

Return to John O Edmond, 2132 W 19th Avenue, Gary, IN 46404

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2012 057369

2012 AUG 23 PM 2:03

M. J. ... JUMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, JOHN O. EDMOND, who first having been duly sworn upon my Oath, state and depose that I am the son of Bessie Mae Edmond, a/k/a Bessie M. Edmond, the deceased, who passed away on the 22nd day of June, 1996 (Certified copy of Certificate of Death is attached hereto) and at the time of her death, she was joint owners of two (2) parcels of real estate as tenants by the entireties with my father, Eddie Lee Edmond, a/k/a Eddie Lee Edmond, Sr., a/k/a Eddie L. Edmond, Sr., who survived her, in Lake County, Indiana, and more particularly described as follows:

"The West 19 feet of Lot 27 and the East 12 feet of Lot 28, in Block 6, as marked and laid down on the recorded plat of Central Park Addition to Tolleston, in Gary, Lake County, Indiana, as the same appears of record in Plat Book 2, page 48, in the Recorder's Office of Lake County, Indiana."

Commonly known as 2132 W. 19th Avenue, Gary, Indiana 46404.

Parcel No. 45-08-08-408-023.000-004

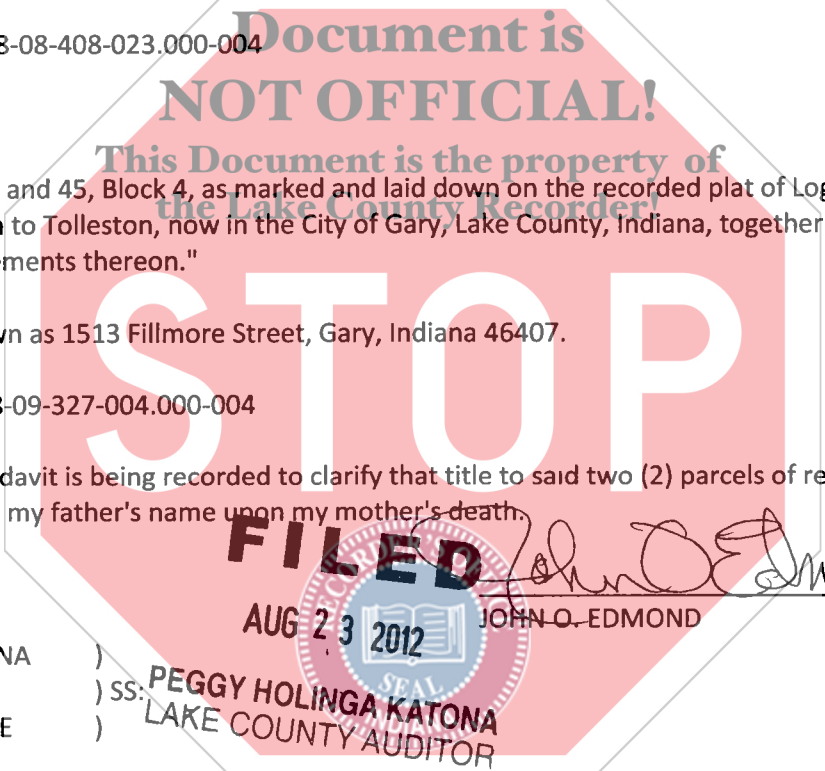
and:

"Lots 44 and 45, Block 4, as marked and laid down on the recorded plat of Logan Park Addition to Tolleston, now in the City of Gary, Lake County, Indiana, together with all improvements thereon."

Commonly known as 1513 Fillmore Street, Gary, Indiana 46407.

Parcel No. 45-08-09-327-004.000-004

This Affidavit is being recorded to clarify that title to said two (2) parcels of real estate listed above vested in my father's name upon my mother's death.



John O. Edmond

JOHN O. EDMOND

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 6th day of March, 2012.

