

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 100276

2007 DEC 26 AM 9:27

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF DEATH

TITLE OF DOCUMENT

R#2765570

2759765

The undersigned, Sandra A. Lawson of legal age, being first duly sworn, deposes and states the following:

1. That James Perkins having become deceased on October 26, 2007 pursuant to the attached certified copy Certificate of Death, is the same person as James D. Perkins named as one of the parties in that certain Deed dated and executed October 31, 1989 by Gaye Woolsey, to James D. Perkins and Sandra A. Lawson, as joint tenants with rights of survivorship, recorded on November 13, 1989, as Recorded Document No. 068438 of Official Records of the Lake County Recorder's Office, Lake County, State of Indiana.
2. The real property subject hereof is located at 6608 Missouri Avenue, Hammond, Indiana 46323 and is legally described as follows:

LOTS 3 AND 4 IN BLOCK 10 IN MANUFACTURERS ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Assessor's Parcel Number: 263500190003

3. That the undersigned affiant, Sandra A. Lawson is the surviving spouse of the named decedent.

DATED this 15 day of November, 2007

Sandra A. Lawson
Sandra A. Lawson DEC 21 2007

FILED

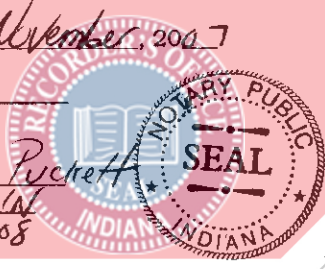
STATE OF Indiana
COUNTY OF Lake ss

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said County and State, personally appeared **Sandra A. Lawson**, he/she, being first duly sworn by me upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of November, 2007

Jerry A. Puckett
NOTARY PUBLIC



Notary Print Name: Jerry A. Puckett
Residing at: Porter County, IN
My Commission Expires: 12/26/2008

State of Indiana }
County of LAKE } SS:
Subscribed and sworn to before me this 15th day of Nov. 2007.
Jerry A. Puckett, Notary Public
My Commission expires December 26, 2008

After Recording Return To:
TSI - Recording Dept.
1450 W. Long Lake, Suite 400
Troy, Michigan 48084

Send Subsequent Tax Bills To:
Sandra A. Lawson
6608 Missouri Avenue
Hammond, Indiana 46323

This instrument was prepared by:
Sandra A. Lawson
6608 Missouri Avenue
Hammond, Indiana 46323

16th
271021
2/20
R

This instrument was prepared by **Sandra A. Lawson**. 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.

025489

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 672

Date Issued: Oct 30, 2007
Hammond Health Commissioner: [Signature]

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) James Perkins				2. SEX Male		3a. TIME OF DEATH 12:04am		3b. DATE OF DEATH (Month, Day, Year) October 26, 2007			
5a. AGE - Last Birthday (Years) 50		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr) May 13, 1957		7. BIRTHPLACE (City and State or Foreign Country) Montgomery, West Virginia			
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) HOSPITAL							
9b. FACILITY NAME (If not institution, give street and number) 6608 Missouri Avenue				9c. CITY, TOWN, OR LOCATION OF DEATH Hammond		9d. COUNTY OF DEATH Lake					
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sandra Lawson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer			12b. KIND OF BUSINESS/INDUSTRY Auto Factory				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 6608 Missouri Avenue					
13e. ZIP CODE 46323		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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 0	
16. FATHER'S NAME (First, Middle, Last) William Perkins					19. MOTHER'S NAME (First, Middle, Maiden Surname) Inez Dotson						
20a. INFORMANT'S NAME (Type/Print) Sandra Lawson				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 6608 Missouri Avenue Hammond, Indiana 46323				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) October 30, 2007 Calvary Crematory				21c. LOCATION--City or Town, State Portage, Indiana				
22a. EMBALMER'S NAME: Linda Joyce Hanson				22b. EMBALMER'S LICENSE NO. FD29400049		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Linda Joyce Hanson</i>				24b. LICENSE NUMBER (of Licensee) 10-26-2007		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgelawn Funeral Home 4201 West Ridge Road Gary, Indiana 46408 FH10200007					
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. Terminal Brain Tumor DUE TO (OR AS A CONSEQUENCE OF): 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 2 YEARS								Approximate Interval Between Onset and Death			
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) No	
28a. 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>Dawn Ross, RN, BSN</i>						29c. MEDICAL LICENSE NO. 28103459A		29d. DATE SIGNED (Month, Day, Year) 10-26-07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 3919-1634 PTH RD, Hammond, IN 46323 DAWN ROSS (October) RN, BSN											
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) October 30, 2007			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Disease <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) 6608 Missouri - Home					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) 10-26-07				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.							

EXHIBIT A - LEGAL DESCRIPTION

Tax ID Number: **263500190003**

Land situated in the County of **Lake** in the State of **IN**

**LOTS 3 AND 4 IN BLOCK 10 IN MANUFACTURERS ADDITION TO HAMMOND, AS
PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 23, IN THE OFFICE OF
THE RECORDER OF LAKE COUNTY, INDIANA**

Commonly known as: **6608 Missouri Avenue, Hammond, IN 46323**

