

AFFIDAVIT OF HEIRSHIP

Affiant, being first duly sworn upon his oath, states as follows:

1. I am over 21 years old.
2. I am not now nor have I ever been determined to be mentally insane or incompetent.
3. I am Martha Jones. I am personally familiar with the family and marital history of Walter Jones.
4. I am the wife of Walter Jones who is now deceased. Walter Jones died September 4, 2006 without a will.
5. Walter Jones left as part of his estate a residence located at 420 Ellsworth, Gary, Lake County, Indiana. (Resub. Gary Land Co. 6th sub. N. 12th. E. 22 BL. 10 S. 23th. Bl. 10)
6. I am the sole and only heir of Walter Jones' estate.
7. There is no necessity for administration upon the estate.
8. The purpose of this affidavit is to establish me, Martha Jones, as legal owner of the above real estate to induce the property's refinancing or sale. Further Affiant sayeth not.

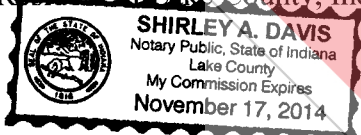
I affirm under the penalties for perjury that the foregoing representations are true.

Dated: 03-15-07 Martha Jones
Affiant Signature

Subscribed and sworn to by the within named Martha Jones, before me, the undersigned, a Notary Public in and for said County and State.

Witness, my hand and Notarial Seal this 15th day of March, 2007.

My Commission Expires: _____
Resident of Lake County, Indiana

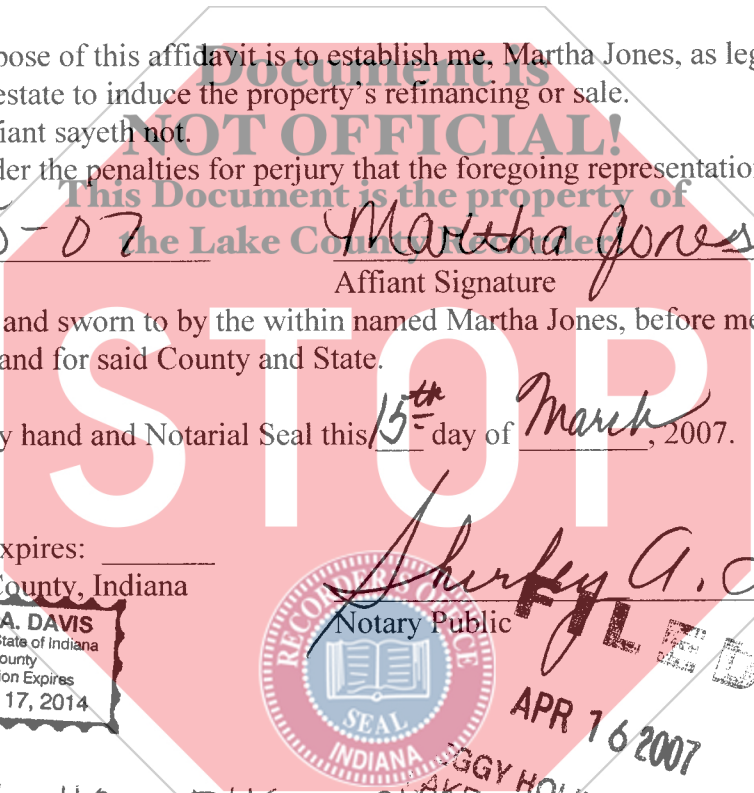


Shirley A. Davis
Notary Public

APR 16 2007

TAXES: 420 ELLSWORTH GARY, IN 46404
EGGY HOLINGA KATON COUNTY AUDITOR 005044

20.00
P.P.M.
CS
CR



2007-031573

FILED

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 CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

