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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE MATTER OF THE ESTATE OF 2008 004670
LOUISE GREGORY, DECEASED.)

2008 JAN 18 10:12:37
RECORDED

SURVIVORSHIP AFFIDAVIT

HOSEY GREGORY, JR., being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in Gary, Lake County, Indiana: that he is the son of HOSEY GREGORY, SR., who was formerly married to one, LOUISE GREGORY, for many years and lived continuously with her as her husband until her death.

2. That HOSEY GREGORY, AKA HOSEY GREGORY, SR., AKA HOSEA GREGORY and LOUISE GREGORY became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

Lot Number Eighteen (18) in Block Number Seven (7) as marked and laid down on the recorded plat of Michigan Avenue Addition to Indiana, Harbor, in the City of East Chicago, Lake County, Indiana, as the same appears of record in Plat Book 8, page 11, in the Recorder's Office of Lake County, Indiana.

Commonly known as:

3934 MELVILLE, EAST CHICAGO, IN 46312

Tax Key No.: 24-30-0459-0018

FILED

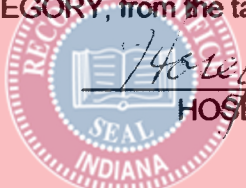
JAN 18 2008

3. That Affiant further says that the parties continued to be such owners of the title to said real estate until the death of his spouse on the 12th day of September, 2004, in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein). Further that the Warranty Deed incorrectly reflects the spelling of Hosey Gregory Sr's name, but that all taxes and assessments were paid by and forwarded to Hosey Gregory, Sr.

4. That the value of his spouse's estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Affiant, by reason of LOUISE GREGORY'S death, HOSEY GREGORY, AKA HOSEY GREGORY, SR., AKA HOSEA GREGORY, became the sole owner of the fee simple title to said real and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, LOUISE GREGORY, from the tax rolls on said real estate.

Further your Affiant saith not.



Hosey Gregory Jr.
HOSEY GREGORY, JR.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for Lake County and State
this 29 day of Oct 2007

KIM Y. COMER
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
NOTARY PUBLIC

My Commission Expires: 10/31/2010
My County of Residence: Lake

003209

Return to: SONYA A. MORRIS ATTORNEY AT LAW; 222 INDIANAPOLIS BLVD., SUITE 105,
SCHERERVILLE, INDIANA 46375

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13-
05
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050613

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

24-30-0459-0018
State No.

ATTENTION ESTAB: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 263

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANT

POSITION

END OF

ER

1 DECEASED—NAME (First, Middle, Last) Louise Gregory

2 SEX Female

3a TIME OF DEATH 5:15 P M

3b DATE OF DEATH (Month, Day, Yr) September 12, 2004

4 *SOCIAL SECURITY NUMBER 310-22-9356

5a AGE—Last Birthday (Years) 84

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo, Day, Yr) Nov. 27, 1919

7 BIRTHPLACE (City and State or Foreign Country) Seale, Alabama

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 Inpatient ER/Outpatient DDA
 OTHER Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not institution, give street and number) St. Catherine Hospital

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) Hosey Gregory, Sr.

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife

12b KIND OF BUSINESS/INDUSTRY Homemaker

13a RESIDENCE—STATE Indiana

13b COUNTY Lake

13c CITY, TOWN OR LOCATION East Chicago

13d STREET AND NUMBER 3924 Melville Ave.

13e ZIP CODE 46312

13f INSIDE CITY LIMITS No Yes

13g ON A FARM? No Yes

14 CITIZEN OF WHAT COUNTRY? USA

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+) _____

18 FATHER'S NAME (First, Middle, Last) Alonzo Wright, Sr.

19 MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Snowball

20a INFORMANT'S NAME (Type/Print) Hosey Gregory, Sr.

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3924 Melville Ave. East Chicago, IN 46312

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) September 18, 2004 Fern Oaks Cemetery

21c LOCATION—City or Town, State Griffith, IN

22a EMBALMER'S NAME Samuel Smith, Jr.

22b EMBALMER'S LICENSE NO. FLE01019692

23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR Samuel Smith, Jr.

24b LICENSE NUMBER (of License) FLE01019692

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home 83001570 3820 Pulaski St. East Chicago, IN 46312

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) Cardio Respiratory arrest
 DUE TO (OR AS A CONSEQUENCE OF) Congestive heart failure
 DUE TO (OR AS A CONSEQUENCE OF) incarcerated ventricular aneurysm
 DUE TO (OR AS A CONSEQUENCE OF) Pulmonary embolism
 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) 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) as stated.

29b SIGNATURE AND TITLE OF CERTIFIER [Signature]

29c MEDICAL LICENSE NO. 91029160

29d DATE SIGNED (Month, Day, Year) Sep. 20, 2004

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A.K. Kakodar, M.D. 3700 Main St. East Chicago, IN 46312

31 HEALTH OFFICER'S SIGNATURE Dr. Timothy Rayburn

32 DATE FILED (Month, Day, Year) 9/24/04

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 AUG 20 2007

34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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.

