STATE OF INDIANA
COUNTY OF LAKE

) SS: 2009 079472 AFFIDAVIT OF SURVIVORSHIP STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2089 DEC - 1 PM 1: 33
MICHAEL A. BROWN

RECORDER

his oath denoses and

JAMES EDWARD WILLIAMS, being first duly sworn upon his oath, deposes and says:

1. That he, JAMES EDWARD WILLIAMS, is the sole owner in fee simple of the following described real estate, to-wit:

IRONWOOD UNIT A N2. Lot 28 Block18 ALL Lot 29 Block 18, now in the City of Gary, as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana.

Key No.: 45-08-15-207-008.000-004, commonly known as: 2245 Vermont Street Gary, IN 46407

- 2. That JAMES EDWARD WILLIAMS is the son, only heir and descendant of RUBY WHITLOCK, who acquired title 7/3/48 as sole owner to said real estate, via rights of survivorship from TOYD WHITLOCK, who pre-deceased RUBY T. WHITLOCK, and TOYD's death certificate having been recorded 9/7/66, and the both of them, RUBY T. and TOYD WHITLOCK, having previously received a deed of conveyance as husband and wife, dated May 29, 1958 and recorded July 1, 1958, as Instrument No. 109785 in the Office of the Recorder of Lake County, IN.
- 3. That the status and character of the ownership of said real estate continued unbroken from the time RUBY T. and TOYD WHITLOCK so acquired title to said real estate until the death, intestate, of TOYD on 7/7/61, and no probate estate was ever opened or probated, and cannot now be probated, such that at this time your affiant, JAMES EDWARD WILLIAMS, would have acquired title to said real estate as sole owner in fee simple, EXCEPT

JASWMS1.RTF

FLED

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



that JAMES EDWARD WILLIAMS has executed a QUIT CLAIM DEED regarding said real estate, thereby causing said real estate to vest in the names of JAMES EDWARD WILLIAMS, and his son, DENNIS BOWERS, and his niece, ELAINE HYLICK, as joint tenants with rights of survivorship, in fee simple.

A certified copy of the death certificate of RUBY T. WHITLOCK and a copy of the Quit Claim Deed from JAMES EDWARD WILLIAMS to JAMES EDWARD WILLIAMS, DENNIS BOWERS and ELAINE HYLICK, as joint tenants with rights of survivorship are attached hereto.

4. That there has never been any advantages upon the estate of the said RUBY T.

WHITLOCK, that the gross value of such estate did not equal or exceed the sum of \$60,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that her estate was not subject to federal estate taxes therefor.

JAMES EDWARD WILLIAMS

2245 Vermont Street

Gary, IN 46407

SUBSCRIBED and SWORN to before me this 37 day of November , 2009.

My Commission Expires:

