STATE OF Indiana }
COUNTY OF LAKE }

4

2007 099649

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 DEC 20 AM 11: 11

MICHAEL A. BROWN
RECORDER

70548IN

DECEASED JOINT TENANCY AFFIDAVIT

I, THE UNDERSIGNED, HEREINAFTER REFERRED TO AS THE AFFIANT, STATES UNDER OATH THAT THE AFFIANT RESIDES AT 4840 Ivy Street, IN THE (CITY) TOWN/VILLAGE OF East Chicago, ~~ILLINOIS~~ Indiana; THAT THE AFFIANT WAS ACQUAINTED WITH Barbara Frazier, THE DECEDENT; THAT AT THE TIME OF DEATH, THE DECEDENT WAS ONE OF THE OWNERS OF PROPERTY, BY VIRTUE OF A PROPERLY RECORDED JOINT TENANCY DEED, SAID PROPERTY, LOCATED IN Lake COUNTY, ~~ILLINOIS~~ Indiana, AND LEGALLY DESCRIBED AS FOLLOWS:

(SEE ATTACHED LEGAL DESCRIPTION)

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THAT THE DECEDENT HAD NO INTEREST IN ANY BUSINESS OR PARTNERSHIP, NOR HELD ANY POWER OF APPOINTMENT AT DEATH, NOR CREATED ANY REMAINDER INTERESTS IN PROPERTY BY TRANSFER WITH RETENTION OF A LIFE INTEREST THEREIN OR THE CREATION OF INTERESTS TO TAKE EFFECT IN POSSESSION OR ENJOYMENT AFTER DEATH;

THAT THE DECEDENT DIED ON ________________, LEAVING { } OR NOT LEAVING { } A LAST WILL AND TESTAMENT;

THAT THE TOTAL VALUE OF THE DECEDENT'S ESTATE, INCLUDING THE TAXABLE INTEREST IN THE ABOVE PROPERTY WAS $________________, AND THAT THE VALUE OF THE ABOVE PROPERTY INDIVIDUALLY WAS APPROXIMATELY $________________;

THAT THE ILLINOIS INHERITANCE TAX AND THE FEDERAL ESTATE TAX, IF ANY, WAS DUE FROM THE DECEDENT'S ESTATE HAS BEEN PAID IN FULL;

THAT THE AFFIANT MAKES THIS AFFIDAVIT TO INDUCE PLM TITLE COMPANY TO ISSUE ITS POLICY OF TITLE INSURANCE ON THE ABOVE DESCRIBED PROPERTY.

THE AFFIANT HEREBY COVENANTS AND AGREES, FOR SELF, HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNEES, TO FOREVER FULLY INDEMNIFY, PROTECT, DEFEND AND HOLD PLM TITLE COMPANY HARMLESS AND TO REIMBURSE PLM TITLE COMPANY FOR ALL LOSS, COSTS, DAMAGES, SUITS, ATTORNEY'S FEES AND EXPENSES OF EVERY KIND AND NATURE WHICH PLM TITLE COMPANY MAY SUFFER, EXPEND OR INCUR BY REASON OF THE

FILED

DEC 20 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

17.00

Return to →
PLM TITLE COMPANY
7805 BROADWAY SUITE A
MERRILLVILLE, IN 46410

CK4679

24669

ISSUANCE OF SAID POLICY FREE AND CLEAR OF THE FOLLOWING OBJECTIONS:

1) CLAIMS AGAINST THE ESTATE OF ______________________, THE DECEDENT;

