STATE OF INDIANA)
)SS:
COUNTY OF LAKE )

IN RE DECEDENT: FRANKIE B MARY BELLE WARREN A.K.A. FRANKIE B WARREN

## REVISED AFFIDAVIT OF SURVIVORSHIP

Comes now, FRANKIE M GOINS being duly sworn upon her oath and states as follows:

1. That SAMUEL ROYAL WARREN SR a.k.a. SAMUEL R WARREN, and FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN, at all time relevant herein, were the owners as tenants by the entirety of the following described real estate in Lake County, Indiana, more particularly described as follows:

The West 15 ft. of Lot 23, all Lot 24 (not including the vacated Waltace Street, and the East 10 of the vacated Wallace Street lying west of and adjoining said Lot 24, Block 1 in F. R. Mass' 2<sup>nd</sup> Addition to Gard, as per plat thereof, recorded in Plat Book 10, Page 19, in the office of the Recorder of Lake County, Indiana.

More commonly known as: 3595 West 20th Avenue, Gary, IN 46404

Property No. 45-08-07-455-016.000-004

- 2. That SAMUEL ROYAL WARREN SR a.k.a. SAMUEL R WARREN and FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN were married on the 15<sup>th</sup> day of July 1951. That SAMUEL ROYAL WARREN SR a.k.a. SAMUEL R WARREN and FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 6<sup>th</sup> day of \_\_\_\_\_\_, 1961, and recorded in the Office of the Lake County Recorder.
- 3. That the marital relationship which existed between the Decedent, SAMUEL ROYAL WARREN SR a.k.a. SAMUEL R WARREN, and FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN, his wife, continued unbroken from the time they so acquired title to said real estate until the death of FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN, on the 30<sup>th</sup> day of August 2010, at which time SAMUEL ROYAL

JUL 1 2 2013
PEGGY HOLINGA KATONA
OCUMENTY AUDITOR

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FRANKIE B MARY BELLE WARREN Affidavit of Survivorship Page No. 2

WARREN SR a.k.a. SAMUEL R WARREN, acquired title to the real estate as surviving tenant by the entireties.

- 4. That the gross value of the estate of the Decedent, FRANKIE B MARY BELLE WARREN a.k.a. FRANKIE B WARREN, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.
  - 5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further Your Affiant Sayeth Not.

FRANKIE M GOINS

STATE OF INDIANA) COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared FRANKIE M GOINS, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this

\_, 2013.

, Notary Public

My Commission Expires:

My County of Residence:

TINA HIGGINBOTHAM Notary Public- Seal State of Indiana

My Commission Expires Feb 10, 2019

This Instrument Prepared by Charles D. Brooks, Jr., Attorney at Law

2200 Grant Street, Suite 100

Gary, Indiana 46404

(219) 944-8586



State Form 10110 (R7/9-07) ATTE

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

10 0425 State No. 1a. Maiden Last Name (If Female) 3. Time Of Death 4. Date Of Death (Month/Day/Year) DESHAZER FRANKIE B. MARY BELLE WARREN F 3:10A.M. AUGUST 30,2010 Birthplace (City And State Or Foreign Country) 428-50-8754 82 HUSHPUCKENA,MS June 14,1928 Days Minutes B. Ever In U.S. Armed Forces ☐ Hospice Facility ☑ Decedent's Home ☐ Nursing Home/Long-☐ Yes 🖾 No Unknown 🗋 ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival Term Care Facility Other (Specify) 11. Facility Name (If Not Institution, Give Street And Number) 3595 W. 20TH AVENUE 12 City Or Town State And Zin Code 13 County Of Death 14. Marital Status At Time Of Dea GARY,INDIANA,46404 GARY 18. Decedent's Usual Oc 15. Surviving Spouse's Na 15a. (If Wife)Give Ma SAMUEL ROYAL WARREN SR **HOMEMAKER** N/A HOME INDIANA LAKE GARY 18c. Street And Number 18d. Apt. No. 18e Zin Cod 181. Inside City Limits Ø Yes □ No **3595 W. 20TH AVENUE** 46404 19. Decedent's Education 20. Decedent Of Hispanic Origin 21. Decedent's Race 9-12th grade, no diploma No, not Spanish/Hispanic/Latino Black or African American 22. Father's Name (First Middle Last) e (First. Middle, Last) 23a Mother's Maiden Last Name **WILLIAMS** FRANK DESHAZER **MATTIE DESHAZER** Mailing Address (Street And Number, City, State, Zip Code) SAMUEL ROYAL WARREN SR HUSBAND 3595 W. 20TH AVENUE GARY, INDIANA, 46404 25c. Location - City, Town, And State 25a. Method Of Disposition. ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State 25b. Place Of Disposition (Name Of C EVERGREEN MEMORIAL PARK HOBART, INDIANA Other (Specify): POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404 V. Of FH10800011 ☐ Yes ⊠ No 27b. Signature Of Indiana Fu the Lake County Recorder! FD09200084 Cause Of Death (See Instructions And Examples) 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 Dise Immediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Part II . Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I 29. Was An Autoosy Performed? 29. Was An Autopsy Performed?

| Yes | No |
30. Were Autopsy Findings Available to Complete The Cause Of Death? ☐ Yes ☐ No 31. Did Tobacco Use Contribute To Death? 33. Manner Of Death: ⊠ Not Pregnant Within Past Year □ Pregnant Al Time Of Death □ Not Pregnant, 8ut Pregnant Within 142 Days Of Death □ Unknown If Pregnant Within The Past Year
 35. Time Of Injury ☐ Yes ☐ Probably ☑ No ☐ Unknown Natural □ Homicide □ Accident □ Pending In Sticide Could Not Be Determined 34. Date Of Injury (Month/Day/Year) 37. Injury At Work? ☐ Yes ☐ No 38. Location Of Injury - State 38a. City Or Tow 38b, Street & Number 38c. Apt. No. 40. If Transportation Injury, Specify: elatelto Alzheners ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
neck Only One) Certifying Physician Coroner Health Officer

5th Ave Gary, IN 46404

45. Date Certified

9-8-2010

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