NOTARY PUBLIC

A LAICE County Resident



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No		078					State	No	1 4 Date Of	Death (Month/Day/Year)
. Decedent's Legal Name (First, Middle, Las			1a. Maiden Last Na	ame (If Female)		2. Sex		- 2		
Ruby T.		lock	Moore			Female Of Birth (Month/Day/			}	ry 4, 2009
. Social Security Number 6a. Age - Yi			6d. Under 1 Day	6e. Under 1 Hour Minutes				1.5		
337-20-1489 102	Months	Days	Hours			ther Than A Hospita		icon , i	MISSIS	a Thh T
	f Death Occurred in A F		TI Dood On Arrivol	i		Nome In Nursing Ho		Care Facility	☐ Other (Spe	cify)
Facility Name (If Not Institution, Give Stre		Department Outpatient	LJ Dead Off Affilia	L riospice i acin	y _ Decedentari	ionic Transmignio				
245 Vermont Stre	et									
2. City Or Town, State, And Zip Code			. The second	13. Cour	ty Of Death		14.	Marital State	ıs At Time Of D	eath .
Sary, Indiana 464	107		*	Lake	€		-		Married, But Se	eparated Divorced
5. Surviving Spouse's Name		15a. (If Wife)Give Maiden Last Name	16. [ecedent's Usual Oc	ccupation			Business/Indus	
				1	actory	Worker		Shoe	Tap Fa	actory
8. Residence – State		18a. County	<u> </u>	18b. City Or	Town				-	
Indiana		Lake		Gary						
8c. Street And Number			· · · · · · · · · · · · · · · · · · ·			18d. Apt	, No.	18e. Zip	Code	18t. Inside City Limi
2245 Vermont Street									46407	
Grader's Succion less		20. Decedent Of His	. 2	21. Decedent's Race						
		Non-His	panic	Black						
2. Father's Name (First, Middle, Last)				23. Mother's Nar	ne (First, Middle, La	st)		23a	. Mother's Maid	den Last Name
Sid Moore				Melissa Moore)			Spiller	
4. Informant's Name		24a. Relationshi	p To Decedent			mber, City, State, Zij	Code)			
James Edward Will	iams	Son /		2245 V	ermont S	Street	Gary,	India	ana 4	6407
			25. P	lace Of Disposition	at is					
25a. Method Of Disposition.	25b. P	lace Of Disposition (Name	e Of Cemetery, Cremator	y, Other Place)	25c. Locatio	n - City, Town, And	State			
☐ Burial ☐ Cremation ☐ Donation ☐ E ☐ Removal From State	I '							240		
Other (Specify):	i i	ergreen Me		rk — —		rt, Indi	ana 46	342	07- 5	ral Home License Numb
_	. /	te Address Of Fungal Fa			prope	erty of				
Yes No	1209 Grant	Street, Gar	ry, Indiana Lake Co	46408	Record	er!			FH10	500021
27b. Signature Of Indiana Funeral Service L	icensee:		el vi e no			27c. License	Number (Of Li	censee):		•
Angela R	· He	July 1				FD206	08000		:	
V		Ca	use Of Death (Se							
28. Part I. Enter The <u>Chain Of Event</u> Such As Cardiac Arrest, Respiratory	<u>ts</u> —Diseases, I <mark>njuri</mark> Arrest, Or Ventricul	es, Or Complications- ar Fibrillation Without	—That Directly Cause Showing The Etiolog	ed The Death, D y. Do Not Abbre	Not Enter Term riate. Enter Only	inal Events One Cause On				Approximate Interval: Ons _To Death
A Line. Add Additional Lines If Necessary.					*collapse					
Immediate Cause (Final Disease Or (Condition Resulting	In Death	-		Due To (Or As	A Consequence Of):	1		1 12.	
Sequentially List Conditions, If Any, L	eading To The Cau	se Listed On	Due to	arterio	Scleroti Due To (Or As	c heart	and v	ascu.	Lar dis	sease
Line A. Enter The Underlying Cause The Events Resulting In Death) Last	(Disease Or Injury	That Initiated	·							:
•				- TITLE	Due To (Or As	A Consequence Of):				,
Part II. Enter Other Significant Conditions Co	ontributing To Death Bu	t Not Resulting in The Un	derlying Cause Given In	Part I	\	Autopsy Performed		es 🔣 N	lo	
the supplier of the second second					30. VVere A	utopsy Findings Avai	lable to Compi	ete i ne Cau	se Of Death?	Yes No
31. Did Tobacco Use Contribute To Death?	1 '	emale:	E ≥ I		雞		anner Of Death:			
☐ Yes ☐ Probably ☐ No Hunknown	· Not	Pregnant Within Past Year Pregnant 43 Days	s To 1 Year Before Death	Unknown If Pregnant I	Vithin The Past Year	☐ Sufici	ide 🔲 Could Not	Be Determined	Pending Investiga	
34. Date Of Injury (Month/Day/Year)	35. Ti	me Of Injury	36. P	lace Of Injury (E.G.,	Decedent's Home, (Construction Site, Re	staurant, Wood	led Area)	37.	. Injury At Work?
		i a		WOLANA W	7					Yes No
38. Location Of Injury - State	38a. C	ity Or Town	38b.	Street & Number		/		38c. Apt. I	No. 38d.	Zip Code
					/					
39 Describe How Injury Occurred					4	-	if Transportatio			Olhar (Canalis)
							river/Operator 🗖	I ⊬assenger [Pedestrian 🗖 🤇	Omer (Specify)
41 Agnature, Of Person Certifying Cause	Of Death;				<u> </u>	42. Certifier (Check	Only One)			
	Llile	W		w',		☐ Certifying Phys	ician 🔣 Coror	ner 🔲 Heal	th Officer	
12 Mars Address And Zin Code of E	Person Certifying Car	use Of Death: Jef	ffrev R. W	lells. C	nief Der	outy	44. License Nu	ımber	45. Da	te Certified
2900 West 93rd	venue. C	rown Point	t, Indiana	46307			N/	'A	Feb	. 11, 200
46. Additional Funeral Service Provider:				- 181			47. *Akas:			

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being to

FEB 2 0 2009