STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

10

2011 026782

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 MAY 13 AM 9:07

AFFIDAVIT OF SURVIVORSHIP FOR THE TRANSFER OF REAL PROPERTY

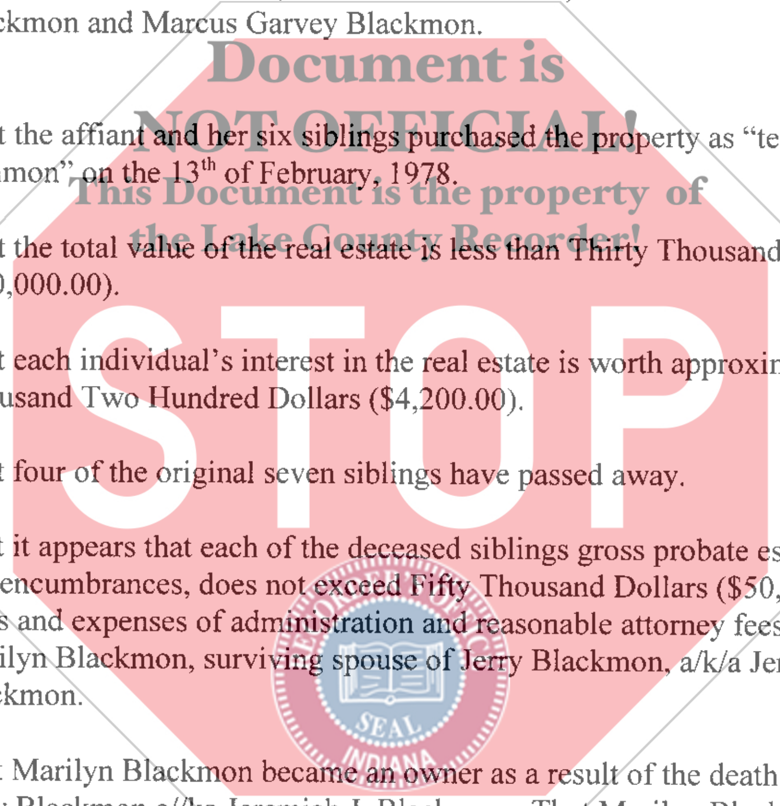
Comes now Ruth Williamson of 7240 Roosevelt Circle, Merrillville, Indiana, and upon being duly sworn does attest and say:

1. That she is one of seven original owners of a parcel of real estate located in Lake County, Indiana, more particularly described as:

   Lots 118 and 119 in Lyndora Addition to the City of Hammond, Lake County, Indiana.

   Common Address: 6129-31 Noble St., Hammond, IN

2. That the seven original owners of the property are: Ruth Williamson, Krim Blackmon, Joe Blackmon, Warren Blackman Jr., Sadie Blackmon, Jerry Blackmon and Marcus Garvey Blackmon.



3. That the affiant and her six siblings purchased the property as "tenants in common" on the 13th of February, 1978.

4. That the total value of the real estate is less than Thirty Thousand Dollars ($30,000.00).

5. That each individual's interest in the real estate is worth approximately Four Thousand Two Hundred Dollars ($4,200.00).

6. That four of the original seven siblings have passed away.

7. That it appears that each of the deceased siblings gross probate estate, less liens and encumbrances, does not exceed Fifty Thousand Dollars ($50,000.00), less the costs and expenses of administration and reasonable attorney fees, except for Marilyn Blackmon, surviving spouse of Jerry Blackmon, a/k/a Jeremiah Blackmon.

8. That Marilyn Blackmon became an owner as a result of the death of her husband, Jerry Blackmon a//ka Jeremiah J. Blackmon. That Marilyn Blackmon's estate was probated in Marion County, under Cause Number 49D08-004-ES-956. Said estate has been reopened by the National Bank of Indianapolis for purposes of this sale.

