

2007 046391

2007 JUN -7 AM 10: 22

MICHAEL A. BROWN  
RECORDER

Key No.: 25-44-0235-0014

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

I, Felicia Washington, being first duly sworn, state:

1. Affiant states that she is the daughter of Susan <sup>Flw.</sup> Washington (now deceased) and Steve Washington, Sr.

2. At the time of his death, April 30, 2001, Steve Washington, Sr. and Susan Washington were husband and wife and the owners of the following described real estate located in Lake County, Indiana:

Lots 19 and 20 in Block 20, in Resubdivision of Gary Land Company's Sixth Subdivision, as per plat of said resubdivision, recorded in Plat Book 14, page 21, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 203 Taney Street, Gary, Indiana 46404.

3. At the time of his death, Steve Washington, Sr. and Susan Washington were not divorced and were living together as husband and wife.

4. Affiant further states that no Federal Estate Tax or Indiana Inheritance Tax was due from the Estate of Steve Washington, Sr.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Susan Washington, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: 6-4, 2007

*Felicia Washington*  
FELICIA WASHINGTON

**FILED**

JUN 07 2007

PEGGY KATONA  
LAKE COUNTY AUDITOR

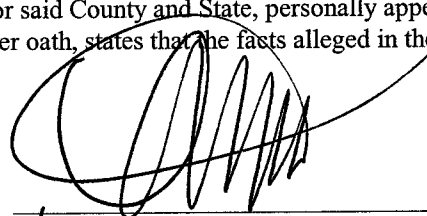
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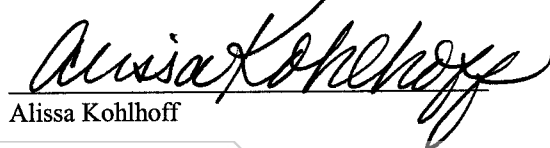
Before me the undersigned, a Notary Public in and for said County and State, personally appeared FELICIA WASHINGTON and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 14th day of June, 2007.

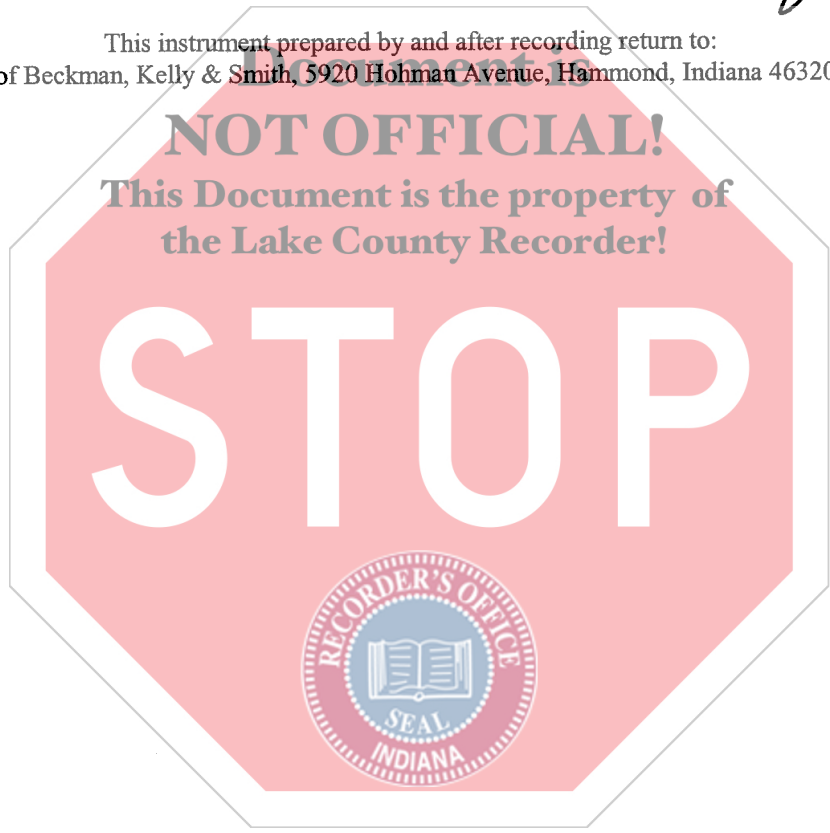
My Commission Expires: 02-01-08  
A Resident of IASPER County.

  
\_\_\_\_\_  
LISA M. MATSON, Notary Public

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.

  
Alissa Kohlhoff

This instrument prepared by and after recording return to:  
Alissa Kohlhoff, of Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200



Scct 3 Vets

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. 010277 CERTIFICATE OF DEATH State No. 11

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) Steve Washington Sr.				2. SEX Male		3a. TIME OF DEATH 6:00 A M		3b. DATE OF DEATH (Month, Day, Yr.) April 30, 2001							
4. *SOCIAL SECURITY NUMBER 314-26-8823		5a. AGE-Last Birthday (Years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo. Day, Yr) October 26, 1927		7. BIRTHPLACE (City and State or Foreign Country) Lovejoy, Illinois					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) 203 Taney Street				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) Susan Spencer		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipe Fitter				12b. KIND OF BUSINESS/INDUSTRY LTV Steel							
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary				13d. STREET AND NUMBER 203 Taney Street							
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"/> 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) 11 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Robert Washington						19. MOTHER'S NAME (First, Middle, Maiden Surname) Jessie May Shack									
20a. INFORMANT'S NAME (Type/Print) Susan Washington						20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 203 Taney Street Gary, IN 46404						20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <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) May 04, 2001 Evergreen Memorial Park				21c. LOCATION--City or Town, State Hobart, Indiana							
22a. EMBALMER'S NAME Sherman Banks III				22b. EMBALMER'S LICENSE NO. FD 01016254				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>				24b. LICENSE NUMBER (of Licensee) FD 01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408									
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. <i>Recurrent Gastric Cancer</i> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death <i>18 months</i>					
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) <i>NO</i>		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <i>NO</i>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <i>NO</i>	
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>Mitchell C. Posner</i>		29c. MEDICAL LICENSE NO. 036-098015 IL		29d. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Mitchell C. Posner, MD, The University of Chicago, 5841 S. Maryland Ave., MC 5031, Chicago, IL 60637</i>										32. DATE FILED (Month, Day, Year) <b>MAY 25 2001</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Mitchell C. Posner MD MPH</i>															
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. 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.													