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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 081991

2009 DEC 10 PM 3:24

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key Nos.: (Lot 43) 45-08-08-452-005.000-004
(Lot 44) 45-08-08-452-004.000-004
(Lot 45) 45-08-08-452-003.000-004
(Lot 46) 45-08-08-452-002.000-004
(Lots 47 and 48) 45-08-08-452-001.000-004

SURVIVORSHIP AFFIDAVIT

I, ROLAND G. PARRISH, being first duly sworn, state:

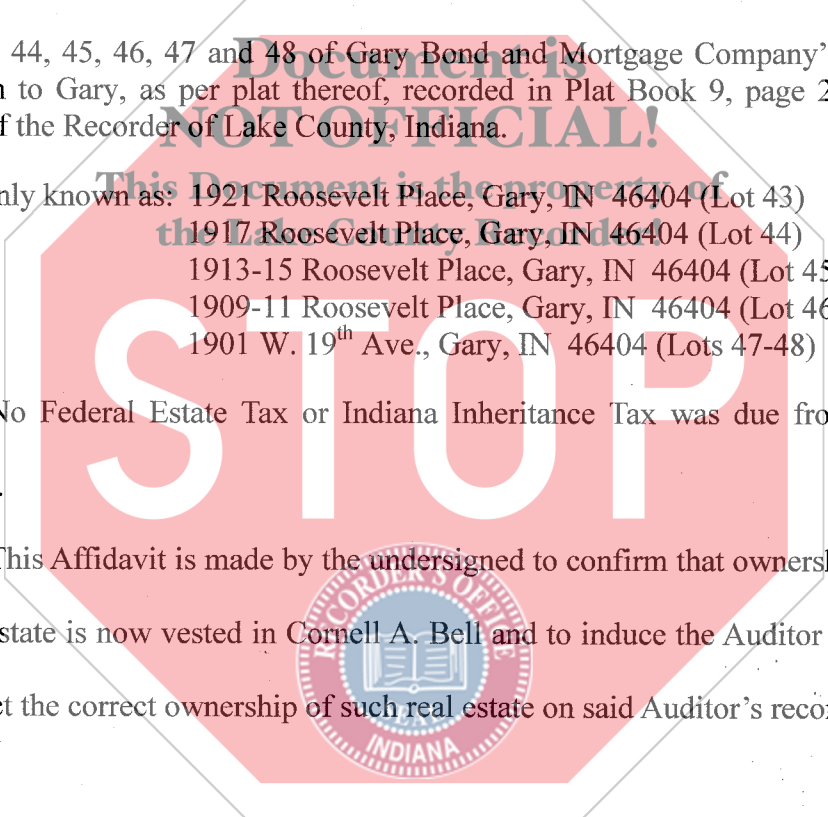
1. Mildred B. Bell, died on April 28, 1997, a resident of Lake County, Indiana.
2. At the time of Mildred B. Bell's death, she and Cornell A. Bell were the owners of

the following described real estate located in Lake County, Indiana as tenants by the entireties:

Lots 43, 44, 45, 46, 47 and 48 of Gary Bond and Mortgage Company's Second Addition to Gary, as per plat thereof, recorded in Plat Book 9, page 25, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1921 Roosevelt Place, Gary, IN 46404 (Lot 43)
1917 Roosevelt Place, Gary, IN 46404 (Lot 44)
1913-15 Roosevelt Place, Gary, IN 46404 (Lot 45)
1909-11 Roosevelt Place, Gary, IN 46404 (Lot 46)
1901 W. 19th Ave., Gary, IN 46404 (Lots 47-48)

3. No Federal Estate Tax or Indiana Inheritance Tax was due from the Estate of Mildred B. Bell.
4. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Cornell A. Bell and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.



FILED 014398

DEC 10 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3102
15

PTS

Dated this 9th day of December, 2009.

Roland G. Parrish

ROLAND G. PARRISH, Co-Executor of the Estate of Cornell A. Bell, deceased

STATE OF ~~TEXAS~~ IN)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared ROLAND G. PARRISH as Co-Executor of the Estate of Cornell A. Bell, deceased and acknowledged the execution of this instrument this 9th day of December, 2009.

Alissa Kohnhoff

NOT OFFICIAL *Alissa Kohnhoff*, Notary Public

My Commission Expires: 3/26/2007
Resident of Porter County **Lake County Recorder!**



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.

By: *Kathleen E. ...*
Agent for Professionals' Title Services



* 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.

21CC
INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1065-97

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

201525
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) *Mildred Bernice Bell				2. SEX Female		3a. TIME OF DEATH 4:17 AM		3b. DATE OF DEATH (Month, Day, Yr.) April 28, 1997	
4. *SOCIAL SECURITY NUMBER -7021		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) September 10, 1915	
7. BIRTHPLACE (City and State or Foreign Country) 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 checked="" 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) Methodist Hospital Southlake				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Cornell A. Bell		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Administrator		12b. KIND OF BUSINESS/INDUSTRY Gary Public School Corp.			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 1901 Roosevelt Place			
13e. ZIP CODE 46404		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 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 5+		18. FATHER'S NAME (First, Middle, Last) Edward Page				19. MOTHER'S NAME (First, Middle, Maiden Surname) Venus Trueheart			
20a. INFORMANT'S NAME (Type/Print) Cornell A. Bell				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1901 Roosevelt Place Gary, Indiana 46404				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) May 3, 1997 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME: Roosevelt Allen Sr.				22b. EMBALMER'S LICENSE NO. #01051696		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24a. SIGNATURE OF FUNERAL DIRECTOR 				24b. LICENSE NUMBER (of License) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404			
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. <u>RESPIRATORY FAILURE</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>CARCINOMA OF COLON WITH METASTASIS</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death 2 wks 2 Yrs 2 Mo					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.				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 		29c. MEDICAL LICENSE NO. 01030107		29d. DATE SIGNED (Month, Day, Year) 5-21-97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. B. Barai 125 East 89th Avenue Merrillville, Indiana 46410				31. HEALTH OFFICER'S SIGNATURE 		32. DATE FILED (Month, Day, Year) May 28, 1997			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		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.					