FILED
MAY 13 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#29

026769 CK# 10977 CA

9. That Krim Blackmon a/k/a Abdel Krim Blackmon died a resident of Lake County on June 16, 1980. That there was no estate for Krim Blackmon and none is pending. That Krim Blackmon's heirs at Law are his children:

   Cheryl Blackmon, 836 Lincoln St., Gary, IN
   Terri Blackmon, 6150 Ray Ave., Hammond, IN
   Beverly Thompson, 2908 Tower Bridge Ct., Pearland, TX

10. That Joseph Blackmon,, a/k/a Joe Blackmon, passed away on July 28, 1985. He never married, and his only heirs at law are his siblings. He had no estate, and none is contemplated.

11. That Sadie Lee Blackmon, a/k/a Sadie Blackmon, passed away a resident of Lake County on April 1, 1997. She was preceded in death by her husband, Robert Blackmon on September 28, 1977. Sadie Blackmon had six children:

Eugene Blackmon	9143 E. Cottage Grove, Chicago, IL
Frances Alexander	2515 Longwood Dr., Highland, IN
Rhoelle Blackmon	1123 Merrill St., Hammond, IN
Roland Blackmon	1069 Burr St., Gary, IN
Kenneth Blackmon	149 Piazza Way, San Jose, CA
Thelma George	8224 Indian Boundary, Gary, IN

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12. That Sadie Lee Blackmon, a/k/a Sadie Blackmon, had no estate and none is contemplated.

13. That Marcus Garvey Blackmon survives.

14. That Warren Blackmon survives.

15. That Ruth Williamson survives.

16. That certified copies of the death certificates of Krim Blackmon, Joseph Blackmon, Sadie Lee Blackmon, Robert Blackmon, Jeremiah Blackmon and Marilyn Blackmon have been attached to this affidavit and are incorporated by reference.

17. That the names and addresses of each and every person entitled to at least a part interest in the real property, as a result of each decedent's death and their respective share is as follows:

    A. Marilyn Blackmon's 1/7 share passes pursuant to the terms of her Last Will and Testament, probated under Marion County Cause Number 49-D08-0004-ES-956.

B. Krim Blackmon's 1/7 share shall be distributed to his heirs at law, his three children described in paragraph 9 of this affidavit.

C. Joseph Blackmon's 1/7 share shall be divided equally among his six siblings, each receiving a 1/6 of his 1/7 interest in said real estate.

D. Sadie L. Blackmon's share shall be divided equally among her six children as described in paragraph 11 above.

E. Marcus Garvey Blackmon shall take his 1/6 share.

F. Warren Blackmon shall take his 1/6 share.

G. Ruth Williamson shall take her 1/6 share.

FURTHER AFFIANT SAYETH NOT.

Ruth Williamson
Ruth Williamson

STATE OF INDIANA)
)SS:
COUNTY OF Porter)

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Subscribed and sworn to before me this 9 day of May 2011.

Notary Public

My Commission
Expires: 10/30/16

Susan R. Colonga
Printed Name of Notary

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I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees

This Instrument Prepared by: Patricia A. Rees, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

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Local No. 004876

3455

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MARION COUNTY HEALTH DEPARTMENT

3838 N RURAL ST. INDIANAPOLIS, IN 46205

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JEREMIAH J. BLACKMON
2. SEX: MALE
3a. TIME OF DEATH: 10:25P. M
3b. DATE OF DEATH (Month, Day, Yr): JULY 9, 1994
4. SOCIAL SECURITY NUMBER: 317-14-7830
5a. AGE—Last Birthday (Years): 73
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): JUNE 6, 1921
7. BIRTHPLACE (City and State or Foreign Country): HAMMOND, INDIANA
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: UNKNOWN
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): CAMBRIDGE HEALTHCARE CENTER 8530 Township Line Rd
9c. CITY, TOWN OR LOCATION OF DEATH: INDIANAPOLIS
9d. COUNTY OF DEATH: MARION
10. MARITAL STATUS: MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARILYN GLENN
12a. DECEDENT'S USUAL OCCUPATION: LAB TECHNICIAN
12b. KIND OF BUSINESS/INDUSTRY: ELI LILLY & COMPANY
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: MARION
13c. CITY, TOWN OR LOCATION: INDIANAPOLIS
13d. STREET AND NUMBER: 219 WEST HAMPTON DRIVE
13e. ZIP CODE: 46208
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): 12; College (1-4 or 5+): 1

PARENTS

21900 196

18. FATHER'S NAME (First, Middle, Last): WARREN BLACKMON
19. MOTHER'S NAME (First, Middle, Maiden Surname): CHRISTINE WEBB

INFORMANT

20a. INFORMANT'S NAME (Type/Print): MRS. MARILYN BLACKMON
20b. MAILING ADDRESS: 219 WEST HAMPTON DRIVE, INDIANAPOLIS, IN 46208
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JULY 12, 1994 CENTRAL INDIANA CREMATORY
21c. LOCATION—City or Town, State: INDIANAPOLIS, INDIANA
22a. EMBALMER'S NAME: NONE
22b. EMBALMER'S LICENSE NO: NONE
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: William E. Singleton
24b. LICENSE NUMBER (of Licensee): FD01010949
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: SINGLETON & HERR MORTUARY/7520 MADISON AVENUE, INDIANAPOLIS, IN 46227 FH8880002

CAUSE OF DEATH

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): X Carcinoma of prostate with metastasis.

DUE TO (OR AS A CONSEQUENCE OF): CARCINOMA OF PROSTATE WITH METASTASES

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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):

CERTIFIER

29a. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated. ☐ 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. ☐ 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: X R. McCallum MD
29c. MEDICAL LICENSE NO: 01018077
29d. DATE SIGNED (Month, Day, Year): 7-12-94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): ROBERT MC CALLUM, M.D., 6424 NAAB ROAD, INDIANAPOLIS, INDIANA

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Virginia A. Caine MD
32. DATE FILED (Month, Day, Year): JUL 13 1994

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.

SDH06 004 State Form 10110 (R4/3-93) Deathcer/PD 1

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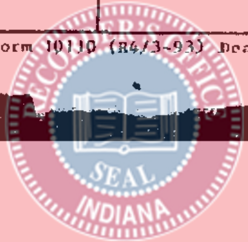

TYPE OR PRINT PLAINLY WITH UNFADING INK
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Local No. 428

CORONER'S CERTIFICATE OF DEATH

State No.

Field	Entry
1. Deceased—Name (First, Middle, Last)	Abdel Krim Blackmon
2. Sex	Male
3. Date of Death	6-16-1980
4. Race	Black
5a. Age	54
6. Date of Birth	3-18-1926
7a. County of Death	Lake
7b. City, Town or Location of Death	Hammond
7c. Hospital or Other Institution	6150 Ray Ave.
8. State of Birth	Ind.
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Widowed
11. Surviving Spouse	
13. Social Security Number	306-24-8318
14a. Usual Occupation	Switch Operator
14b. Kind of Business or Industry	Inland Steel Co.
15a. Residence—State	Ind.
15b. County	Lake
15c. City, Town or Location	Hammond
15d. Street and Number	6150 Ray Ave.
15e. Is Residence on a Farm?	No
15f. Inside City Limits	Yes
15g. Is Deceased of Spanish Descent?	No
16. Father—Name	Warren Blackmon
17. Mother—Maiden Name	Christine Webb
18a. Informant—Name	Terri Blackmon
18b. Mailing Address	6150 Ray Ave. Hammond, Ind. 46320
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory	Fern Oaks Cemetery
19c. Location	Griffith, Ind.
20a. Date	6-21-1980
20b. Funeral Home—Name and Address	Hinton-Williams 4859 Alexander Ave. East Chicago, Ind. 46312
21a. Signature	A. Willardo, MD
21b. Date Signed	6-20-80
21d. Pronounced Dead On	6-16-80
21e. Pronounced Dead At	12:42 PM
21f. Name and Address of Certifier	ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. Health Officer Signature	[signature], M.D.
22b. Date Received by Local Health Officer	JUN 23 1980
23. Part I (a) Immediate Cause	Coronary Occlusion
(b) Due to	arteriosclerotic heart & vascular disease
Interval between onset and death	Undetermined
24. Autopsy	No
25a. Acc., Suicide, Hom., Undet. or Pending Invest.	Natural

