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~~AFFIDAVIT~~ 18678

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007-02-23 09:58

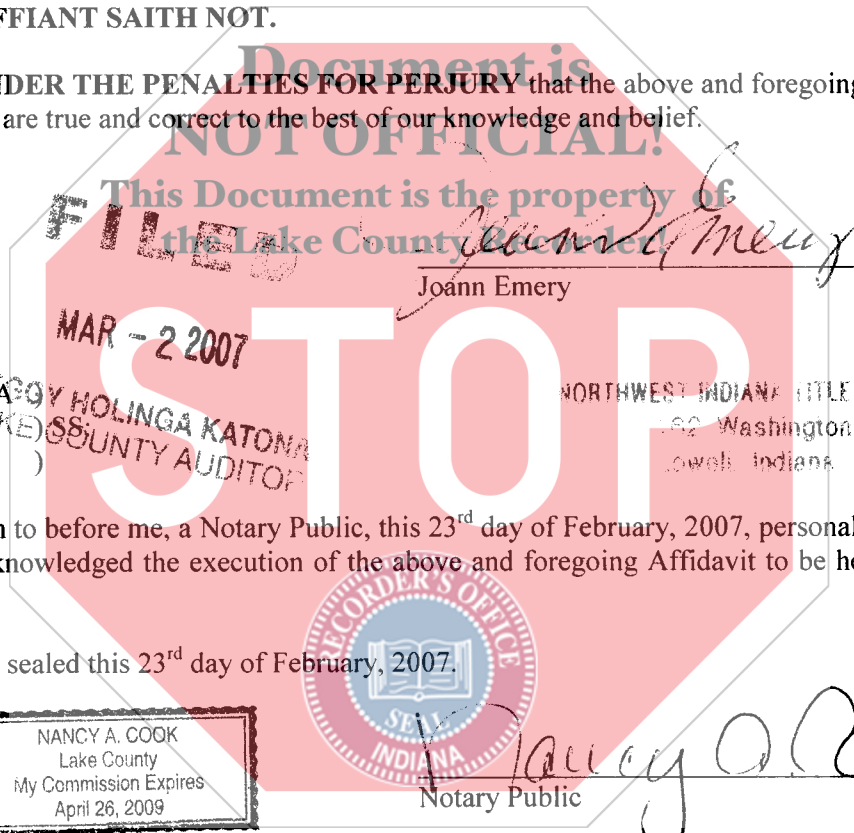
The undersigned being first duly sworn upon her oath states:

MICHAEL A. BROWN  
RECORDER

1. That your Affiant is the owner of a parcel of real estate commonly known as 575 Maryland Street, Gary, Indiana and more particularly described as follows:  
  
Lot 28, in Block 89, in Gary Land Company's First Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 6, Page 15, in the Office of the Recorder of Lake County, Indiana.
2. That said property was formally owned with Maggie R. Tate and Luis J. Tate as joint tenants with your Affiant.
3. That Maggie Tate died on the 20<sup>th</sup> day of November, 1988, and that Luis J. Tate died on the 11<sup>th</sup> day of July, 1993.
4. That your Affiant makes this Affidavit in order to clear the record for the Lake County Auditor as to the death of said joint tenants.

**FURTHER AFFIANT SAITH NOT.**

**I AFFIRM UNDER THE PENALTIES FOR PERJURY** that the above and foregoing representations are true and correct to the best of our knowledge and belief.



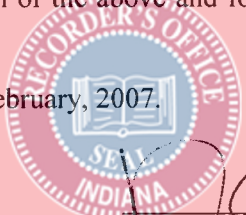
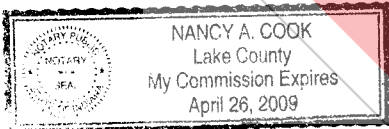
STATE OF INDIANA  
COUNTY OF LAKE )

BOY HOLINGA KATOMA  
COUNTY AUDITOR

NORTHWEST INDIANA TITLE SERVICES INC  
60 Washington Street  
Lowell, Indiana 46358

Subscribed and sworn to before me, a Notary Public, this 23<sup>rd</sup> day of February, 2007, personally appeared Joann Emery and acknowledged the execution of the above and foregoing Affidavit to be her voluntary act and deed.

Witness my hand and sealed this 23<sup>rd</sup> day of February, 2007.



*Nancy A. Cook*  
Notary Public

My Commission expires:  
County of residence:

16-  
13885-  
20

This Instrument Prepared By: Richard A. Zunica Attorney at Law 162 Washington Street Lowell, IN 46356 (219) 696-0100  
File No. 06-15579-1  
PERJURY THAT I HAVE TAKEN REASONABLE  
CARE TO REDACT EACH SOCIAL SECURITY  
NUMBER IN THIS DOCUMENT UNLESS  
REQUIRED BY LAW.

*Richard A. Zunica*

003017

No. 88-0000

CERTIFICATE OF DEATH

State No. ....

