

AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake) SS:2006 094304

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 OCT 27 AM 11:03

MICHAEL WARD BROWN
RECORDER

2
Donald E. Rhymes, being first duly sworn upon oath, deposes and says:

1. That **Alice Wand** died on the 29th day of July, 2006 at Gary, Lake County, Indiana.
2. That at the time of her death, she was co-owner as Joint Tenant with Donald E. Rhymes in the following described real estate:

44-201-32

LOT 27, BLOCK 7, GARY LAND COMPANY'S FIFTH SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 15, PAGE 3 1/2, IN LAKE COUNTY, INDIANA.

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

FURTHER, Affiant sayeth not.
"I AFFIRM, UNDER THE PENALTY OF PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: Amber Healy

Document is NOT OFFICIAL!

Donald E. Rhymes
DONALD E. RHYMES

Subscribed and sworn to before me, a Notary Public this 17th day of October, 2006.

COMMUNITY TITLE COMPANY
FILE NO 2 35582

Signed

S. Ahmed

My Commission Expires: 03/27/2010

Sultana Ahmed

Notary Public

County of Residence: Denver



SULTANA AHMED
NOTARY PUBLIC
STATE OF COLORADO

This instrument prepared by: ATRICK J. McMANAMA, Attorney-at-Law Commission Expires 03/27/2010
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED

OCT 24 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED

OCT 27 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

al No. #06-408

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

E/PRINT IN MANENT ACK INK	1. DECEASED—NAME (First, Middle, Last) Lue Alice Ward			2. SEX Female	3a. TIME OF DEATH 11:30 A	3b. DATE OF DEATH (Month, Day, Year) July 29, 2006
	4. SOCIAL SECURITY NUMBER 307-20-3440	5a. AGE—Last Birthday (Years) 90	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 7, 1916	7. BIRTHPLACE (City and State or Foreign Country) Milan, Tennessee
IDENT	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
	9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake			9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake	
ENTS	10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Janitor		12b. KIND OF BUSINESS/INDUSTRY IUN	
	13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 523 Rutledge Street	
RMANT	13a. ZIP CODE 46404	13b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 (8-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12th
	18. FATHER'S NAME (First, Middle, Last) Veora Williams			19. MOTHER'S NAME (First, Middle, Maiden Surname) Jessie Robinson		
POSITION	20a. INFORMANT'S NAME (Type/Friend) Donald Rhymes		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3308 Leyden Street Denver, Colorado 80207		20c. Relationship Son	
	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 7 2006 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
SE OF H	22a. EMBALMER'S NAME Rosenwald D. Allen JR.		22b. EMBALMER'S LICENSE NO. #29400047	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of License) #08700298	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704		
TH ER	26. PART I. Enter the disease, 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) Sudden Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					
	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)
IFIER	29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Noel Obaid M.D.			29c. MEDICAL LICENSE NO. #01028410	29d. DATE SIGNED (Month, Day, Year) August 30, 2006	
TH ER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Friend) Dr. N. Obaid M.D. 8895 Broadway Merrillville, Indiana 46410					
	31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) AUG 31 2006	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		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.			

