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When recorded mail to

NCS/Placer Title Company
3925 Atherton Rd
Rocklin CA 95765

Escrow no. 2301-1145-KL

2008 065273

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 SEP 17 AM 11:09

MICHAEL A. BROWN
RECORDER

(Space above this line for Recorder's use)

Survivorship Affidavit

STATE OF INDIANA)

COUNTY OF Lake)

I, Percell McQueen, being first duly sworn upon oath, deposes and says that:

1. MILDRED MCQUEEN died on APRIL 13, 2004 at NORTHLAKE METHODIST HOSPITAL.
2. That MIDRED MCQUEEN and I, PERCELL MCQUEEN, were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

THE LAND DESCRIBED HEREIN IS SITUATED IN THE STATE OF INDIANA, COUNTY OF LAKE, CITY OF GARY, AND IS DESCRIBED AS FOLLOWS:

LOTS FIVE (5) AND SIX (6), BLOCK FOUR (4), CENTRAL PARK ADDITION TO TOLLESTON, IN THE CITY OF GARY, AS PER PLAT THEROF, RECORDED IN PLAT BOOK 2, PAGE 48, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

PARCEL NUMBER(S): 25-42-0061-0005

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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 her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

Percell McQueen

FILED
SEP 16 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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108508
PB

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Subscribed and sown to before me, a Notary Public this 21st day of August, 2008.

Lee Ann Hand
Notary Public
Lee Ann Hand
Res: Lake Co. IN

My commission expires: 6/15/2013

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. ____________________

County of Residence: Placer
This instrument prepared by:
NCS/Placer Title Company
3925 Atherton Road
Rocklin, CA 95765

LEE ANN HAND
Notary Public- Seal
State of Indiana
My Commission Expires Jun 15, 2013

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Notary Public- Seal
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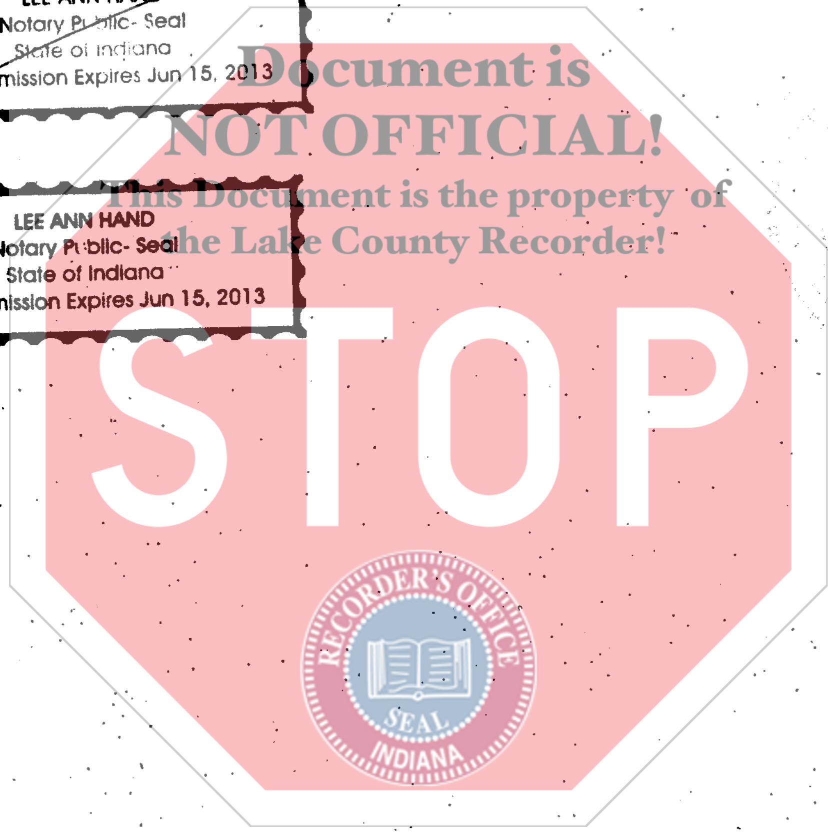
My Commission Expires Jun 15, 2013



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* 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. 04 02411

