## TICOR TITLE INSURANCE

**AFFIDAVIT** 

STATE OF INDIANA) COUNTY OF LAKE

IN THE MATTER OF THE SUPERVISED ESTATE OF ARBULAHICE ARETTA WHITE

Ronald Jackson , being first duly sworn upon oath, deposes and says: Randolph White R. on That Athoritation A. / White B. May 10, 1999 Held Thold 121/1700/11 at Hammond, Indiana 2. That Randolph White and Arbulahice White

were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Lot 11in Block 3 in F.C. McLaughlin's addition to Hammond, as per plat thereof , recorded in Plat Book 18.page 27, in the Office of the Recorder of Lake County, Indiana.

45-07-07-476-015.000-023

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death. 4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax. Further affiant sayeth not. Subscribed and sworn to before me, a Notary Public, Romald August, 2008 My Commission expires: 6/2/16 09 **2008** 015660 County of Residence: **PEGGY HOLINGA KATONA** LAKE COUNTY AUDITOR This Instrument prepared by James J. Nagy Attorney No. "I affirm, under the penalties for perjury, that I have taken

928-4618 **TICOR HO**  reasonable care to redact each Six ratios cornly number in this document, unless required by lay  $\mathbb{C}(\mathbb{C}^n)$  block

TOTAL P.02

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## INDIANA STATE DEPARTMENT OF HEALTH

\*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.

.ocal No <i>l.</i> [ 33533	, ,	ERIES ARE	_			EOFL	)EA H	<b>-</b> 1	State	No	• • • • • • • • •	• • • • • • • •	• • • • • • •	
YPE/PRINT	1 DECEASED—NAME (First Middle, Last)  RANDOLPH				WHITE Jr			MALE 5:45 PM			MAY 10, 1999			
ERMANENT	4. *SOCIAL SECURITY NUMBER	5a	AGE-Last Birthday (Years)	5b. UN	DER 1 YEAR	5c UNDER	1 DAY 6. Minutes	DATE OF	BIRTH (Mo. Day. Yr)	7. BIRTH	PLACE (City and :	State or Foreign	n Country)	
BLACK INK	80. WAS DECEDENT		87 LAST SERVED IN	Mon	ins Days	Hours	A	UG	12, 1911 DEATH (Check only or	Whi	ople, We	st Vir	rginia	
-	1		RMED FORCES?	HOSPITAL D inpetient		ent	OTHER		R   Nursing Home	Other	Other (Specify)		-	
	NO N/A  9b. FACILITY NAME (If not institution, give street and number				☐ ER/C	Outpetient [ ]	POA Residence 9c. CITY, TOWN, OR LOCATION OF DEATH			To contract the				
CEDENT										9d. COUNTY OF DEATH				
	THE COMMUNI		SPITAL IVING SPOUSE				T'S LISHAL		NSTER	125 1	LAKE	CANDI ICTOV		
	(Specify) Married		f wife, give maiden name) Arbulahice		TT		ENT'S USUAL OCCUPATION IN THE DO THE DOTTE DO THE DOTTE DO THE DOTTE DO THE DOTTE DOTTE DO THE DOTTE		Do not use retired)		-			
	13a. RESIDENCE—STATE		13b. COUNTY		Y, TOWN, OR I		DTĀ T	ine_	13d. STREET AND NUMBER		Auto Manufacturing			
	Indiana	Lake		Н	lammond	i			7217 Chestnut		t Ave.			
	13e. ZIP CODE 13f. INSIDE CI	TY LIMITS			15. WAS DECEDENT OF HISPAN				CE—American Indian.		17 DECEDENT'S EDUCATION			
	46320 139 ON A FAI		U.S.A.					specify Cuban. Black, White, etc. (Specify)			(Specify only highest grade completed)  Elementary/Secondary (0-12)   College (1-4 or 5 + )			
	⊠ No	IS FATHERS NAME (First Middle Lest)							White		6			
ARENTS									ER'S NAME (First, Middle, Meiden Surname)					
	John White, Sr.  20a INFORMANT'S NAME (Type/Print)								ise Harris					
FORMANT	Arbulahice White						t Ave., Hammond, Indiana46320 Wife							
	218. METHOD OF DISPOSITION	☐ Entorn	hment			OF DISPOSITI					TION—City or Tow			
	☑ Burial ☐ Cremation		vel from State		place)				cremetory, or	ZIC LOCA	TION—City of Tow	n, State		
	☐ Donation ☐ Other (Spec	М	May 13, Memory Lane Cemet					Scho	hererville, Indiana					
ISPOSITION	22a. EMBALMER'S NAME:					LICENSE NO.			3 WAS DEATH REPOR			e, m	ııaııa	
	Raymond E. Wh.	ite			DO 870		15		No □ Ye	es				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	a. b.	5 even 1	HASA CO	MM ONSEQUENCE ONSEQUENCE ONSEQUENCE	faul		cest Especi	: Congeiti	e hea icul	nt fails		al Between	
	PART II. Other significant conditions	d.	contributing to death bu	it not previo	ously stated in	Part I 27	WAS DEC		28a. WAS AN	AUTOPSY	28b. WERE A	UTOPSY FINI	DINGS	
				THE PARTY OF THE P			PREGNAN POSTPAR (Yes of		DAYS PERFORM		AVAILABLE PRIC COMPLETION OF OF DEATH? (Yes		R TO F CAUSE	
	29a CERTIFIER D	ERTIEVING S	HVC:CIAN T- 1- 1-	6	CONTER									
	(Check only one)	EALTH OFF	CER On the best of a	st or my xn	and/or investig	occurred at the	time, date, a	nd place, ar	nd due to the cause(s) as the time, date, and place.	s stated.				
		ORONER	On the basis of examinati	on and/or i	investigation.	my opinion de	th occurred	at the time	date, and place, and due	and due to tr	ne causets) as state	a.		
TIFIER 2	296 SIGNATURE AND TITLE OF CERTIFIER			SEAL					9c. MEDICAL LICENSE NO		29d. DATE SIG			
	NAME AND ADDRESS OF PER ANURADHA DIVAK	SON WHO C				•/Puni) ET AVEN		MIDI	01042616			12,	1999	
<u> </u>	THE TH OFFICER SIGNATURE	100	3 a	303	CALUM	SI AVEN	UE /	MUN	STER, IND	LANA	46321			
TH Z	elegante D. Millones, M.S.								iHIS CERTIFIES THE ABOVE SAINTIE AND					
3	MANNER OF DEATH  Natural Pending Investigation		34s DATE OF INJURY (Month, Day, Year)		b TIME OF INJURY	1	IRY AT WOI	RK?	34d DESCRIBE HOW HEALTH	DEBLI ON HITE HALF THE TAKE COUNTA				
	Accident  Suicide Could not be Determined		4e PLACE OF INJURY building, etc. (Special	(—At home	e, farm street. I	actory office		34f LOCA	TION (Street and Number Auth) R		toure Mumtier Groot Town State)			
34	4g DATE PRONOUNCED DEAD (Month. Day. Year) 34h MOTOR V				ACCIDENT? (	Yes or no) If y	es specify d	river, passe	useya	LICELES MEN YTHE	Alleng. NIH COMMISS:0	MID) NER		