FUNERAL HOME No. 152

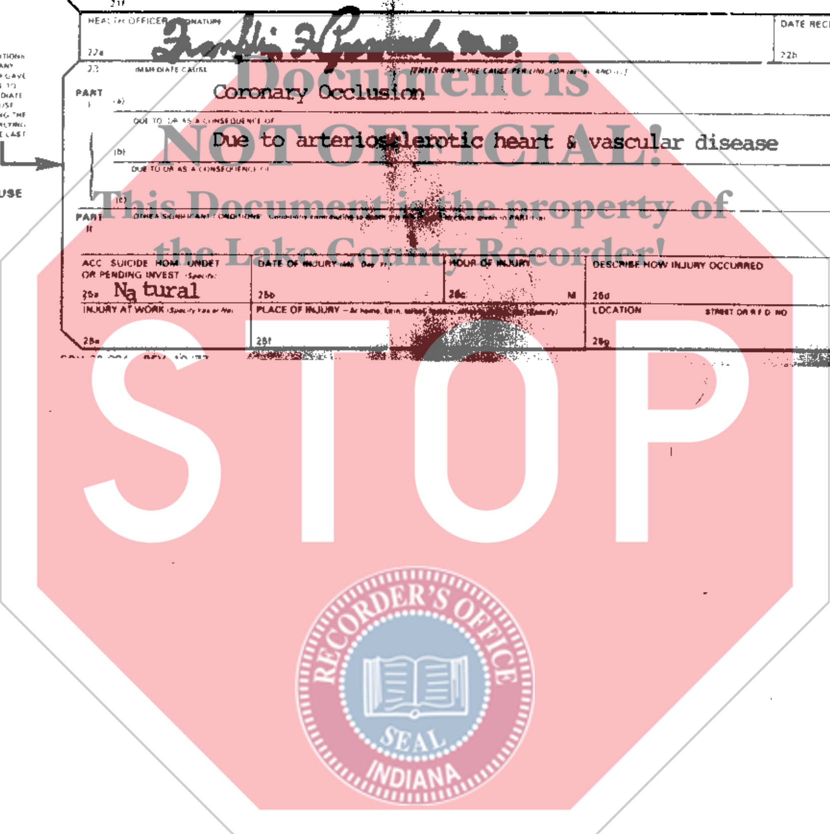
LICENSE No. 972

FUNERAL DIRECTOR'S LICENSE No. 1785

EMBALMER'S NAME Clinton Williams

FUNERAL DIRECTOR'S SIGNATURE John R. Williams

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1421-85

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED NAME — First: Joseph; Middle: —; Last: Blackmon
2. SEX: Male
3. DATE OF DEATH (Month Day Year): July 28, 1985
4. RACE (e.g. White, Black, American Indian, etc.) (Specify): Black
5a. AGE (Last Birthday) (Yrs): 67
5b. UNDER 1 YEAR — Mos / Days
5c. UNDER 1 DAY — Hours / Mins
6. DATE OF BIRTH (Mo. Day Yr.): 12-10-1917
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Dyer
7c. HOSPITAL OR OTHER INSTITUTION (Name) (If not in either, give street and number): Regency Place Nursing Home
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name):
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 314-03-0644
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Maintance
14b. KIND OF BUSINESS OR INDUSTRY: Auto Dealership

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a. RESIDENCE — STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Hammond
15d. STREET AND NUMBER: 6131 Noble Street
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify Yes or No): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER — NAME: First: Warren; Middle: —; Last: Blackmon
17. MOTHER — MAIDEN NAME: First: Christine; Middle: —; Last: Webb
18a. INFORMANT — NAME (Type or print) / RELATIONSHIP: Ruth Williamson-Sister
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 1349 Ellsworth Pl., Gary, Indiana-46404

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY — FUNERAL HOME: Evergreen Memorial Park
19c. LOCATION (City or Town, State): Hobart, Indiana
20a. DATE (Month Day Year): 8-1-1985
20b. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Hinton-Williams 4859 Alexander Ave., East Chicago, In.

