3

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN RE DECEDENT:
EARNESTINE ROBERSON

2011 029479

AFFIDAVIT OF SURVIVORSHIP

Comes now, **ALLIE V SPANN** being duly sworn upon her oath and states as follows:

That **LEROY ROBERSON SR** was the owner in fee simple until the date of his death, of the following described real estate in Lake County, Indiana, more particularly described as follows:

> Lot 23 and North 11 feet of Lot 24, Block 7, in Mid-City Realty Company's Central Subdivision, in the City of Gary, as per plat thereof, recorded in plat Book 15, page 31, in the Office of the Recorder of Lake County, Indiana.
>
> More commonly known as: 2316 Virginia Street. Gary, IN 46407
>
> Property No. 45-08-15-177-019.000-004

2011 MAY 27 AM 11:14
FILED FOR RECORD

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That **LEROY ROBERSON SR** and the decedent, **EARNESTINE ROBERSON**, were married on the 12th day of January, 1942. That **LEROY ROBERSON SR** and the Decedent, **EARNESTINE ROBERSON**, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 8th day of February, 1967, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between **LEROY ROBERSON SR** and the decedent, **EARNESTINE ROBERSON**, his wife, continued unbroken from the time they so acquired title to said real estate until the death of **EARNESTINE ROBERSON**, his wife on the 14th day of January 1997, at which time **LEROY ROBERSON SR** acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the Decedent, **EARNESTINE ROBERSON**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

RECORDER'S OFFICE SEAL

AMOUNT $ 16
CASH ✓ CHARGE
CHECK #
OVERAGE
COPY
NON-COM ✓
CLERK AC

FILED
MAY 27 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

027017

Earnestine Roberson
Affidavit of Survivorship
Page No. 2

ALLIE V SPANN

STATE OF INDIANA)
COUNTY OF LAKE)

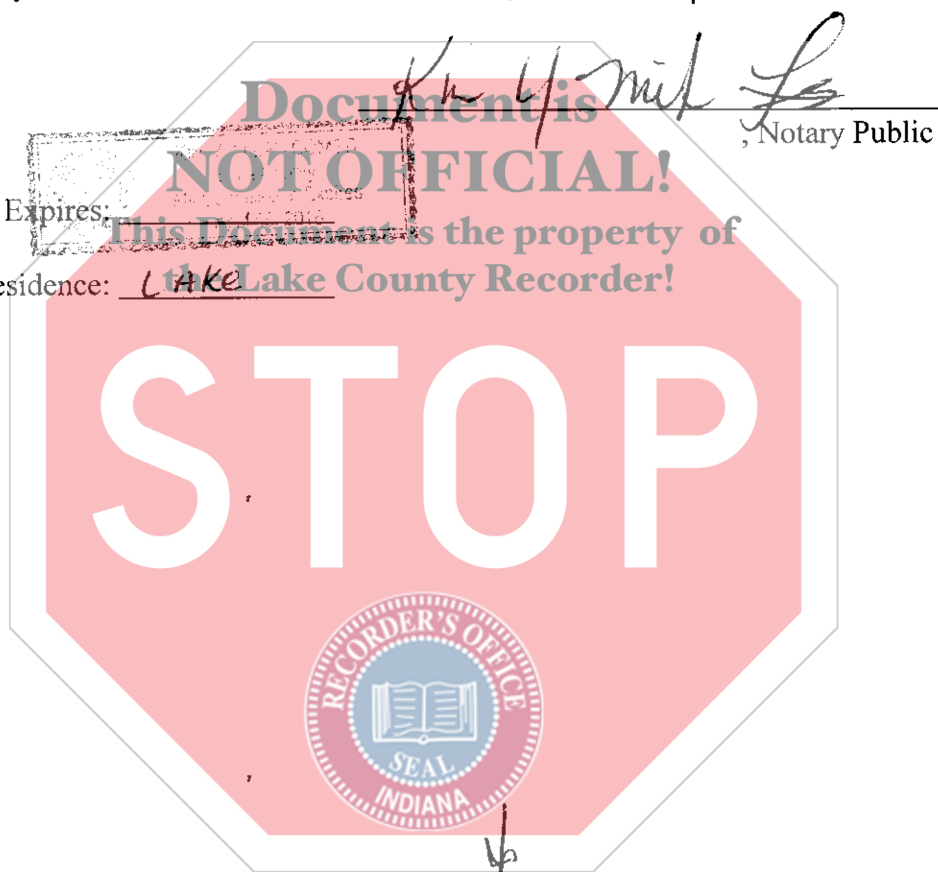
Before me, a Notary Public in and for said County and State, personally appeared **ALLIE V SPANN**, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 10 day of MAY, 2011.

, Notary Public

My Commission Expires:

My County of Residence: LAKE



This Instrument Prepared by **Charles D. Brooks, Jr.**, Attorney at Law
2200 Grant Street, Suite 100
Gary, Indiana 46404
(219) 944-8586

CC ~~Re3uB~~

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

Local No. 0156-97

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

DECEDENT

Field	Value
1. DECEASED—NAME (First Middle Last)	Earnestine Roberson
2. SEX	Female
3a. TIME OF DEATH	8:44AM
3b. DATE OF DEATH (Month Day Yr)	January 14, 1997
4. SOCIAL SECURITY NUMBER	427-88-8832
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)	May 10, 1925
7. BIRTHPLACE (City and State or Foreign Country)	Sardis, MS 38666
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)	Methodist 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)	Leroy Roberson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Housewife
12b. KIND OF BUSINESS INDUSTRY	Domestic
13a. RESIDENCE - STATE	IN
13b. COUNTY	Lake
13c. CITY TOWN OR LOCATION	Gary
13d. STREET AND NUMBER	2316 Virginia Street
13e. ZIP CODE	46407
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)	Afro Amer
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12)	08
College (1-4 or 5+)	

PARENTS

Field	Value
18. FATHER'S NAME (First, Middle, Last)	Herbert Campbell
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Addie Matlock

INFORMANT

Field	Value
20a. INFORMANT'S NAME (Type/Print)	Leroy Roberson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2316 Virginia Street, Gary, IN 46407
20c. Relationship	Husband

DISPOSITION

Field	Value
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	Jan 18, ~~2001~~ 1997 Oak Hill Memorial Park
21c. LOCATION - City or Town State	Gary, IN
22a. EMBALMER'S NAME	Sherman G. Banks
22b. EMBALMER'S LICENSE NO.	FDE1016254
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	01015177
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	FH19600034 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) — Conditions if any which gave rise to the immediate cause stating the underlying cause last

	Cause	Approximate Interval Between Onset and Death
a.	Cardiopulmonary arrest	
	DUE TO (OR AS A CONSEQUENCE OF)	
b.	Lung mass	
	DUE TO (OR AS A CONSEQUENCE OF)	
c.	Congestive heart failure	
	DUE TO (OR AS A CONSEQUENCE OF)	
d.	Peripheral vascular disease	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Field	Value
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	[signature]
29c. MEDICAL LICENSE NO	01032180
29d. DATE SIGNED (Month Day Year)	1/21/97
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Surendra J. Shah, 5825 Broadway Suite A, Merrillville, IN 46410

HEALTH OFFICER

Field	Value
31. HEALTH OFFICER'S SIGNATURE	[signature], M.D.
32. DATE FILED (Month Day Year)	January 28, 1997

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)	January 14, 1997
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 1

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