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	Entry
1 DECEASED—NAME (First, Middle, Last)	MILDRED McQUEEN
2 SEX	FEMALE
3a TIME OF DEATH	6:15p M
3b DATE OF DEATH (Month, Day, Yr)	APRIL 13, 2004
4 *SOCIAL SECURITY NUMBER	311-32-1050
5a AGE—Last Birthday (Years)	71
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo, Day, Yr)	SEPTEMBER 27 1932
7 BIRTHPLACE (City and State or Foreign Country)	CANTON, MS.
8a WAS DECEDENT A U.S. VETERAN?	NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	NO
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	NORTHLAKE METHODIST HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH	GARY
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	PERCELL McQUEEN
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	HOMEMAKER
12b KIND OF BUSINESS/INDUSTRY	HOME
13a RESIDENCE—STATE	IN
13b COUNTY	LAKE
13c CITY, TOWN, OR LOCATION	GARY
13d STREET AND NUMBER	1720 ARTHUR ST.
13e ZIP CODE	46404
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	BLACK
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	

PARENTS

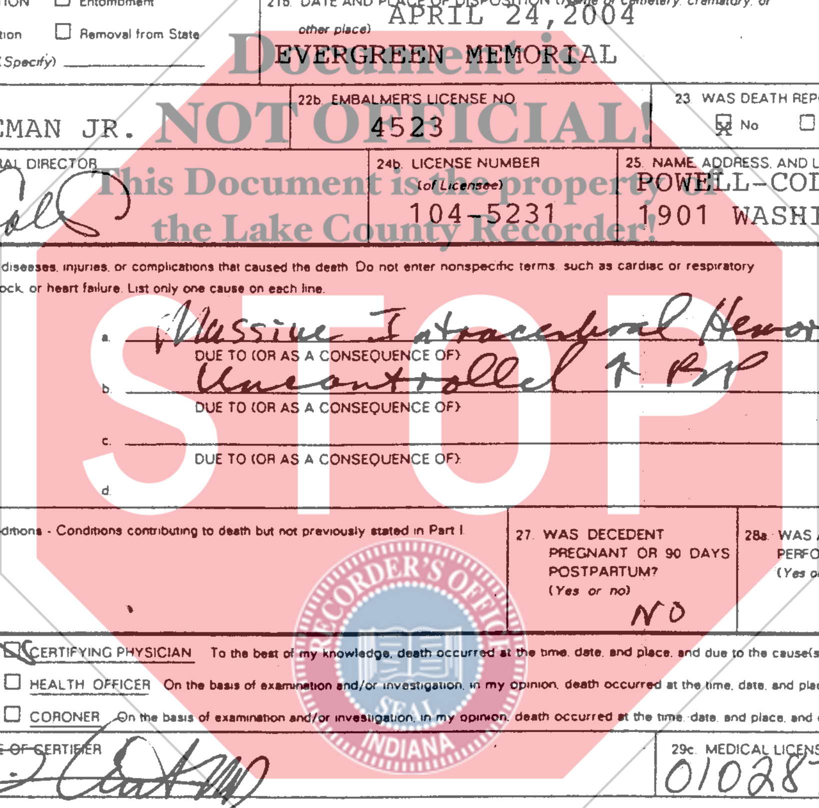
Field	Entry
18 FATHER'S NAME (First, Middle, Last)	LEWIS HOLLINS
19 MOTHER'S NAME (First, Middle, Maiden Surname)	LILLIE WALKER

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	PERCELL McQUEEN
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1720 ARTHUR ST. GARY, IN. 46404
20c Relationship	SPOUSE

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	APRIL 24, 2004 EVERGREEN MEMORIAL
21c LOCATION—City or Town, State	HOBART, IN.
22a EMBALMER'S NAME	LEON COLEMAN JR.
22b EMBALMER'S LICENSE NO	4523
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	104-5231
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	POWELL-COLEMAN FUNERAL HOME 1901 WASHINGTON ST. GARY, IN 8860243



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RECORDER'S OFFICE SEAL INDIANA

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.	Massive Intracerebral Hemorrhage	
DUE TO (OR AS A CONSEQUENCE OF) b.	Uncontrolled ↑ BP	
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

Field	Entry
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)	

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	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	01028726
29d DATE SIGNED (Month, Day, Year)	4-20-04
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	JACQUELINE CARTER, MD 200 E. 89th AVE. STE 3B merrillville IN

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature] MD MPH
32 DATE FILED (Month, Day, Year)	APR 22 2004

Field	Entry
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.	