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): Jerome M. Korn, MD
21b. DATE SIGNED (Mo. Day Yr.): 29 July 85
21c. HOUR OF DEATH: M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): JEROME M. KORN, M.D.
21e. MAILING ADDRESS — PHYSICIAN: 1933 Hart St. Dyer, IN 46311
22a. HEALTH OFFICER — SIGNATURE: [signature]
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-29-85

CAUSE

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c))

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

PART I
- (a) Multiple myeloma — Interval between onset and death:
- DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
- DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No):

SBH 06-003 REV. 10/77 — State Form 35430

FUNERAL HOME No. 152

FUNERAL DIRECTOR'S LICENSE No. 631

EMBALMER'S LICENSE No. 272

EMBALMER'S NAME: Clinton Williams

FUNERAL DIRECTOR'S SIGNATURE: [signature]

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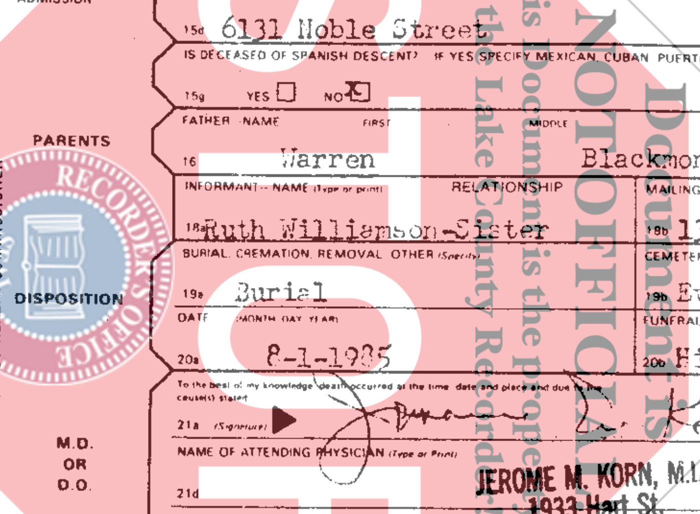
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

... 2 9 1985

LAKE COUNTY HEALTH COMMISSIONER



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Local No. 0708-97

1204

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): SADIE Lee BLACKMON
- 2. SEX: FEMALE
- 3a. TIME OF DEATH: 3:40 A
- 3b. DATE OF DEATH (Month, Day, Yr.): April 1, 1997
- 4. *SOCIAL SECURITY NUMBER: 314-26-5184
- 5a. AGE—Last Birthday (Years): 79
- 5b. UNDER 1 YEAR (Months / Days):
- 5c. UNDER 1 DAY (Hours / Minutes):
- 6. DATE OF BIRTH (Mo, Day, Yr): June 25, 1917
- 7. BIRTHPLACE (City and State or Foreign Country): Jackson, Mississippi
- 8a. WAS DECEDENT A U.S. VETERAN?: No
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: ----
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence
- 9b. FACILITY NAME (If not institution, give street and number): Munster Med Inn
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Widow
- 11. SURVIVING SPOUSE (If wife, give maiden name):
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Licensed Practical Nurse
- 12b. KIND OF BUSINESS/INDUSTRY: Hospital
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Hammond
- 13d. STREET AND NUMBER: 1123 Merrill Street
- 13e. ZIP CODE: 46320
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM?: ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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+): 1 Yr.

PARENTS

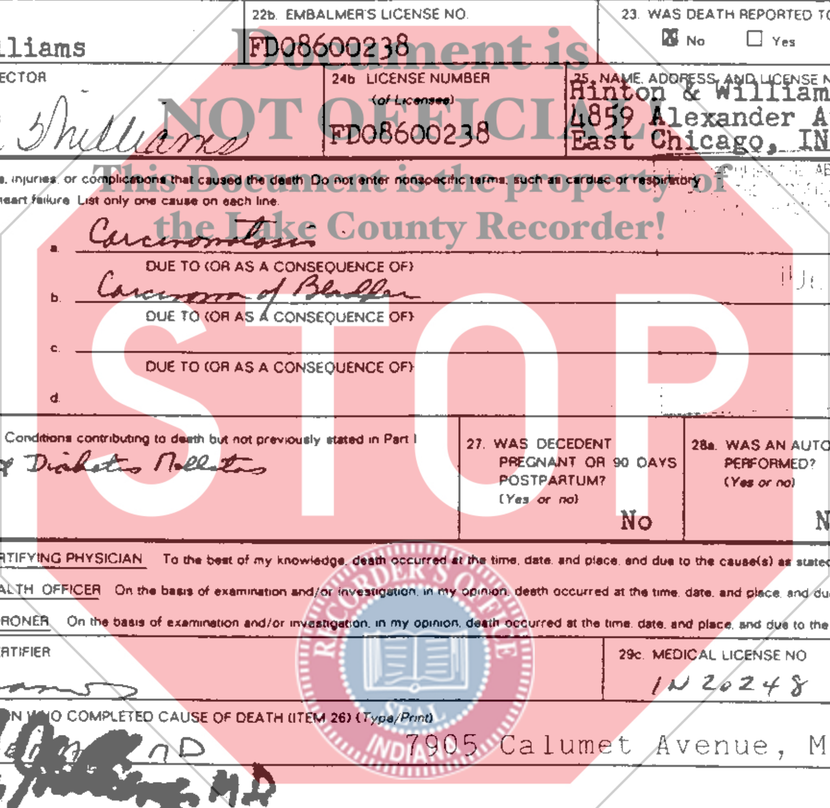
- 18. FATHER'S NAME (First, Middle, Last): Joe Hudson
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Harriet Crawford

