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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 042057

2007 MAY 23 AM 9:13

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Audrey Jackson, being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 13 and 14 and the East 11 feet of Lot 15, in Block 11, Norcott's Addition to Indiana City, Gary, as per plat thereof, recorded in Plat Book 1, page 14, in the Office of the Recorder of Lake County, Indiana. 25-46-0097-0014

Commonly known as 7639 Maple Street, Gary, Indiana.

That the decedent Elias Hardy and the affiant acquired title as tenants with right of survivorship to said real estate. That the parties were mother and son and remained joint owners continuously until the death of the decedent Elias Hardy on March 15, 2007. That your affiant and decedent acquired ownership of the above said property on December 7, 1981, which was recorded in the Office of Lake County Recorder on December 11, 1981.

That the decedent and the affiant jointly held title to said real estate until the death of Elias Hardy on the 15<sup>th</sup> day of March 2007, at which time this affiant acquired title to the real estate as the surviving joint tenant pursuant to property law. (See attached hereto Exhibit "A", certified copy of death certificate.)

**FILED**

MAY 22 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

6668

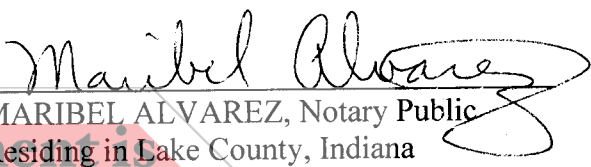
D.W.M.  
15.00  
#2236  
D.V. 1.00

That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return; therefore, and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

  
AUDREY JACKSON, Affiant

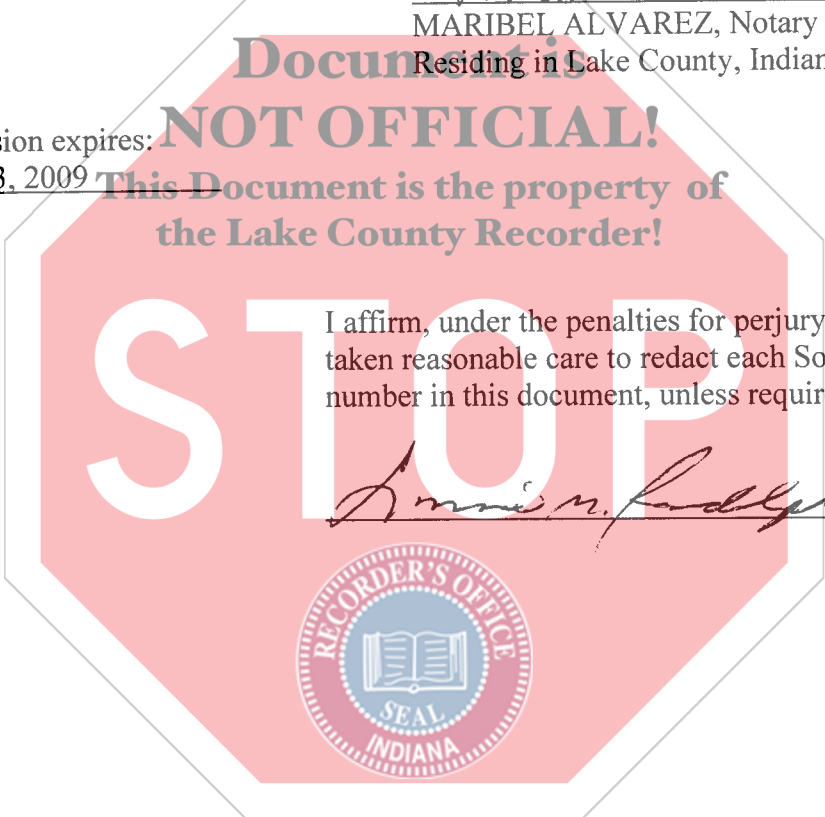
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 16<sup>th</sup> day of May, 2007.

  
MARIBEL ALVAREZ, Notary Public  
Residing in Lake County, Indiana

My commission expires:  
February 3, 2009

**Document is NOT OFFICIAL!**

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



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.



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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.

Local No. 59

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) <b>Elias Hardy, Jr.</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>5:03A.</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>March 15, 2007</b>
4 *SOCIAL SECURITY NUMBER <b>310-52-1792</b>		5a AGE—Last Birthday (Years) <b>59</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo, Day, Yr.) <b>January 10, 1948</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Other/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) <b>St. Catherine Hospital</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Divorced</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Supervisor</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Welfare Department</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>East Chicago</b>		13d. STREET AND NUMBER <b>509 E. 149th Place</b>
13e. ZIP CODE <b>46312</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>Black</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> <b>4 years</b>				
18. FATHER'S NAME (First, Middle, Last) <b>Elias Hardy, Sr.</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Audrey Jefferson</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Audrey Jackson</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>509 E. 149th Place East Chicago, IN 46312</b>		20c. Relationship <b>Mother</b>
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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>March 21, 2007 Fern Oaks Cemetery</b>		21c. LOCATION—City or Town, State <b>Griffith, Indiana</b>
22a. EMBALMER'S NAME <b>Tracy Cheri Williams</b>		22b. EMBALMER'S LICENSE NO. <b>FD08600238</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b. LICENSE NUMBER (of Licensee) <b>FD08600238</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Hinton &amp; Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>SEVERE INTRACTABLE DEPRESSION</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>ANNEDONIA</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>MULTIPLE CVA</b> DUE TO (OR AS A CONSEQUENCE OF) d. <b>DIABETES</b> 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) <b>No</b>	
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>01044809</b>	29d. DATE SIGNED (Month, Day, Year) <b>3-16-07</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>BENJAMIN ANIGBO, MD 650 GRANT ST. SUITE 5 GARY IND. 46404</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>3/19/07</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"/> 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)		34g. LOCATION (Street and Number or Rural Route)		
34h. DATE PRONOUNCED DEAD (Month, Day, Year)		34i. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

IVR 4-20  
(7/05)

Exhibit  
"A"

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT!