

*A*

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 042469

2012 JUN 27 AM 9:54

MICHELLE R. FAJMAN  
RECORDER

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Bobby Tharpe, being first duly sworn upon oath, deposes and says:

1. That Vainker Phelps died on April 16, 1986 at Cook County Illinois.

2. That Vainker Phelps and Christine Phelps were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 25 and the South 20 feet of Lot 26, in Block 1, in Tuttle's Add in the City of Gary, as per plat thereof, recorded in Plat Book 20 Page 1, in the Office of The Recorder of Lake County, Indiana

*45-07-12-127-017-006-004*

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Bobby Tharpe*

Subscribed and sworn to before me, a Notary Public, this 27 day of June, 2012.

**FILED**

JUN 27 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

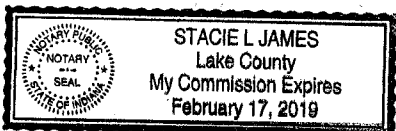
My Commission expires: 2/17/19

County of Residence: Lake

This Instrument prepared by Bobby Tharpe

*[Signature]*  
Notary Public

*13.00  
CS  
94*



002650

LOCAL RECORD

REGISTRATION DISTRICT NO. 1697  
REGISTERED NUMBER 416

MEDICAL CERTIFICATE OF DEATH

COUNTY FILE NUMBER

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

**VAINKER PHELPS Male April 16, 1968**

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) AGE—LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF BIRTH COUNTY

**Negro 51 6 June 15, 1916 COOK**

CITY, TOWN, VILLAGE OR RURAL DISTRICT (INDICATE ZIP CODE) HOSPITAL OR OTHER INSTITUTION (NAME OF NOT ON OTHER, GIVE STREET AND ADDRESS)

**PROVIDO TOWNHIP NO VETERANS ADM. HINES, ILL.**

BIRTHPLACE (CITY OR TOWN AND COUNTY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

**Tennessee USA Married Christine (Mdn. No. Unkn.)**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN, WAR OR DATES OF SERVICE

**413-28-8393 Laborer Steel Yes World War II**

RESIDENCE STATE CITY, TOWN, VILLAGE OR RURAL DISTRICT (INDICATE ZIP CODE) STREET AND NUMBER

**Indiana Lake Gary Yes 995 Gerry**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

**Curtis Phelps Eva Smith**

INFORMANT'S SIGNATURE, NAME, ADDRESS, RELATIONSHIP, MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

**PETER A. JENNINGS, CHIEF, NEG. Hospital records Adm. Div. VETERANS ADM. HINES, ILL. 60141**

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

18a. IMMEDIATE CAUSE

**(1) Hypertensive heart disease with terminal renal failure** 18b. **Unknown**

18c. CAUSE TO OR AS A CONSEQUENCE OF

19. ALTOPIST (YES/NO) 19a. **Yes** 19b. **Yes**

PART II. OTHER SIGNIFICANT CONDITIONS (IF ANY) RELATING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

DATE OF OPERATION, IF ANY, AND/OR FINDINGS OF OPERATION

20a. **12:30 a.** 20b. **12:30**

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 12:30 a. M. ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED

21a. ATTENDED THE DECEASED FROM: MONTH DAY YEAR TO MONTH DAY YEAR

**4 12 68 21b. 4 16 68 21c. 4 16 68**

21d. SIGNATURE: **A. KANN, M.D.** 21e. DATE SIGNED (MONTH, DAY, YEAR): **4-16-1968** 21f. ILLINOIS LICENSE NUMBER: **Permit**

21g. MAILING ADDRESS—CERTIFIER: STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP

**VETERANS ADM HINES ILL 60141**

22. BURIAL OR CREMATION: CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

**Initial 22a. Oak Hill 22b. Gary, Indiana 22c. 4-20-1968**

22d. FUNERAL HOME: NAME STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP

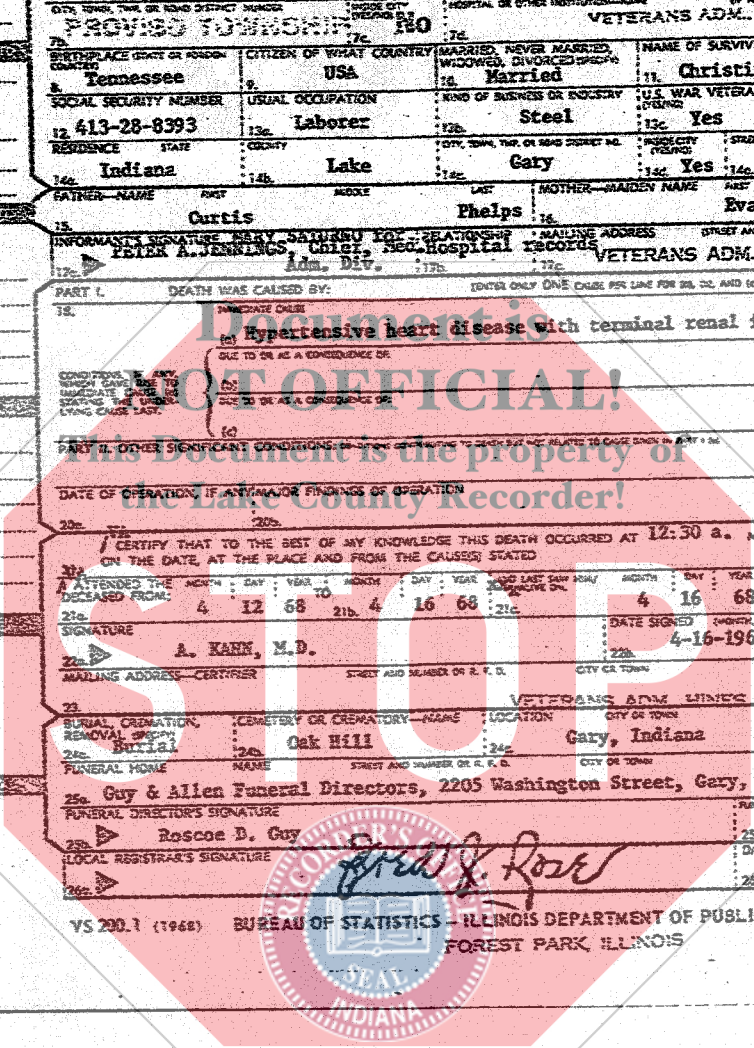
**Guy & Allen Funeral Directors, 2205 Washington Street, Gary, Indiana 46407**

22e. FUNERAL DIRECTOR'S SIGNATURE: **Roscoe B. Guy** 22f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **4199**

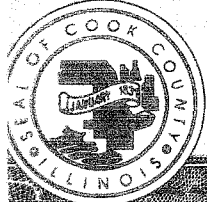
22g. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 22h. DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **APR 16 1968**

VS 200.1 (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706 FOREST PARK, ILLINOIS

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1066236



County of Cook State of Illinois

Office of County Clerk David Orr

David Orr DAVID ORR COUNTY CLERK



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VOID WITHOUT WATERMARK OR IF ALTERED OR FRAISED