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STATE OF INDIANA)
COUNTY OF LAKE)

2008 075552

STATE OF INDIANA
LAKE COUNTY
FILED & RECORDED

2008 NOV -5 AM 9:51

BY: T. L. BROWN
RECORDER

HEIRSHIP AFFIDAVIT

Affiant Alberta Collins, being first duly sworn upon his oath, deposes and says:

1. That she is 85 years old and a surviving heir of Bessie King and makes this affidavit based upon her own personal knowledge.
2. That by Quitclaim Deed recorded August 28, 2002 as Instrument No. 2002-080573 in the Office of the Recorder of Lake County, Indiana, Bessie King, acquired title to the following described real estate located in Lake County, Indiana, to-wit:

THE NORTH 25 FEET OF LOT 37 AND ALL OF LOT 38, IN BLOCK 8, IN GARY LAND COMPANY'S 10TH SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 33 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

K# 45-08-10-156-008. 000-004

Commonly known as: 1336 Connecticut, Gary, Indiana 46407.

3. That Bessie King died intestate on March 28, 2004, at which time a resident of Lake County, Indiana. That Bessie King was married to Nathaniel King and had one child born of the marriage, namely Jocelyn Marie King. That Nathaniel King died on December 13, 2005 and Jocelyn Marie King died on October 15, 1998 leaving no spouse nor children or descendants of children. That Bessie King never remarried and left no surviving children nor descendants of children, that the parents of Bessie King were predeceased; That, Alberta Collins, divorced and not since remarried is the only surviving sister; That Bessie King was predeceased by the following siblings: Willie James Roberson, divorced leaving no surviving children nor descendants of children; Samuel Roberson died having never married nor having any children or descendants of children; Marjorie Roberson Thomas, deceased leaving no surviving spouse and leaving one surviving child, namely, Diana Thomas Gore married to Richard Gore; Cynthia Roberson died leaving no spouse nor children or descendants of a deceased child; Ulysses Roberson died leaving no spouse nor children or descendants of a deceased child surviving.
4. That all debts, estate and federal and state inheritance taxes, funeral expenses and expenses of last illness of Bessie King have been fully paid and satisfied.
5. At the death of Bessie King, pursuant to the laws of the State of Indiana the title to the above-described real estate vested in the following heirs, namely, Alberta Collins, divorced and not since remarried and the issue of Marjorie Roberson Thomas, namely, Diana Thomas Gore, by representation.
6. The purpose of this affidavit is to induce Burnet Title, to provide title insurance for the above-described real estate.

Further Affiant sayeth naught.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

NOV - 3 2008

10 TL
PB

0800675BT

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

BURNET TITLE

017323

Alberta Collins
Alberta Collins

20 day of October, 2008. Subscribed and sworn to before me a Notary Public in and for said County and State this

My Commission expires :
10-2-15

[Signature]
Notary Public,
residing in Lake County, Indiana.

[Signature]
Diana Thomas Gore

20 day of October, 2008. Subscribed and sworn to before me a Notary Public in and for said County and State this

My Commission expires :
10-2-15

[Signature]
Notary Public,
residing in Lake County, Indiana.



* 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. 04 0184

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) Bessie M. King		2 SEX Female	3a TIME OF DEATH 9:06 A M	3b DATE OF DEATH (Month, Day, Yr) March 28, 2004	
4 *SOCIAL SECURITY NUMBER [REDACTED]		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) February 27, 1933		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
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 checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 1336 Connecticut Street		9c CITY, TOWN, OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Divorced	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		12b KIND OF BUSINESS/INDUSTRY Roosevelt High School	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 1336 Connecticut Street		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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+)		18 FATHER'S NAME (First, Middle, Last) Samuel Roberson			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Saintosa Brisbon		20a INFORMANT'S NAME (Type/Print) Alberta Collins			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1336 Connecticut Street Gary, Indiana 46407		20c Relationship Sister			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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 30, 2004 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR [Signature]		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a MYOCARDIAL INFARCT b DUE TO (OR AS A CONSEQUENCE OF) CORONARY HEART DISEASE c CHRONIC HYPERTENSION d DUE TO (OR AS A CONSEQUENCE OF) CHRONIC HYPERTENSION Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		Approximate Interval Between Onset and Death HOURS YEARS 8 YEARS 7			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I CHRONIC KIDNEY DISEASE		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 [Signature] M.D.			
29c MEDICAL LICENSE NO. 36-36020		29d DATE SIGNED (Month, Day, Year) 4/13/04			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. Rosenfield 201 E. Huron Chicago, Illinois 606					
31 HEALTH OFFICER'S SIGNATURE [Signature]			32 DATE FILED (Month, Day, Year) APR 16 2004		
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.			

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