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Fran Alexander
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1123 Merrill St. Hammond, Indiana 46320
- 20c. Relationship: Daughter

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 5, 1997 Evergreen Memorial Park
- 21c. LOCATION—City or Town, State: Hobart, Indiana
- 22a. EMBALMER'S NAME: Tracy Cheri Williams
- 22b. EMBALMER'S LICENSE NO.: FD08600238
- 23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Tracy Cheri Williams
- 24b. LICENSE NUMBER (of Licensee): FD08600238
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520



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CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
- a. Carcinomatosis
- DUE TO (OR AS A CONSEQUENCE OF): b. Carcinoma of Bladder
- DUE TO (OR AS A CONSEQUENCE OF): c.
- DUE TO (OR AS A CONSEQUENCE OF): d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

JUL 29 2005

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Insulin Dependent Diabetes Mellitus Anemia

- 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):

CERTIFIER

29a. CERTIFIER (Check only one)
- ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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]
- 29c. MEDICAL LICENSE NO.: IN 26248
- 29d. DATE SIGNED (Month, Day, Year): 4/2/97
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): W V ... MD 7905 Calumet Avenue, Munster, IN 46321
- 31. [signature] MD
- 32. DATE FILED (Month, Day, Year): April 3, 1997

- 33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 002648

328714

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

10cc

DECEDENT

Field	Value
1. Deceased-Name (First Middle Last)	Marilyn G. Blackmon
2. Sex	Female
3a. Time of Death	2:45PM
3b. Date of Death (Month Day Yr)	April 10, 2000
4. Social Security Number	313-12-2228
5a. Age - Last Birthday (Years)	76
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo Day Yr)	October 2, 1923
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: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	Hooverwood Nursing Home
9c. City, Town or Location of Death	Indianapolis
9d. County of Death	Marion
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	NONE
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b. Kind of Business Industry	Domestic
13a. Residence - State	Indiana
13b. County	Marion
13c. City, Town or Location	Indianapolis
13d. Street and Number	7001 Hoover Rd.
13e. Zip Code	46260
13f. Inside City Limits	☐ No ☒ Yes
13g. On a Farm?	☒ No ☐ Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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+)	12

PARENTS

Field	Value
18. Father's Name (First, Middle, Last)	George Glenn
19. Mother's Name (First, Middle, Maiden Surname)	Anna Ward

INFORMANT

Field	Value
20a. Informant's Name (Type/Print)	Neil Handley
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	17 W. Hampton, Indianapolis, IN 46208
20c. Relationship	Guardian

DISPOSITION

Field	Value
21a. Method of Disposition	☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory or other place)	Apr 12, 2000 Columbus Crematory
21c. Location - City or Town State	Columbus, Indiana
22a. Embalmer's Name	Not Embalmed
22b. Embalmer's License No.	NA.
23. Was Death Reported to Coroner?	☒ No ☐ Yes
24a. Signature of Funeral Director	Krista L Eischied
24b. License Number (of Licensee)	FD29700005
25. Name Address and License Number of Funeral Home	FH88800021 Singleton & Herr Mortuary 7520 Madison Ave., Indianapolis, IN 46227

CAUSE OF DEATH

25. 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Atherosclerotic vascular disease	
b. DUE TO (OR AS A CONSEQUENCE OF)	Type 2 diabetes mellitus	
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

Conditions if any which gave rise to the immediate cause stating the underlying cause last

Field	Value
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)	No

CERTIFIER

29a. Certifier (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

☐ 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.

