

STATE OF Indiana,
COUNTY OF LAKE

LAKE COUNTY
CLERK OF COURTS
JAMES BROWN

4

2007 101414

2007 DEC 20 PM 3:36

JAMES BROWN
RECORDER

COPY

70548 IN

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, Indiana, ILLINOIS; THAT THE AFFIANT WAS ACQUAINTED WITH BARBARA S 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, AND LEGALLY DESCRIBED AS FOLLOWS:

(SEE ATTACHED LEGAL DESCRIPTION)

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 5-23-2005, LEAVING () OR NOT LEAVING (X) A LAST WILL AND TESTAMENT;

THAT THE TOTAL VALUE OF THE DECEDENT'S ESTATE, INCLUDING THE TAXABLE INTEREST IN THE ABOVE PROPERTY WAS \$ 15,000.00, AND THAT THE VALUE OF THE ABOVE PROPERTY INDIVIDUALLY WAS APPROXIMATELY \$ 15,000.00;

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

*Theresa
Coffey
Auditor*

*Return to
468 J*

PLM TITLE COMPANY
7835 BROADWAY SUITE A
MERRILLVILLE, IN 46410

24669

17⁰⁰

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

- 1) CLAIMS AGAINST THE ESTATE OF Barbara J. Frazer, 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 Frazer (SEAL)

Document is
(SEAL)
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

SUBSCRIBED AND SWORN TO BEFORE ME THIS
7th DAY OF December, 2007

Deborah Stokes (SEAL)
NOTARY PUBLIC

STOP

RECORDER'S OFFICE
SEAL
INDIANA

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



The Social Security # is the responsibility of the state agency in order to disclose it. Disclosure is will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

REPRINT IN PERMANENT INK

DECEDENT

INFORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) **BARBARA FRAZIER** 2 SEX **FEMALE** 3a TIME OF DEATH **7:00 p.m.** 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. See instructions.)
 HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Other (Specify) **XXXXX**

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 Yes 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. WAS DECEDENT OF HISPANIC ORIGIN? No 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) **12TH** College (1, 4 or 5 +) **2 YRS.**

18. FATHER'S NAME (First, Middle, Last) **WILLIE HARRIS** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **THELIE 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**

21a. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation 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? 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.**

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Metastatic Cancer of the Colon** **2 years**
 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

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**

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.

29b. SIGNATURE AND TITLE OF CERTIFIER *Barbara L. Fuller, MD* 29c. MEDICAL LICENSE NO. **01934701** 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 Mae Arthur Blvd Ste 401, Muncie, IN 47302**

31. HEALTH OFFICER'S SIGNATURE *Paula Bonham Atkinson MD* 32. DATE FILED (Month, Day, Year) **6/6/05**

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined 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.