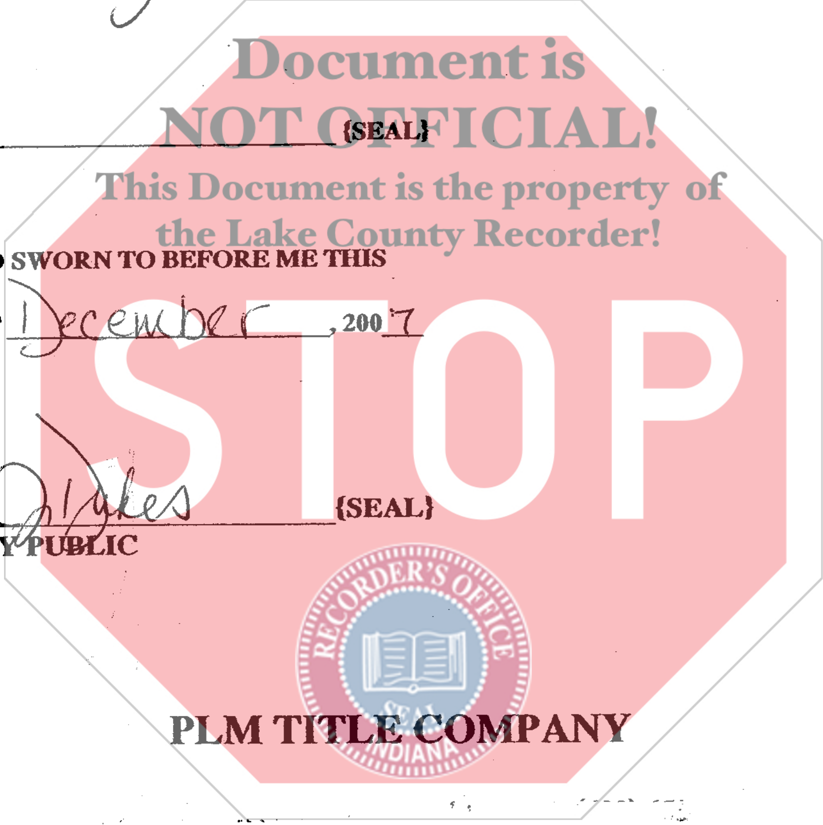
2) ILLINOIS STATE INHERITANCE TAX AND FEDERAL ESTATE TAX WHICH MAY BE CHARGED AGAINST DECEDENT'S ESTATE;

3) LEGACIES, IF ANY, CREATED BY THE WILL OF SAID DECEDENT; AND

4) RIGHTS TO CONTRIBUTION.

DATED: 12-7-07

John Frazier {SEAL}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______________________ {SEAL}

SUBSCRIBED AND SWORN TO BEFORE ME THIS

7th DAY OF December, 2007

Deborah Sykes {SEAL}
NOTARY PUBLIC

PLM TITLE COMPANY

ADDITIONAL CLOSING OFFICES: *Please visit our website for a complete list of offices*
www.plmtitle.com

PLM FILE # 70548IN

PROPERTY DESCRIPTION
LOT 42, AND THE NORTH HALF OF LOT 41, BLOCK 18, CALUMET ADDITION TO EAST CHICAGO, AS SHOWN IN PLAT BOOK 8, PAGE 32 IN LAKE COUNTY, INDIANA

