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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 079277

2013 OCT 24 AM 11:57

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

AFFIDAVIT OF SURVIVORSHIP

Comes now, EMMA JEAN DRIVER n/k/a EMMA JEAN THOMAS, being duly sworn upon her oath, and states as follows:

1. Affiant is over the age of eighteen (18), has never been declared to be incompetent by a court of law or a physician, and has personal knowledge of all statements contained herein.
2. Affiant is the wife of TOMMY DRIVER, SR., deceased, who passed away while domiciled in Lake County, Indiana July 9, 1985. A certified copy of TOMMY DRIVER, SR.'S death certificate is attached hereto as Exhibit A.
3. At the time of his death, TOMMY DRIVER, SR., held a joint tenancy interest with rights of survivorship with Affiant in the following described real estate commonly known as 2233 Clark Road, Gary, IN 46404-2838, to-wit:

Legal Description: Lot Eleven (11), Block (11), Tarrytown Second Subdivision, in the City of Gary, as shown in Plat Book 30, Page 86, in Lake County, Indiana.  
 Parcel Number: 45-08-18-105-005.000-004

4. Affiant survived TOMMY DRIVER, SR., deceased.

STATE OF NC )  
 ) SS:  
COUNTY OF Wake )

*Emma Jean Thomas*  
EMMA JEAN DRIVER n/k/a EMMA JEAN THOMAS

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared EMMA JEAN DRIVER n/k/a EMMA JEAN THOMAS and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 9th day of October, 2013.

County of Residence: Wake  
Commission Expires: 7/28/18

*Carlos Russell*  
**CARLOS RUSSELL**, Notary Public  
 Notary Public  
 Wake Co., North Carolina  
 My Commission Expires July 28, 2018

This instrument prepared by Jewell Harris, Harris Law Firm, P.C., 11051 Broadway, Durham, NC 27703 (919) 661-1110.

13.00  
1153

PP

27050

**FILED**

OCT 24 2013  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

85 025133

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 512

State No.

TYPE OF DEATH  
IN PERMANENT  
DISEASE  
FOR INSTRUCTIONS  
SEE HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IN YEAR  
OCCURRED IN  
INSTITUTION, HOME  
RESIDENCY, ETC.

PARENTS

DISPOSITION

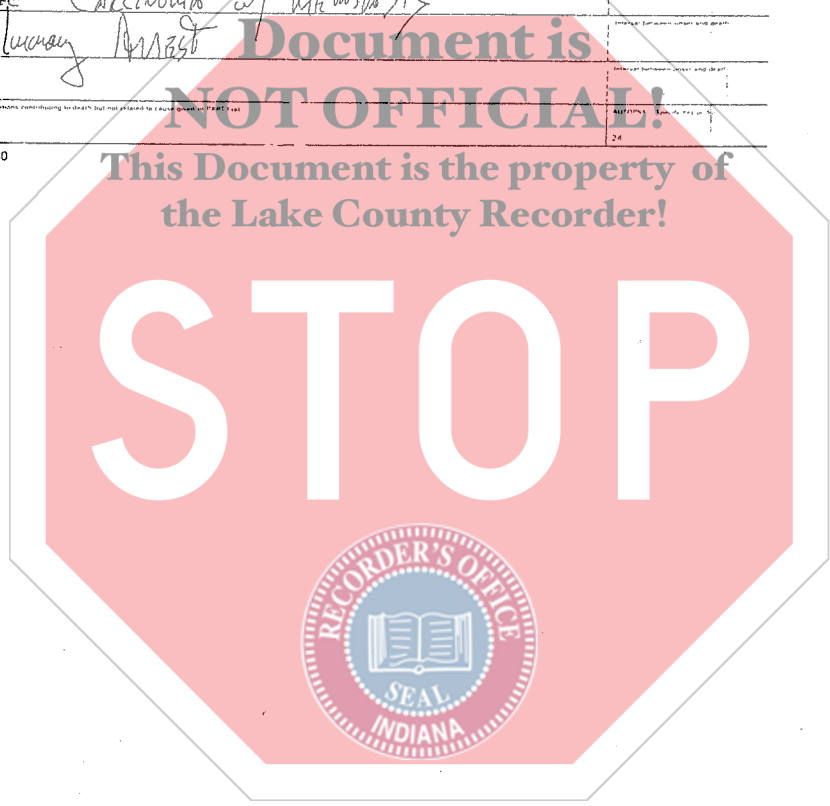
M. D.  
OR  
D. O.

SYMPTOMS  
IF ANY  
WHICH PRE-  
CEDED THE  
IMMEDIATE  
CAUSE  
STATING THE  
SUFFERING  
CAUSE LAST

CAUSE

1 DECEASED NAME Tommy Driver SR, Male		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR) 7-9-85	
2 RACE BLACK		3 AGE (LAST BIRTHDAY) 53		4 HOSPITAL OR OTHER INSTITUTION ST MARGARET HOSPITAL		5 DATE OF BIRTH (MONTH, DAY, YEAR) 3/26/32		6 COUNTY OF DEATH LAKE	
7 CITY, TOWN OR LOCATION OF DEATH Hammond		8 STATE OF BIRTH ARKANSAS		9 MARRIED (RE-REGISTERED) MARRIED		10 SURVIVING SPOUSE (NAME) EMMA JACKSON		11 HUSBAND OR WIFE (NAME) JND.	
12 SOCIAL SECURITY NUMBER [REDACTED]		13 USUAL OCCUPATION RETIRED		14 TYPE OF BUSINESS OR INDUSTRY ISLAND STEEL CO.		15 RESIDENCE STATE INDIANA		16 RESIDENCE COUNTY LAKE	
17 CITY, TOWN OR LOCATION GARY		18 ADDRESS 2233 CLARK ROAD		19 IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20 INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21 IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22 FATHER'S NAME CLAUDE DRIVER		23 MOTHER'S MAIDEN NAME WILLIE GRANT		24 RELATIONSHIP EMMA DRIVER (WIFE)		25 MAILING ADDRESS 2233 CLARK RD. GARY INDIANA 46404		26 BIRTHAL ADDRESS [REDACTED]	
27 BIRTHAL ADDRESS [REDACTED]		28 CEMETERY OR CREMATORY - FUNERAL HOME EVERGREEN CEMETERY		29 LOCATION HOBART, INDIANA		30 DATE 7/10/85		31 FUNERAL HOME (NAME AND ADDRESS) GUY & ALLEN F.D. INC. 2909 W. AVE. GARY, IND. 46404	
32 NAME OF ATTENDING PHYSICIAN S. Mischel, D.O.		33 ADDRESS 5454 Hohman Avenue, Hammond, Indiana 46320		34 DATE RECEIVED BY JUL 10 1985		35 NAME OF PHYSICIAN [REDACTED]		36 DATE RECEIVED BY JUL 10 1985	
37 PART I CAUSE OF DEATH Carcinoma w/ Metastasis Carcinoma Pulmonary		38 PART II OTHER SIGNS AND CONDITIONS		39		40		41	

SBH 06-003 State Form 35430  
REV. 10/77

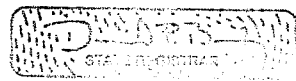


CERTIFICATE  
State Form 26217 (R2 / 7-09)

345199

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE  
WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

JUL -9 2013



Not valid unless machine signed with multi-colored ribbon.  
It is unlawful to reproduce this record.

