

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR 28 AM 9:58

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS 2013 022949
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

OSCAR LEE DONELSON, before me personally appeared and who after being
duly sworn upon his oath deposes and states:

1. That Oscar Lee Donelson resides at 2421 Marshalltown Ln, Gary, Indiana
46407.

2. That Oscar Lee Donelson survives Bessie Donelson, deceased who died
September 21, 2007 (said Death Certificate is attached as Exhibit "A")

3. That Oscar Lee Donelson and Bessie Donelson were, at the time of the death
of Bessie Donelson, owners of the following described real estate as tenants by the
entireties (husband and wife):

Lot Twenty-seven (27), in Block "B", in Marshalltown Terrace
Section Two, in the City of Gary, as per plat thereof, recorded
in plat book 30, page 62 in the Office of the Recorder of Lake
County, Indiana. 52

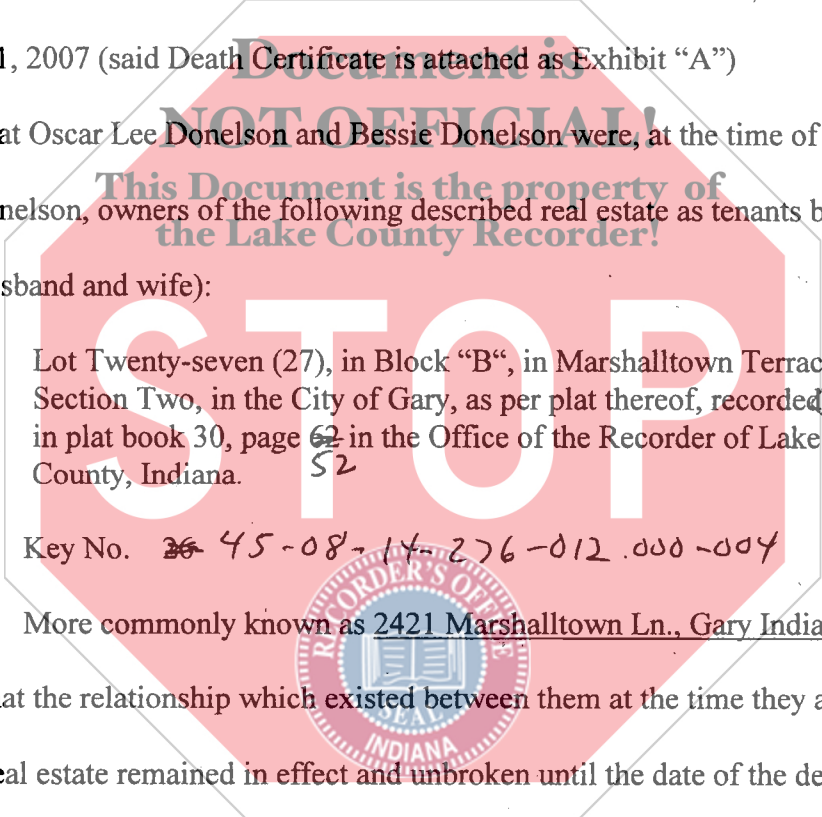
Key No. ~~36~~ 45-08-14-276-012.000-004

More commonly known as 2421 Marshalltown Ln., Gary Indiana 46407

4. That the relationship which existed between them at the time they acquired
title to said real estate remained in effect and unbroken until the date of the death of
Bessie Donelson.

5. That all funeral expenses in connection with the death of said Decedent have

15.00
2359.
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

been paid in full.

6. That all of the assets of said Decedent which would be includable for State and Federal Tax purposes, including joint bank accounts and life insurance on Decedent's life were not sufficient or existed to necessitate payment of Federal Estate Taxes or Indiana Inheritance Tax.

7. The Parties were not divorced at the time of decedent's death.

Oscar Lee Donelson
OSCAR LEE DONELSON

STATE OF INDIANA)

COUNTY OF LAKE)

) SS.

)

**Document is
NOT OFFICIAL!**

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SUBSCRIBED AND SWORN before me, a Notary Public this 22nd

day of May 2008 in the aforementioned State and County.