PRINT IN PERMANENT INK

IDENT

ITS

MANT

SITION

FUNCTIONING ONLY

1-78 MUST BE COMPLETED BY WHO REPORTS DEATH

INSTRUCTIONS

DEPT

ACTIONS

IFIER

HER

NER OR LOCAL USE

1 DECEASED—NAME FIRST: <b>Maggie</b> MIDDLE: <b>Ruth</b> LAST: <b>Tate</b>			2 SEX <b>Female</b>	3 DATE OF DEATH (Mo. Day, Yr.) <b>November 28, 1988</b>	
4 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	5a AGE—Last Birthday (Year) <b>73</b>	5b UNDER 1 YEAR Months: _____ Days: _____	5c UNDER 1 DAY Hours: _____ Minutes: _____	6 DATE OF BIRTH (Month Day, Year) <b>10/27/15</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Louisiana</b>
8 YEAR LAST SERVED IN US ARMED FORCES? <b>No</b>		9a PLACE OF DEATH (Check only one—See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) <b>St. Mary Medical Center</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Louis J. Tate</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>2328 Fillmore Street</b>		
13e INSIDE CITY LIMITS? (Yes or no) <b>Yes</b>	13f RURAL <b>No</b>	13g ZIP CODE <b>46407</b>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify N or Y or Yd. If Yd, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)	15 RACE—American Indian, Black, White <b>Black</b>	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____					
17 FATHER'S NAME (First, Middle, Last) <b>Edward Smith</b>		18 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Adeline/Not Available</b>			
19a INFORMANT'S NAME (Type/Print) <b>Louis J. Tate</b>		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2328 Fillmore Street Gary, In. 46407</b>		19c Relationship <b>Husband</b>	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>December 3, 1988</b>		20c LOCATION—City or Town, State <b>Gary, Indiana</b>	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broadway</i>		21b LICENSE NUMBER (or License) <b>08700646</b>	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc 2959 W. 11th ave Gary, IN #3007704</b>		
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: <i>George T. Clardy, Jr.</i>		23b LICENSE NUMBER <b>01028821</b>	23c DATE SIGNED (Month, Day, Year)		
24 TIME OF DEATH <b>7:10 PM</b>		25 DATE PRONOUNCED DEAD (Month, Day, Year) <b>November 28, 1988</b>		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <b>NO</b>	
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying 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) <b>a Cardiorespiratory Arrest</b> DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. <b>b Arteriosclerotic Heart Disease</b> DUE TO (OR AS A CONSEQUENCE OF) <b>c Diabetes Mellitus</b> DUE TO (OR AS A CONSEQUENCE OF)			Approximate interval between Onset and Death <b>6 minutes</b> <b>10 years.</b> <b>10 years.</b>		
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			28 WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
30 CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.		31 SIGNATURE AND TITLE OF CERTIFIER <i>George T. Clardy, Jr.</i>	32 LICENSE NUMBER <b>01028821</b>	33 DATE SIGNED (Month, Day, Year) <b>12/13/88</b>	
34 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>George T. Clardy, Jr., M.D., Inc. 2200 Grant Street, Suite 201 Gary,</b>					
35 HEALTH OFFICER'S SIGNATURE <i>Michael J. ...</i>			36 DATE FILED (Month, Day, Year) <b>DEC 16 1988</b>		
37 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		38a DATE OF INJURY (Month, Day, Year)	38b TIME OF INJURY	38c INJURY AT WORK? (Yes or no)	38d DESCRIBE HOW INJURY OCCURRED
		39a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		39b LOCATION (Street and Number or Rural Route Number, City or Town, State)	

3cc

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 93-0534

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

CORONER USE ONLY

1 DECEASED--NAME (First Middle Last) <b>Louis J. Tate</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>6:24 P.M.</b>		3b DATE OF DEATH (Month Day Year) <b>July 11, 1993</b>	
4 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a AGE--Last Birthday (Years) <b>78</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) <b>November 14, 1914</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Franklenton, Louisiana</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		8c PLACE OF DEATH (Check only one. See instructions): HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> FR/Outpatient <input type="checkbox"/> LOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>			
8d FACILITY NAME (If not institution, give street and number) <b>7132 Ironwood</b>				8e CITY/TOWN OR LOCATION OF DEATH <b>Gary</b>		8f COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS <b>Married</b>		11 SURVIVING SPOUSE (Specify) <b>Mary J. Cunningham</b>		12a DECEASED'S USUAL OCCUPATION (Give kind of work only. Limit to 800 words of working life. Do not use retired) <b>[REDACTED]</b>		12b KIND OF BUSINESS/INDUSTRY <b>Boating Company</b>	
13a RESIDENCE--STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY/TOWN OR LOCATION <b>Gary</b>		13d STREET AND NUMBER <b>615 Harrison Street</b>	
13e ZIP CODE <b>46402</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZENSHIP OF WHAT COUNTRY? <b>U S A</b>		15 WAS OCCIDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16 RACE--American Indian, Black, White, etc. (Specify) <b>Black</b>		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>3rd</b> College (14 or 15)					
18 FATHER'S NAME (First Middle Last) <b>Wilton Tate</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Joana Brumfield</b>			
20a INFORMANT'S NAME (Type/Print) <b>Mary J. Tate</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>615 Harrison Street Gary, Indiana 46402</b>		20c Relationship <b>Wife</b>	
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) <b>July 16, 1993 Oak Hill Cemetery</b>		21c LOCATION--City or Town State <b>Gary, Indiana</b>	
22a FUNERAL HOME'S NAME <b>Roosevelt Allen Jr.</b>				22b EMBALMER'S LICENSE NO. <b>#01051701</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b LICENSE NUMBER (of Licensee) <b>#08700646</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>83007704 Guy &amp; Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46402</b>	
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. Approximate Interval between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Hypoxia</b> <span style="float: right;"><b>3 days</b></span>							
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST <b>Idiopathic Pulmonary Fibrosis</b> <span style="float: right;"><b>18 months</b></span>							
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) <b>No</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		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 <i>[Signature]</i>				29c MEDICAL LICENSE NO. <b>036-084282</b>		29d DATE SIGNED (Month Day Year) <b>8/9/93</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>David L. Olson, MD, University of Chicago Hosp, MC6026 5841 S. Maryland Chicago 606</b>							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month Day Year) <b>AUG 12 1993</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify)				34e DESCRIBE HOW INJURY OCCURRED			
34f DATE PRONOUNCED DEAD (Month Day Year)				34g MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.			

