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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 041426

2010 JUL 19 AM 9:51

Chicago Title Insurance Company

MICHELLE H. HOFFMAN
RECORDER

SURVIVORSHIP AFFIDAVIT

620102056

On this JUL 14 2010 before me personally appeared Martha P. Adams
(insert date)

CHICAGO TITLE INSURANCE COMPANY

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is CO-owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Martha P. Adams and Willie Matt Adams
- Said Willie Matt Adams
(fill in name of co-tenant who died)
died on December 19, 2007
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

See attached

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

FILED

JUL 16 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1800
CT
AM

053946

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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

----- NO -----

(If answer is "Yes," identify the divorce proceedings:

-----) ;

8. Affiant's relationship to the deceased was Wife

Signature: X Martha P. Adams

Printed Name Martha P. Adams

Address: X 475 Pooden Valley Court
X Lawrenceville, GA 30044

Subscribed and sworn to before me by the affiant

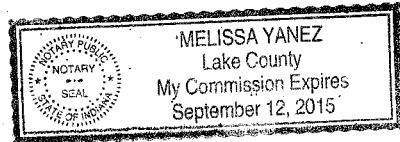
this JUL 14 2010

(insert date)

Melissa Yanez
Notary Public

Printed Name Melissa Yanez

My County of Residence is: LAKE



In the State of IN

My Commission Expires 09-12-2015

This instrument prepared by Martha P. Adams

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. M. YANEZ

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to clarify 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. 07-070

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-37-1-10

620102056

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED NAME (First, Middle, Last) Willie Matt Adams		2. SEX Male	3. TIME OF DEATH 8:36A	4. DATE OF DEATH (Month, Day, Year) December 19, 2007
5. SOCIAL SECURITY NUMBER 666-6081	6. AGE (Last Birthday) (Years) 68	7. UNDER YEAR Months Days	8. UNDER DAY Hours Minutes	9. DATE OF BIRTH (Mo., Day, Yr) November 14, 1939
10. WAS DECEDENT A U.S. VETERAN? No	11. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	12. PLACE OF DEATH (Check only one. See Instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
13. FACILITY NAME (If not institution, give street and number) Methodist Northlake Hospital		14. CITY, TOWN, OR LOCATION OF DEATH Gary	15. COUNTY OF DEATH Lake	
16. MARITAL STATUS (Specify) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Martha Pickett	18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Craneman	19. KIND OF BUSINESS Steel	
20. RESIDENCE - STATE Indiana	21. COUNTY Lake	22. CITY, TOWN, OR LOCATION Gary	23. STREET AND NUMBER 2401 Chase Street	
24. ZIP CODE 46404	25. INSIDE CITY LIMITS? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	26. CITIZENSHIP OF WHAT COUNTRY? USA	27. WAS DECEDENT OF MIBPANC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	28. RACE - American Indian, Black, White, etc. (Specify) Black
29. EDUCATION (Specify only High Elementary/Secondary (D-12)) 12		30. EDUCATION (ade completed) (1-4 or 6+) 3		
31. FATHER'S NAME (First, Middle, Last) Willie Adams		32. MOTHER'S NAME (First, Middle, Maiden Surname) Carline D. Peiffer		
33. INFORMANT'S NAME (Type/Print) Martha Adams		34. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2401 Chase St. Gary, IN. 46404		35. Relationship Wife
36. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		37. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 27, 2007 Evergreen Memorial Park		38. LOCATION - City or Town Hobart, N.
39. EMBALMER'S NAME: Avis Robinson		40. EMBALMER'S LICENSE NO. FD29700012	41. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
42. SIGNATURE OF FUNERAL DIRECTOR <i>Avis Robinson</i>		43. LICENSE NUMBER (of License) FD29700012	44. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Alpha Mortuary FH1990 421 W. 5th Ave. Gary, IN. 46402	
45. PART I. Enter the disease, 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 cause or condition resulting in death) a. METASTATIC LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): b. HYPOXIA DUE TO (OR AS A CONSEQUENCE OF): c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (OR AS A CONSEQUENCE OF): d. TOBACCO ABUSE				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
46. 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.		47. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No	48. WAS AN AUTOPSY PERFORMED? (Yes or No) No	49. WERE ALL AVAILABLE COMPLETE OF DEATH? (Yes or No) N/A
50. SIGNATURE AND TITLE OF CERTIFIER <i>Rebecca Ross, M.D.</i>		51. MEDICAL LICENSE NO. 10157492	52. DATE SIGNED (Month, Day, Year) 1/14/08	
53. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) Dr. Rebecca Ross 1612 West 5th Ave. Gary, IN. 46402				
54. HEALTH OFFICER'S SIGNATURE <i>Rebecca Ross</i>		55. DATE FILED (Month, Day, Year) JAN 1 2008		
56. MANNER OF DEATH <input 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		57. DATE OF INJURY (Month, Day, Year)	58. TIME OF INJURY	59. INJURY AT WORK? (Yes or No)
60. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		61. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
62. TO BE PRONOUNCED DEAD (Month, Day, Year)		63. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		

No: 620102056

LEGAL DESCRIPTION

Lots 42, 43, 44, 45 and 46, in Block 8, in Ridgemoor Real Estate Co's. 2nd Addition to Gary, as per plat thereof, recorded in Plat Book 12 page 26, in the Office of the Recorder of Lake County, Indiana, and the South 1/2 of vacated 24th Avenue adjoining said Lot 46.