

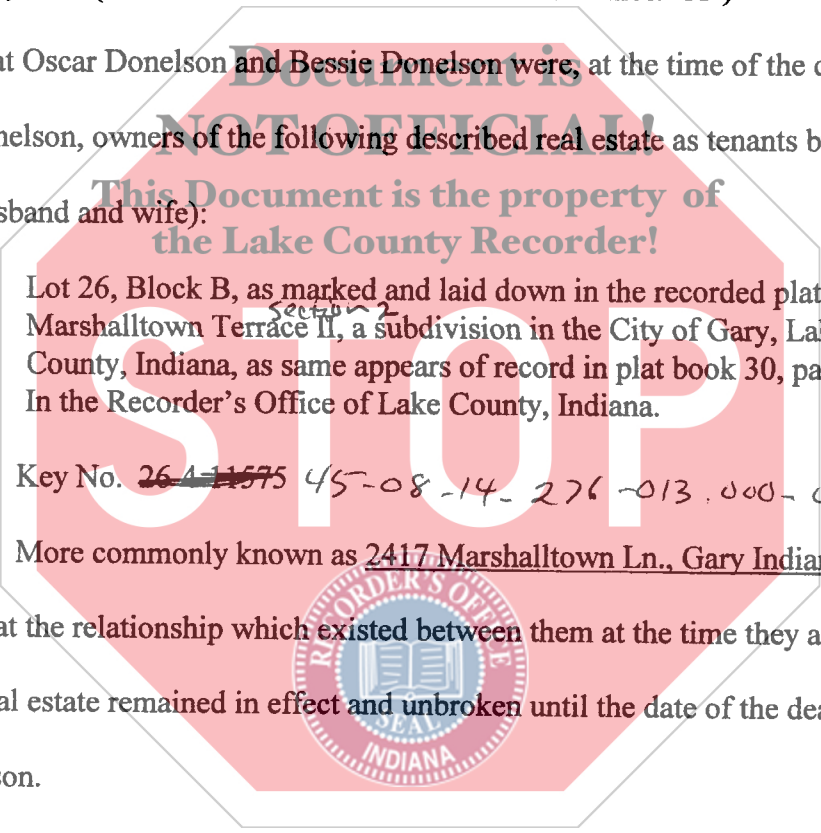
STATE OF INDIANA) 2013 022952
) SS.
COUNTY OF LAKE)

2013 MAR 28 AM 9: 58
MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

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

1. That Oscar Donelson resides at 2421 Marshalltown Ln, Gary, Indiana 46407.
2. That Oscar Donelson survives Bessie Donelson, deceased who died September 21, 2007 (said Death Certificate is attached as Exhibit "A")
3. That Oscar 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 26, Block B, as marked and laid down in the recorded plat of Marshalltown Terrace II, a subdivision in the City of Gary, Lake County, Indiana, as same appears of record in plat book 30, page ~~52~~ 52 In the Recorder's Office of Lake County, Indiana.

Key No. ~~26-11575~~ ^{Section 2} 45-08-14-276-013.000-004

More commonly known as 2417 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 been paid in full.

FILED
MAR 28 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

001711
15.00
2359
42

REGISTRATION DISTRICT NO. 16.32
 REGISTERED NUMBER 702

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. BESSIE DONELSON 2. FEMALE SEPTEMBER 21, 2007

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4. COOK 5a. 76 5b. 16 5c. 11 5d. JUNE 16, 1931

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. OP/EMER. RM. INPATIENT (SPECI)
 6a. CHICAGO HEIGHTS 6b. ST JAMES 6c. INPATIENT

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? (YE)
 7. WESTPONT MA 8a. MARRIED 8b. OSCAR L DONELSON 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10. 428-52-6134 11a. X-RAY TECH 11b. HOSPITAL 12. 11

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 2421 MARSHALLTOWN LN 13b. GARY 13c. YES 13d. LAKE

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)
 13e. INDIANA 13f. 46407 14a. BLACK 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
 15. JOSEPH S MITCHELL 16. LOUISIA PAINE

PERFORMER'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)
 17a. OSCAR L DONELSON 17b. HUSBAND 17c. 2421 MARSHALLTOWN LN GARY IN

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) → (a) Respiratory failure
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Renal failure
 STATING THE UNDERLYING CAUSE LAST. (c) CHF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
 19a. NO 19b. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20a. N/A 20b. N/A 20c. NO

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 21a. 9/21/07 21b. NO 21c. 9:15 PM

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH, DAY, YEAR)
 22a. SIGNATURE → [Signature] 22b. 9/26/07

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c. KAMALESH BABU ST JAMES HOSPITAL 22d. 036077273

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.
 23. CHICAGO RD, CHICAGO ILL 60411

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. BURIAL 24b. EVERGREEN 24c. HOBART INDIANA 24d. SEP 28, 2007

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Taylor Funeral Home Ltd 635 E 79th St Chicago Illinois 60619

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. [Signature] 25c. 034-011950

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. [Signature] 26b. September 28, 2007

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