LOCATION OF DEATH Hammond; 9d. COUNTY OF DEATH Lake; 10. MARITAL STATUS (Specify) Married; 11. SURVIVING SPOUSE (If wife, give maiden name) Oscar McMeans; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker; 12b. KIND OF BUSINESS/INDUSTRY Own; 13a. RESIDENCE—STATE Indiana; 13b. COUNTY Lake; 13c. CITY, TOWN, OR LOCATION Hammond; 13d. STREET AND NUMBER 5616 Alice Street; 13e. ZIP CODE 46320; 13f. INSIDE CITY LIMITS [] No [X] Yes; 13g. ON A FARM? [X] No [] Yes; 14. CITIZEN OF WHAT COUNTRY? U.S.A.; 15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.); 16. RACE—American Indian, Black, White, etc. (Specify) White; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th; College (1-4 or 5+) ---; 18. FATHER'S NAME (First, Middle, Last) William Edgeman, Sr.; 19. MOTHER'S NAME (First, Middle, Maiden Surname) Adaline McBay; 20a. INFORMANT'S NAME (Type/Print) Oscar M. McMeans; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5616 Alice St., Hammond, In. 46320; 20c. Relationship Husband; 21a. METHOD OF DISPOSITION [X] Burial [] Cremation [] Removal from State [] Donation [] Other (Specify) ---; 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 28, 1994 Elmwood Cemetery; 21c. LOCATION—City or Town, State Hammond, Indiana; 22a. EMBALMER'S NAME Dean G. Wagner; 22b. EMBALMER'S LICENSE NO. 8800057; 23. WAS DEATH REPORTED TO CORONER? [X] No [] Yes; 24a. SIGNATURE OF FUNERAL DIRECTOR Dean G. Wagner; 24b. LICENSE NUMBER (of Licensee) 8800057; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home #Fh83002893 7109 Calumet Avenue, Hammond, Indiana 46320; 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. acute myocardial infarction; DUE TO (OR AS A CONSEQUENCE OF) simply saw a; b. acute infarction; DUE TO (OR AS A CONSEQUENCE OF) acute infarction; c. acute infarction; DUE TO (OR AS A CONSEQUENCE OF) acute infarction; d. ---; 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) [X] 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 [Signature]; 29c. MEDICAL LICENSE NO. 01022750; 29d. DATE SIGNED (Month, Day, Year) December 27, 1994; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cesar M. Gomez M.D., P.O. Box 665, Hammond, In., 46325; 31. HEALTH OFFICER'S SIGNATURE [Signature]; 32. DATE FILED (Month, Day, Year) DEC 28 1994; 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); 34d. DESCRIBE HOW INJURY OCCURRED; 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); 34g. DATE PRONOUNCED DEAD (Month, Day, Year); 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.