

DECEASED JOINT TENANCY AFFIDAVIT
O'CONNOR TITLE COMPANY

State of INDIANA)
) S.S.
County of LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 097125

2007 DEC 12 AM 9:12

DECEASED JOINT TENANCY AFFIDAVIT
MICHAEL A. BROWN
RECORDER

Dorothy M. Tillman being duly sworn states that
She resides at 4323 West 10th Avenue, Gary, Lake County, IN 46404

That She was acquainted with Matthew L. Tillman
Deceased who, at the time of his death, was one of the owners of the land in
Lake County, Indiana, described as:

The East 21.5 feet of Lot 2 and the West 21.5 feet of Lot 3 in Block 21 in Gray
Heights, in the City of Gary as per Plat thereof recorded in Plat Book 20, Page 13, in
the Office of the Recorder of Lake County, Indiana.

P.I.N #25-43-0173-0003

That the deceased died 10/3/93 as evidenced by a Certified Copy of
Death Certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament, a copy of which is attached hereto. The
Original of the Unproven Will should be filed with the Clerk of the Probate Division
of the Circuit Court of _____ County, Indiana.
- Leaving a Last Will & Testament, which was filed, in the Unproven Will
Box of the Probate Division of the Circuit Court of _____.

That the total value of the Estate of the deceased, including both Real and
Personal Property owned by the deceased either individually or in Joint Tenancy at
the time of the death of the deceased, does not exceed the sum of \$ _____
Dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index
to issue its Title Insurance Policy describing the above-mentioned property.

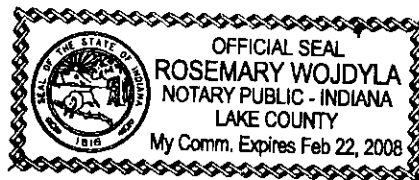
Subscribed and sworn to before me by the said:
Dorothy M. Tillman

This 19th day of November, 2007
Rosemary Wojdyla
Notary Public

Dorothy M. Tillman
Dorothy M. Tillman
O'Connor Title Services, Inc.
162 West Hubbard Street
Chicago, IL 60610

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.

[Signature]



024352

FILED
DEC 11 2007
REC. INDEXING UNIT
LAKE COUNTY AUDITOR

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34075
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93-0748

INDIANA STATE DEPARTMENT OF HEALTH

al No. CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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POSITION

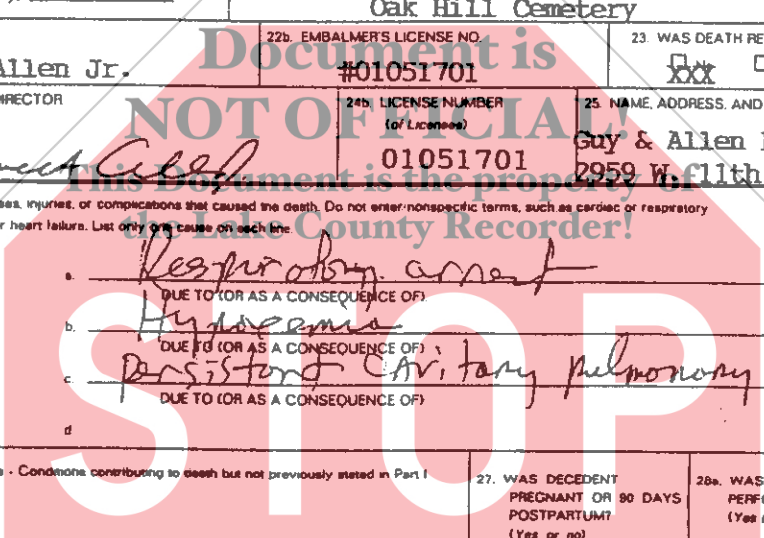
USE OF

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IONER ONLY

1 DECEASED—NAME (First Middle, Last) Matthew L. Tillman		2 SEX Male	3a TIME OF DEATH 4:50 A M	3b DATE OF DEATH (Month, Day, Year) October 3, 1993	
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) July 14, 1913	
7 BIRTHPLACE (City and State or Foreign Country) Georgia	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"/> Resident <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		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) Dorothy M. Jordan	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machine Operator		12b KIND OF BUSINESS/INDUSTRY American Bridge Company	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 4323 West 10th Avenue	
13e ZIP CODE 46404	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? 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 (K-12) 3rd College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Matthew Tillman			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Daisy Bell		20a INFORMANT'S NAME (Type/Print) Dorothy M. Tillman			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4323 W. 10th Avenue 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) October 9, 1993 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Roosevelt Allen Jr.</i>		24b LICENSE NUMBER (of Licensee) 01051701	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404		
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) Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF) Hypoxemia DUE TO (OR AS A CONSEQUENCE OF) Persistent Cavitary pulmonary tuberculosis 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>Dr. O Crawford MD</i>			29c MEDICAL LICENSE NO. 2993	29d DATE SIGNED (Month, Day, Year) 10/12/93	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. O Crawford					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) OCT. 15 1993	
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.			



Property: 4323 West 10th Street, Gary, Indiana 46404 **County:** Lake (IN)

Legal Description: The East 21.5 feet of Lot 2 and the West 21.5 feet of Lot 3 in Block 21 in Gary Heights, in the City of Gary as per Plat thereof recorded in Plat Book 20, Page 13, in the Office of the Recorder of Lake County, Indiana.

Permanent Index 25-43-0173-0003
Number(s):