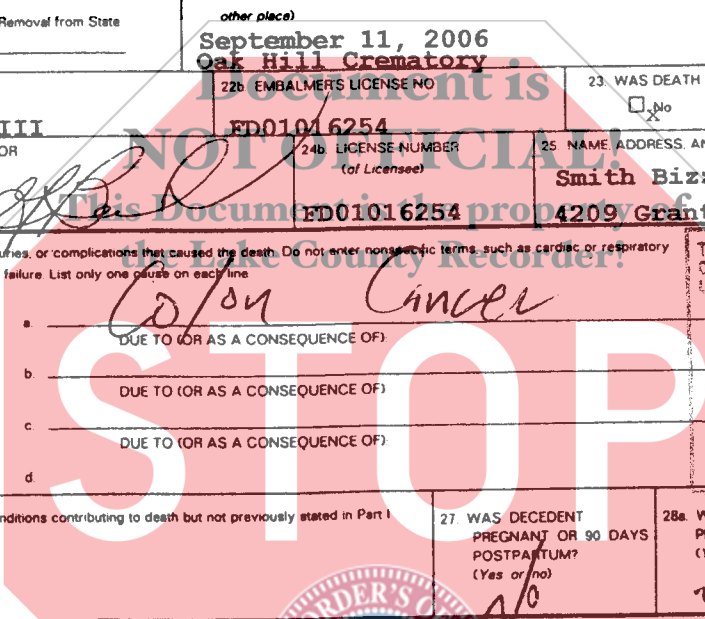
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | | |
|---|--|---|--------------------------------|--|--|---|---|
| 1 DECEASED—NAME (First, Middle, Last) Walter Lee Jones | | | | 2 SEX Male | 3a TIME OF DEATH 9:53 pm | 3b DATE OF DEATH (Month, Day, Yr) September 4, 2006 | |
| 4 *SOCIAL SECURITY NUMBER 331-24-7883 | | 5a AGE—Last Birthday (Years) 75 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) May 25, 1931 | | 7 BIRTHPLACE (City and State or Foreign Country) Cairo Illinois |
| 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"/> ER/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 Southlake | | | | 9c CITY, TOWN, OR LOCATION OF DEATH Merrillville | | 9d COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | | 11 SURVIVING SPOUSE (If wife, give maiden name) Martha Bankhead | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Custodian | | 12b KIND OF BUSINESS/INDUSTRY Education | |
| 13a RESIDENCE—STATE Indiana | | 13b COUNTY Lake | | 13c CITY, TOWN, OR LOCATION Gary | | 13d STREET AND NUMBER 420 Ellsworth | |
| 13e ZIP CODE 46404 | | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14 CITIZEN OF WHAT COUNTRY? USA | | 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 (0-12) 12 College (1-4 or 5+) N/A | | 18 FATHER'S NAME (First, Middle, Last) John Jones | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Lula Comer | | | | 20a INFORMANT'S NAME (Type/Print) Martha Jones | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 420 Ellsworth, Gary, IN 46404 | |
| 20c Relationship Wife | | 21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) September 11, 2006 Oak Hill Crematory | | 21c LOCATION—City or Town, State Gary, Indiana | |
| 22a EMBALMER'S NAME Sherman G Banks III | | 22b EMBALMER'S LICENSE NO. FD01016254 | | 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) FD01016254 | | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH10500021 4209 Grant Street, Gary, Indiana | | | |
| 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. Col/ou Cancer | | | | | | THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. Onset and Death SEP 18 2006 | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) | | | | | | b. DUE TO (OR AS A CONSEQUENCE OF) | |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. DUE TO (OR AS A CONSEQUENCE OF) | | | | | | d. 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) | | | |
| 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. 01035571 | | 29d DATE SIGNED (Month, Day, Year) 9/13/06 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Debra N Newberg 2535 Broadway Gary Indiana 46404 | | | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Susan W But. DO.</i> | | | | | | 32 DATE FILED (Month, Day, Year) September 18, 2006 | |
| 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. | | | |



JONES, WALTER L.
TO
BANKHEAD, MARTHA J.

BE IT REMEMBERED, That heretofore, to wit:
on the 21 day of May
A.D. 1996, the following Marriage License was
issued, to wit:

MARRIAGE LICENSE

STATE OF INDIANA, LAKE COUNTY, ss:

To Any Person Empowered by Law to Solemnize Marriage -- Greetings:

You are hereby authorized to join together as HUSBAND AND WIFE,

JONES, WALTER L. and BANKHEAD, MARTHA J.
according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I ANNA N. ANTON,
Clerk of the Lake Circuit Court, hereunto subscribe my
name and affix the seal of said court, at Crown Point,
this 21 day of May, 1996

/s/ANNA N. ANTON
Clerk Lake Circuit Court

BE IT FURTHER REMEMBERED, That afterwards, to wit: on the, 29 day
of May, 1996 the following Certificate of Marriage was filed in my office,
to wit:

**This Document is the property of
the Lake County Recorder!**

STATE OF INDIANA, LAKE COUNTY, ss:

THIS CERTIFIES, That I joined in Marriage as Husband and Wife
JONES, WALTER L. and BANKHEAD, MARTHA J.
on the 25 day of May, 1996

/s/NATHANIEL CUSIC, SR.

STATE OF INDIANA, LAKE COUNTY, ss:

I, ANNA N. ANTON Clerk of the Circuit Court within and for
said County of Lake, and State of Indiana, do hereby certify the foregoing to
be true and correct, copies of the Marriage License and
Certificate of Marriage of JONES, WALTER L.* & *BANKHEAD, MARTHA J.
Male Born: May 25, 1931
Female Born: March 27, 1961

as the same now appear of record in the Marriage Records in my office.