☐ 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.

Field	Value
29b. Signature and Title of Certifier	X Diane M. Healey
29c. Medical License No.	X 32791
29d. Date Signed (Month Day Year)	April 11 2000
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Diane Healey M.D., 8402 Harcourt Rd., Indianapolis, IN

HEALTH OFFICER

Field	Value
31. Health Officer's Signature	Virginia A. Caine, M.D.
32. Date Filed (Month Day Year)	APR 11 2000

Field	Value
33. Manner of Death	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. Date of Injury (Month Day Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	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.	No

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD

MJ

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THIS IS A PERMANENT RECORD

Below for State Office Use

A. ____ B. ____ C. ____ D. ____ E. ____ F. ____ G. ____ H. ____ I. ____ J. ____

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 761 State No. ____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST ROBERT MIDDLE ____ LAST BLACKMON
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): 9-28-77
4. RACE: NEGRO
5a. AGE—LAST BIRTHDAY (YEARS): 62
5b. UNDER 1 YEAR: MOS. ____ DAYS ____
5c. UNDER 1 DAY: HOURS ____ MIN. ____
6. DATE OF BIRTH (MONTH, DAY, YEAR): 9-22-1915
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN, OR LOCATION OF DEATH: HAMMOND
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): ST. MARGARET HOSPITAL
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): LOUISIANA
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): SADIE HUDSON
12. SOCIAL SECURITY NUMBER: 312-09-6704
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): CUSTODIAN
13b. KIND OF BUSINESS OR INDUSTRY: STEEL

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: IND.
14b. COUNTY: LAKE
14c. CITY, TOWN OR LOCATION: HAMMOND
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWNSHIP: NORTH
14f. STREET AND NUMBER: 1123 MERRILL ST.
14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☐

PARENTS

15. FATHER—NAME: FIRST WARREN MIDDLE ____ LAST BLACKMON
16. MOTHER—MAIDEN NAME: FIRST CHRISTINE MIDDLE ____ LAST WEBB
17a. INFORMANT—NAME: SADIE BLACKMON
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1123 MERRILL ST. HAMMOND, IN[D]

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Lymphocytic Lymphoma — 8 yr

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF: (b) Varicella Zoster — 2 months.

DUE TO, OR AS A CONSEQUENCE OF: (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Arthritis, Chronic

19a. AUTOPSY: YES ☐ NO ☒

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: YES ☐ NO ☐

20. DATE & TIME OF DEATH: MONTH 9 DAY 28 YEAR 77 HOUR 4:52 P.M.

21a. DATE SIGNED: MONTH 9 DAY 30 YEAR 77

M. D. OR D. O.

22a. PHYSICIAN'S NAME LAST IN ATTENDANCE (TYPE OR PRINT): Floyd Manley, M.D.
22b. SIGNATURE OF PHYSICIAN: Floyd Manley, M.D. PHY. CODE NO. ____
23. MAILING ADDRESS—PHYSICIAN: STREET OR R.F.D. NO. 6010 Columbia Ave CITY OR TOWN Hammond, STATE Indiana ZIP 46320

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY, CREMATORY, FUNERAL HOME: EVERGREEN MEMORIAL PARK
24c. LOCATION: CITY OR TOWN HOBART, STATE INDIANA
24d. DATE (MONTH, DAY, YEAR): 10-1-77
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): HINTON WILLIAMS 4859 Alexander Ave East Chicago, Ind
25b. [signature]
26a. HEALTH OFFICER—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 9-30-77.

SBH06-003

FUNERAL HOME No. 152

FUNERAL DIRECTOR'S LICENSE No. 1785

FUNERAL DIRECTOR'S SIGNATURE: John R. Williams

EMBALMER'S NAME: Clinton Williams LICENSE No. 972

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Dec 12 2005
Date Issued

[signature] MD
Hammond Health Commissioner

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