

2

2006 111649

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)

) SS:

COUNTY OF: Lake)

On this 12-15-06 Before me personally appeared Ozie Moore

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 DEC 21 AM 9:11
MICHAEL A. THOMAS
RECORDER

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: Lot 69, except the East 5 feet thereof, all of Lot 70, and the East 5 feet of Lot 71, in Block 1 in Sherman Park Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 2 page 42, in the Office of the Recorder of Lake County, Indiana.

(25) 47-37-20

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

4. Said premises were formerly owned as joint tenants or as tenants by entireties by Johnie Moore, Sr. and Ozie Moore

5. Said Johnie Moore, Sr.
(fill in name of co-tenant who died)
died on 11/10/99

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 \$ _____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:

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

Signature Ozie Moore
Address: 3172 W. 19th Place, Gary

State of Indiana)
County of Lake)

DEC 19 2006

PEGGY HOLINGA KATONA
LAKE COUNTY RECORDER

Before me, the undersigned, a Notary Public in and for said County and State, this 12/15/06 personally appeared Ozie Moore

and acknowledged the execution of the foregoing Affidavit.

PAULA BARRICK
Lake County
My Commission Expires
October 2, 2009

Paula Barrick
Notary Public
Resident of _____ County
My Commission expires: _____

Prepared by: Ozie Moore

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Sandra Peyovich

\$13
TJ
CP

TICOR MO
920610014

25593

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **99-0785**

CERTIFICATE OF DEATH

State No.

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

1 DECEASED—NAME (First Middle Last) Johnie Moore Sr.		2 SEX Male	3a TIME OF DEATH 9:35 P	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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) XXX 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U S A	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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 (0-12) 12th		17 College (1-4 or 5+)			
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 <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) #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 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) Carcinoma of Prostate		Approximate interval Between Onset and Death			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a _____			
		b _____			
		c _____			
		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) -----			
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 		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, Jr. MD 1619 West 5th Avenue Gary, Indiana 46404					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month Day Year) DEC 13 1999		
33 MANNER OF DEATH <input 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
		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.			