IN WITNESS WHEREOF, I have hereto subscribed my name and
affixed the seal of said court, at Crown Point, Indiana,
on this 29 day of May, 1996

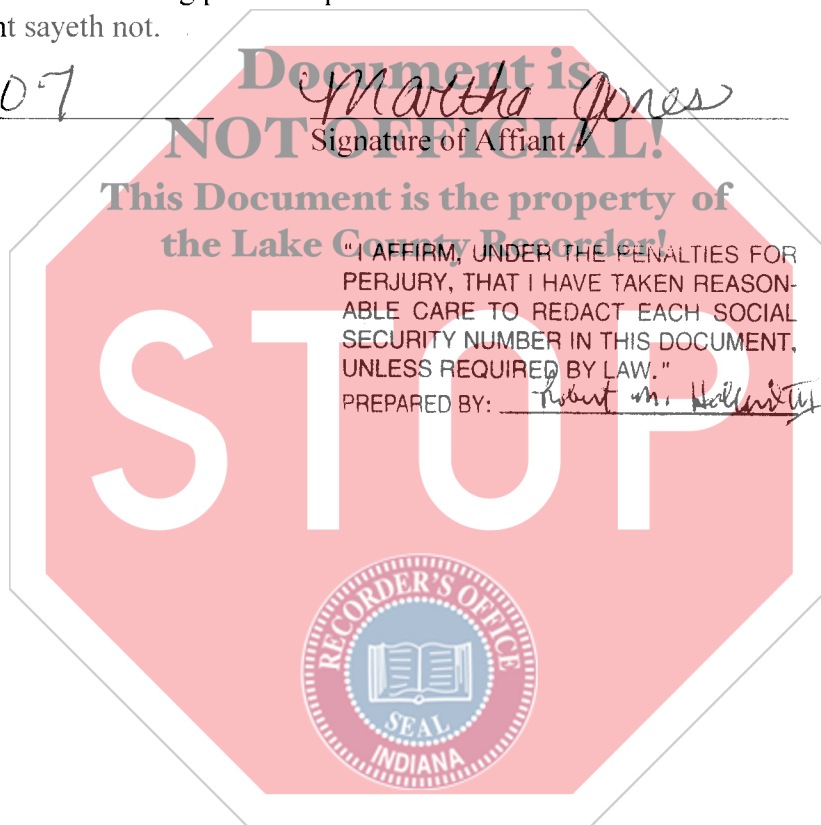
Anna N. Anton
Clerk Lake Circuit Court
Romaine R. Hochbaum
Deputy

Affidavit of Martha Jones

1. I am not now nor have I ever been determined to be mentally insane or incompetent.
2. I am over 21 years of age.
3. I am the wife of Walter Jones. Walter Jones is now deceased.
4. I am familiar with his assets, liabilities, liens, encumbrances and gross probate estate.
5. The value of the decedent's, Walter Jones', gross probate estate, less liens and encumbrances does not exceed the sum of twenty-five thousand dollars (\$25,000); the costs and expenses of administration; and reasonable funeral expenses.
6. There is real estate in the gross probate estate. The real estate is located at 420 Ellsworth, Gary, Lake County Indiana.
7. This information is being provided pursuant to Indiana Code 29-1-8-3.
Further affiant sayeth not.

4-14-07
Date

Martha Jones
Signature of Affiant



Parcel#() 001-25-44-0225-0026 Year 2005 Card of 1

| | | | | |
|--|-------------------------|---------------------|------------------|-----------|
| Property Address | | | | |
| Number 420 - | Unit | Street ELLSWORTH ST | | |
| Owner | | FVC | Assessed | Homestead |
| Acct 4402250026 | | Land 6900 | 6900 | 6900 |
| Name JONES, WALTER L | | Impr 32300 | 32300 | 31200 |
| | | Total 39200 | 39200 | 38100 |
| Addr 420 ELLSWORTH ST Gary IN 46404 | | | | |
| Legals | | | | |
| X RESUB. GARY LAND CO'S. 6TH SUB. N. 18 FT. L.22 BL.10 S. 23 FT BL.10 | | | | |
| Classification/Acres/Tax_District | | | | |
| Prop Cls 510 RESD - ONE FAM PLT LOT | | | | |
| Total Acres .141 | | | | |
| Tax Dist 25 | | | | |
| Number of... | | | | |
| Dwellings: 1 | Commercial Buildings: | Condominiums: | Out Buildings: 2 | |
| Lake s | Taxpayer Inquiry Screen | | - ACTIVE | |
| BROWSE By Parcel# | | | | |