My Commission Expires: 03/11/2017
Resident of Lake County, Indiana

Carole Stoming

CAROLE STOMING, NOTARY PUBLIC

013944
16.00
non Comp
Cash
42

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

Keane J. Moody

Keane J. Moody

This instrument was prepared by Keane J. Moody, Attorney at Law, 9105 Indianapolis Boulevard, Highland, IN 46322
Indiana Attorney No 13727-45



CERTIFICATION OF DEATH RECORD

REGISTRATION DISTRICT NO 16.32
 REGISTERED NUMBER 499

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1 DECEASED—NAME FIRST MIDDLE LAST <u>BESIE MAE EDMOND</u>		SEX <u>Female</u>	DATE OF DEATH (MONTH DAY YEAR) <u>6-22-94</u>
4 COUNTY OF DEATH <u>COOK</u>		AGE—LAST BIRTHDAY (YEAR) 5a <u>68</u>	UNDER 1 YEAR UNDER 1 DAY 5b MOS DAYS 5c HOURS MIN <u>1-18-1926</u>
6a CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>CHICAGO HEIGHT</u>		6b HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <u>St. James Hosp.</u>	
7 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>USA</u>		9 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>NO</u>	
8a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>		8b NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <u>EDDIE EDMOND</u>	
11 SOCIAL SECURITY NUMBER <u>347-24-3298</u>		12 KIND OF BUSINESS OR INDUSTRY <u>Home Maker</u>	
13a RESIDENCE (STREET AND NUMBER) <u>2132 W. 19th Ave</u>		13b CITY, TOWN, TWP. OR ROAD DISTRICT NO <u>GARY</u>	
13c INSIDE CITY (YES/NO) <u>YES</u>		13d COUNTY <u>LAKE</u>	
13e STATE <u>IND.</u>		13f ZIP CODE <u>46404</u>	
14a RACE (WHITE BLACK AMERICAN INDIAN (SPECIFY) <u>BLACK</u>		14b HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	

15 FATHER—NAME FIRST MIDDLE LAST <u>FRANK KNIGHT</u>		16 MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST <u>ALENE WILLIAMS</u>	
17a INFORMANT'S NAME (TYPE OR PRINT) <u>EDDIE EDMOND</u>		17b RELATIONSHIP <u>Husband</u>	
17c MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) <u>2132 W. 19th Ave Gary Ind</u>			

18 PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying 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>Metastatic Endometrial</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>CARCINOMA</u> DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>6/15/94</u>
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PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

20 DATE OF OPERATION, IF ANY <u>6/15/94</u>	21 MAJOR FINDINGS OF OPERATION <u>EXTENSIVE ABDOMINAL METASTASES</u>	19a AUTOPSY (YES/NO) <u>NO</u>	19b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>NO</u>			

21a (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) <u>6-20-94</u>	21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>NO</u>	21c HOUR OF DEATH <u>6 22 P M</u>
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22a SIGNATURE <u>[Signature]</u>		22b DATE SIGNED (MONTH DAY YEAR) <u>June 23, 1994</u>
22c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>2523 LAKEVIEW CHICAGO ILL</u>		22d ILLINOIS LICENSE NUMBER <u>36-51587</u>

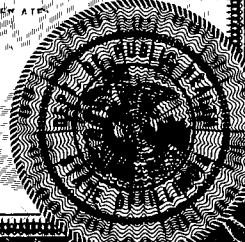
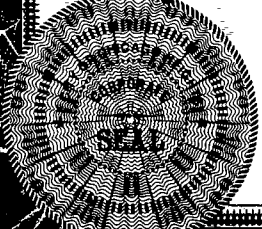
23a BURIAL/CREMATION: REMOVAL (SPECIFY) <u>Funeral</u>	23b CEMETERY OR CREMATORY—NAME <u>EVERGREEN</u>	23c LOCATION CITY OR TOWN STATE <u>HOBART IND</u>	23d DATE (MONTH DAY YEAR) <u>6-22-94</u>
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24a FUNERAL HOME NAME <u>BARKER MORTUARY INC. 9900 S. HALSTED CHICAGO ILL 60628</u>	24b FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	24c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>034009809</u>
25a LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>	25b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <u>June 23, 1994</u>	

Illinois Department of Public Health—Division of Vital Records
 This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

DATE ISSUED. JUL 05 2011

[Signature]
City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE