2

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2008 067238

Laura A. Smith, being first duly sworn upon oath, deposes and says:

1. That Rozell Smith died on April 30, 19/2008 at Lake County, Indiana.

2. That Rozell Smith and Laura A. Smith were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The North 2 1/2 feet of Lot 37, all of Lot 38, and Lot 39 (Except the North 2 1/2 feet thereof), in Block 19 in Calumet Addition to East Chicago, as per plat thereof, recorded in Plat Book 8, page 32 in the Office of the Recorder of Lake County, Indiana.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2008 SEP 26 AM 9:14
MICHAEL A. BROWN
RECORDER

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.

Laura A Smith
Laura A. Smith

Subscribed and sworn to before me, a Notary Public, this 16th day of Sept., 19/ 2008

FILED
SEP 24 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Notary Public
Thomas G. Schiller

My Commission expires:
5-27-2016

THOMAS G. SCHILLER
Lake County
My Commission Expires
May 27, 2016

County of Residence:
Lake

14T pb

This Instrument prepared by Laura A. Smith

015877

"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." Chris Burk

PROPERTY TITLE GROUP

TICOR TITLE - HIGHLAND 08091GLPT

155319

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, In 46312

Local No. 000114 State No. 019131

1. Decedent's Legal Name (First, Middle, Last): Rozell Smith
1a. Maiden Last Name (If Female):
2. Sex: Male
3. Time Of Death: 4:18 AM
4. Date Of Death (Month/Day/Year): April 30, 2008
5. Social Security Number: [redacted]-8578
6a. Age – Yrs: 74
6b. Under 1 Year: Months
6c. Under 1 Month: Days
6d. Under 1 Day: Hours
6e. Under 1 Hour: Minutes
7. Date Of Birth (Month/Day/Year): April 17, 1934
8. Birthplace (City And State Or Foreign Country): Hurtsboro, AL
9. Ever In U.S. Armed Forces? ☐ Yes ☒ No Unknown ☐
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number): St. Catherine Hospital
12. City Or Town, State, And Zip Code: East Chicago, Indiana
13. County Of Death: Lake
14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: Laura Smith
15a. (If Wife) Give Maiden Last Name: Cousins
16. Decedent's Usual Occupation: Mechanic
17. Kind Of Business/Industry: Harbison Walker
18. Residence – State: Indiana
18a. County: Lake
18b. City Or Town: East Chicago
18c. Street And Number: 4846 Euclid Ave.
18d. Apt. No.:
18e. Zip Code: 46312
18f. Inside City Limits? ☒ Yes ☐ No
19. Decedent's Education: 12th
20. Decedent Of Hispanic Origin: NO
21. Decedent's Race: Black
22. Father's Name (First, Middle, Last): Moore Smith
23. Mother's Name (First, Middle, Last): Rosie Smith
23a. Mother's Maiden Last Name: Boram
24. Informant's Name: Laura Smith
24a. Relationship To Decedent: Wife
24b. Mailing Address (Street And Number, City, State, Zip Code): 4846 Euclid Ave. East Chicago, Indiana 46312

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Evergreen Memorial Park
25c. Location – City, Town, And State: Hobart, Indiana
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: Divinity Funeral Home & Cremation Services 3831 Main Street, East Chicago, Indiana 46312
27a. Funeral Home License Number: FH10700039
27b. Signature Of Indiana Funeral Service Licensee: Samuel Smith Jr.
27c. License Number (Of Licensee): FDE01019692

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. Acute Respiratory (Adult) Distress Syndrome
Due To (Or As A Consequence Of):
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
B. Massive pulmonary hemorrhage
Due To (Or As A Consequence Of):
C. Coronary artery disease
Due To (Or As A Consequence Of):
D. Chronic obstructive pulmonary disease

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined
34. Date Of Injury (Month/Day/Year):
35. Time Of Injury:
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area):
37. Injury At Work? ☐ Yes ☐ No
38. Location Of Injury - State:
38a. City Or Town:
38b. Street & Number:
38c. Apt. No.:
38d. Zip Code:
39. Describe How Injury Occurred:
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: M. Turkman MD
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. Mohamed Turkman; 6924 Ind. Blvd. - Hammond, IN 4632[illegible]
44. License Number: 01038928
45. Date Certified: 5/2/08
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: [signature] MD
49. For Registrar Only – Date Filed (Month/Day/Year): 5/5/08

IVRA-20 (7/05)

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to purs[...]

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT