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TICOR TITLE INSURANCE

2006 111648

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Ozie Moore, being first duly sworn upon oath, deposes and says:

1. That Johnie Moore Sr. died on November 10., 1999 at 9:35 PM

2. That Johnie Moore Sr. and Ozie Moore were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 3172 W. 19th Pl Gary, IN 46404

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 DEC 21 AM 9:14
MICHAEL 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) (her) death.

4. 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.

25592

FILED
DEC 19 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

X Ozie Moore

Subscribed and sworn to before me, a Notary Public, this 12TH day of DECEMBER, 19XX 2006

Pamela J. Frailey

PAMELA J. FRAILEY/NOTARY PUBLIC

MY COMMISSION EXPIRES: SEPT. 23, 2007
RESIDENT OF PORTER COUNTY, INDIANA

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No. .....

cal No. 99-0785

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

1. DECEASED—NAME (First, Middle, Last) Johnie Moore Sr.			2. SEX Male	3a. TIME OF DEATH 9:35 P M	3b. DATE OF DEATH (Month, Day, Year) November 10, 1999
4. SOCIAL SECURITY NUMBER 491-16-0389	5a. AGE—Last Birthday (Years) 86	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo. Day, Yr.) April 1, 1913	7. BIRTHPLACE (City and State or Foreign Country) Maryann, Arkansas
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 ☐ Inpatient ☐ ER/Outpatient ☐ DOA		OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence	
9b. FACILITY NAME (If not institution, give street and number) 3172 West 19th Place		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Ozie T. Moore	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter		12b. KIND OF BUSINESS/INDUSTRY American Bridge	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 3172 West 19th Place	
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS? ☐ 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) 12th; College (1-4 or 5+)
	13g. ON A FARM? ☒ No ☐ Yes				
18. FATHER'S NAME (First, Middle, Last) James S. Moore				19. MOTHER'S NAME (First, Middle, Maiden Surname) Eliza Scafie	
20a. INFORMANT'S NAME (Type/Print) Ozie T. Moore		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3172 West 19th Place Gary, Indiana 46404		20c. Relationship Wife	
21a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 15, 1999 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Rosenwald D. Allen Jr.		22b. EMBALMER'S LICENSE NO #29400047		23. WAS DEATH REPORTED TO CORONER? ☒ Yes ☐ No	
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Embalmer) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704	

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Carcinoma of Prostate

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR WITHIN 90 DAYS OF DELIVERY? (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)

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) and manner 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: David E. Ross MD

29c. MEDICAL LICENSE NO: #01018989

29d. DATE SIGNED (Month, Day, Year): 12-13-99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print): Dr. David E. Ross MD 1619 West 5th Avenue Gary, Indiana 46404

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year): DEC 13 19

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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

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.