

STATE OF INDIANA)
) SS:
COUNTY OF LAKE

2013 001601

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JAN 08 AM 8:42
LAKE COUNTY RECORDER

AFFIDAVIT OF SURVIVORSHIP **MIKE BROWN**

CHARLIE KATHERIN CROSS a/k/a CHARLIE K. CROSS, being first duly sworn upon her oath, states:

1. That she resides at 575 Tompkins Street, Gary, Lake County, Indiana. That she is the surviving widow of BOOKER T. CROSS, who died a resident of Gary, Lake County, Indiana on May 15, 2010.

2. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 575 Tompkins Street, Gary, Lake County, Indiana, and legally described as:

LOT 15 AND LOT 16 IN BLOCK "H" IN GARY CITY ESTATES, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15 PAGE 28, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No. 45-07-01-329-011.000-004
Parcel No. 45-07-01-329-012.000-004

3. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Booker T. Cross.



My Commission Expires: 11/10/17
County of Residence : Lake

FILED

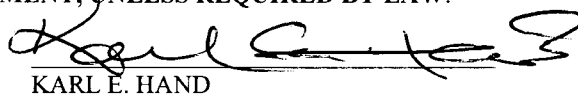
JAN 09 2013

AMOUNT \$ 16
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK aw

20183

REGGY HULLIGAN KATHON
LAKE COUNTY RECORDER

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.



KARL E. HAND



THIS INSTRUMENT PREPARED BY:
KARL E. HAND, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322
(219) 924-2640



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



10 0211

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Booker T. Cross				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 3:31 PM	4. Date Of Death (Month/Day/Year) May 15, 2010		
5. Social Security Number 427-62-9675	6a. Age - Yrs 75	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) January 17, 1935		8. Birthplace (City And State Or Foreign Country) Vaiden, Mississippi		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) Methodist Hospital Northlake										
12. City Or Town, State, And Zip Code Gary, Indiana 46402				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name Charlie Cross			15a. (If Wife) Give Maiden Last Name Scott		16. Decedent's Usual Occupation Labor		17. Kind Of Business/Industry Labor			
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary						
18c. Street And Number 575 Tompkins				18d. Apt. No.		18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American						
22. Father's Name (First, Middle, Last) James Cross			23. Mother's Name (First, Middle, Last) Vergie Cross			23a. Mother's Maiden Last Name Mitchell				
24. Informant's Name Charlie Cross		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 575 Tompkins Street, Gary, Indiana 46406						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Elmwood Cemetery		25c. Location - City, Town, And State Hammond, Indiana						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell & Warner Funeral Home 4209 Grant Street Gary, Indiana 46408				27a. Funeral Home License Number FH10500021				
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>					27c. License Number (Of Licensee): FD20000361					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death										
Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY FAILURE Due To (Or As A Consequence Of)										
B. CEREBRAL VASCULAR ACCIDENT Due To (Or As A Consequence Of)										
C. _____ Due To (Or As A Consequence Of)										
D. _____ Due To (Or As A Consequence Of)										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town Gary		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred					40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature Of Person Certifying Cause Of Death: <i>[Signature]</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PAUL C. OKOLOCHA MD. 2054 GRANT ST GARY IN 46404				44. License Number 01041856		45. Date Certified 5-20-10				
46. Additional Funeral Service Provider:					47. *Akas					
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year) MAY 21 2010					

EXHIBIT
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