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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 066974

2008 SEP 25 AM 10:28

MICHAEL A. BROWN
RECORDER

Hold for:
Residential Title

Deceased Joint Tenant Affidavit

State of Indiana }
 } ss.
County of Lake }

Date: 9-8-2008

File No.: 08000796

Earnest A. Salter, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 755 Hanley Street, Gary, IN 46401
2. That he/she was acquainted with Annie M. Salter who died on March 18, 2005, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no will and last testament.
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$0.

The North 20 feet of lot 29 and the south 20 feet of lot 30
In block 6 in Van Liew and funky 1st subdivision, in the city
of Gary, as per plat thereof, recorded in plat book 21, page 10,
in the office of the Recorder of Lake County, Indiana.

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.

Earnest A. Salter

Affiant's Signature Earnest A. Salter

Subscribed and sworn to before me this
9th day of September, 2008.

Claudia Godoy **WNI D**

Claudia Godoy

Notary Signature Claudia Godoy

OFFICIAL SEAL
CLAUDIA GODOY
NOTARY PUBLIC
STATE OF INDIANA
MY COMMISSION EXPIRES 1/19/12

*CK 7121
13 TRS
PB*

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

State No.

Local No. 107

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) Annie Mae Salter				2. SEX Female	3a. TIME OF DEATH 7:45 A M	3b. DATE OF DEATH (Month, Day, Yr) March 18, 2005	
4. *SOCIAL SECURITY NUMBER 309-42-6723		5a. AGE—Last Birthday (Years) 66	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 7, 1939		7. BIRTHPLACE (City and State or Foreign Country) Vicksburg, Mississippi
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"/> Other (Specify) <input type="checkbox"/> 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) Earnest Salter		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Private Duty Nurse		12b. KIND OF BUSINESS/INDUSTRY Respite Care Services	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 755 Hanley Street	
13e. ZIP CODE 46406		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 type="checkbox"/> No <input type="checkbox"/> 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) College (1-4 or 5 +) 2 Years		18. FATHER'S NAME (First, Middle, Last) Willie Kidd			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Williams				20a. INFORMANT'S NAME (Type/Print) Earnest Salter		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 755 Hanley Street Gary, Indiana 46406	
20c. Relationship Husband		21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) March 25, 2005 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Rosenwald D. Allen Jr.		22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704			
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. <u>Cardiac Arrest</u>							
b. <u>Septic Shock</u>							
c. <u>Acenatobacter and Fungal Septicemia</u>							
d.							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I							
<u>Diabetes mellitus</u>							
<u>Morbid Obesity</u>							
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) <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>[Signature]</i>						29c. MEDICAL LICENSE NO. 01643474	
29d. DATE SIGNED (Month, Day, Year) 03/24/05							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Dr. K. Patel 529 West Chicago Avenue East Chicago, Indiana 46312							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) 3/31/05	
33. MANNER OF DEATH <input checked="" 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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			