PERMANENT INDEX NUMBER:
24-30-0210-0041

PROPERTY ADDRESS:
4840 IVY ST.
EAST CHICAGO, IN 46312

IS IS AN OFFICIAL COPY OF RECORD OF DEATH. ORIGINAL COPY ON FILE AT THIS COUNTY'S HEALTH DEPARTMENT

075107

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. 175

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

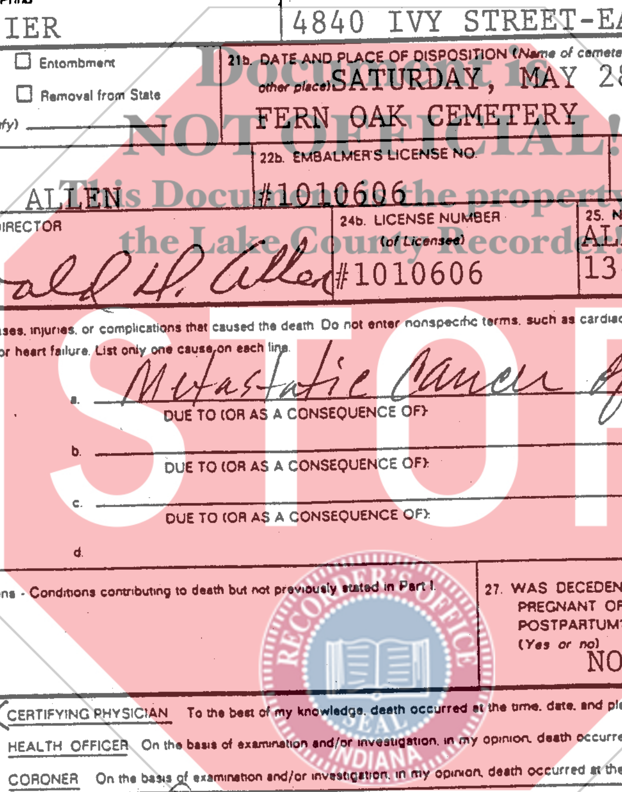
Field	Value
1. DECEASED—NAME (First, Middle, Last)	BARBARA FRAZIER
2. SEX	FEMALE
3a. TIME OF DEATH	7:00 PM
3b. DATE OF DEATH (Month, Day, Yr)	MAY 23, 2005
4. SOCIAL SECURITY NUMBER	432-84-4457
5a. AGE—Last Birthday (Years)	61
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	DECEMBER 23, '43
7. BIRTHPLACE (City and State or Foreign Country)	HAYNES, ARKANSAS
8a. WAS DECEDENT A U.S. VETERAN?	N/A
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a. PLACE OF DEATH (Check only one)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) XX Residence
9b. FACILITY NAME (If not institution, give street and number)	4840 IVY STREET
9c. CITY, TOWN, OR LOCATION OF DEATH	EAST CHICAGO
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name)	JOHN L. FRAZIER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	BEAUTICIAN
12b. KIND OF BUSINESS/INDUSTRY	BEAUTY SHOP
13a. RESIDENCE—STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	EAST CHICAGO
13d. STREET AND NUMBER	4840 IVY STREET
13e. ZIP CODE	46312
13f. INSIDE CITY LIMITS	☐ No XX Yes
13g. ON A FARM?	XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	BLACK
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12TH; College (1-4 or 5+): 2 YRS.

PARENTS / INFORMANT

Field	Value
18. FATHER'S NAME (First, Middle, Last)	WILLIE HARRIS
19. MOTHER'S NAME (First, Middle, Maiden Surname)	THELLIE LOCKHART
20a. INFORMANT'S NAME (Type/Print)	JOHN L. FRAZIER
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4840 IVY STREET-EAST CHICAGO, IN.
20c. Relationship	HUSBAND

DISPOSITION

Field	Value
21a. METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	SATURDAY, MAY 28, 2005 FERN OAK CEMETERY
21c. LOCATION—City or Town, State	GRIFFITH, INDIANA
22a. EMBALMER'S NAME	ROSENWALD D. ALLEN
22b. EMBALMER'S LICENSE NO.	#1010606
23. WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Rosenwald D. Allen
24b. LICENSE NUMBER (of Licensee)	#1010606
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	ALLEN FUNERAL HOME #300796 136TH & PULASKI ST.-E.CHGO,IN.



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CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Metastatic Cancer of the colon	2 years
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Field	Value
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	NO NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	NO

CERTIFIER

29a. CERTIFIER (Check only one)

- ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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.

Field	Value
29b. SIGNATURE AND TITLE OF CERTIFIER	Barbara L Fuller, MD
29c. MEDICAL LICENSE NO.	01034701
29d. DATE SIGNED (Month, Day, Year)	5/25/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Barbara L. Fuller, MD. 801 MacArthur Blvd Ste 401 Munster IN 46321

HEALTH OFFICER

Field	Value
31. HEALTH OFFICER'S SIGNATURE	[signature] MD
32. DATE FILED (Month, Day, Year)	6/6/05

Field	Value
33. MANNER OF DEATH	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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.	