My Commission Expires:

8/13/2015

Ronisha Humphrey
Notary Public

County of residence Lake



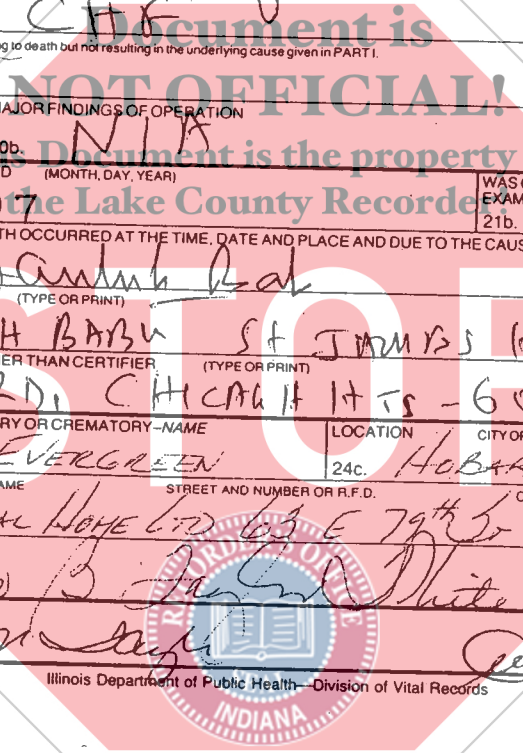
PREPARED BY: CORNELL COLLINS
ATTORNEY AT LAW
607 S. LAKE ST.
GARY, IN 46403

REGISTRATION DISTRICT NO. 16.32
 REGISTERED NUMBER 702

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>BESSIE</u>				<u>DONELSON</u>	<u>FEMALE</u>	<u>SEPTEMBER 21, 2007</u>	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>COOK</u>		5a. <u>16</u>		5b. <u>16</u>	5c. <u>16</u>	5d. <u>JUNE 16, 1931</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O. OPENER, RM, INPATIENT (SPECIFY)	
6a. <u>CHICAGO HEIGHTS</u>		6b. <u>ST JAMES</u>				6c. <u>INPATIENT</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YES/NO)	
7. <u>WESTPOINT MO</u>		8a. <u>MARRIED</u>		8b. <u>CISCAR L DONELSON</u>		9. <u>NO</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <u>66-6134</u>		11a. <u>X-RAY TECH</u>		11b. <u>HOSPITAL</u>		12. <u>11</u>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <u>2421 MARSHALLTOWN LN</u>		13b. <u>CARY</u>		13c. <u>YES</u>		13d. <u>LAKE</u>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
13a. <u>INDIANA</u>		13i. <u>46407</u>		14a. <u>BLACK</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		16. <u>LOUISIA PAINE</u>			
15. <u>JOSEPH S MITCHELL</u>		16. <u>LOUISIA PAINE</u>		17c. <u>2421 MARSHALLTOWN LN CARY IN</u>			
IMPORTEANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>CISCAR L DONELSON</u>		17b. <u>HUSBAND</u>		17c. <u>2421 MARSHALLTOWN LN CARY IN</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>Respiratory failure</u>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <u>Renal failure</u>					
		(c) <u>CHF</u>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. <u>NIA</u>		20b. <u>NIA</u>		19a. <u>NO</u>		19b. <u>NO</u>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
20c. <u>NO</u>		21b. <u>NO</u>		21c. <u>9:15 PM</u>			
SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. <u>[Signature]</u>		22b. <u>KAMALGESH BABU ST JAMES HOSPITAL</u>		22c. <u>CHICAGO RD, CHICAGO ILLS - 60411</u>		22d. <u>036077273</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. <u>BURIAL</u>		24b. <u>EVERGREEN</u>		24c. <u>HOBART INDIANA</u>		24d. <u>SEP 28, 2007</u>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP	
25a. <u>Taylor Funeral Home Ltd</u>		25b. <u>[Signature]</u>		25c. <u>609 E 79th St Chicago Illinois 60619</u>		25d. <u>034-011950</u>	
FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <u>[Signature]</u>		26b. <u>[Signature]</u>		26c. <u>SEPTEMBER 28, 2007</u>		26d. <u>SEPTEMBER 28, 2007</u>	



I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: SEP 28 2007

SIGNED: [Signature]

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

VR200 (Rev. 5/99)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFIC.)