3)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 004449

2014 JAN 23 PM 1:43

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP A F F I D A V I T

MAMIE CLIFTON, a/k/a MAMIE DELANE CLIFTON, being first duly sworn, states:

1. She is a resident of Lake County, Indiana.

2. Affiant states that she is the surviving spouse of Robert Clifton, who died a resident of Lake County, Indiana, on June 13, 2004. A certified copy of his death certificate is attached hereto and incorporated herein.

3. At the time of his death, Robert Clifton and Mamie Clifton, a/k/a Mamie Delane Clifton, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot Ten (10), Block Twelve (12), as marked and laid down on the recorded plat of McKey's Addition, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 6, Page 25, in the Recorder's Office of Lake County, Indiana.

ADDRESS OF REAL ESTATE: 1738 Maryland Street, Gary, Indiana 46407.

PARCEL NO.: 45-08-10-334-023.000.004

4. At the time of his death, Robert Clifton and Mamie Clifton, a/k/a Mamie Delane Clifton, were not divorced and were living together as husband and wife.

5. To the best of Affiant's knowledge, there is no federal estate tax due from the Estate of Robert Clifton.

FILED
JAN 23 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010358
#8221
$15.00
M.E

6. This Survivorship Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Mamie Clifton, a/k/a Mamie Delane Clifton, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate on said Auditor's records.

Dated December 18, 2013.

Mamie Clifton

MAMIE CLIFTON
a/k/a MAMIE DELANE CLIFTON

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of December, 2013, personally appeared Mamie Clifton, a/k/a Mamie Delane Clifton, who, being duly sworn, stated that the facts contained in the foregoing Survivorship Affidavit are true and correct and acknowledged the execution of the above and foregoing Survivorship Affidavit.

WITNESS my hand and Notarial Seal.

Dana Rifai

DANA RIFAI, Notary Public

MY COMMISSION EXPIRES:
November 18, 2015
Resident of Lake County

"OFFICIAL SEAL"
DANA RIFAI, NOTARY PUBLIC
RESIDENT OF LAKE COUNTY
STATE OF INDIANA
MY COMMISSION EXPIRES NOV. 18, 2015

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.
DANA RIFAI

This instrument prepared by and after recording return to: Dana Rifai, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, Indiana 46410

Occ + Free (Vet)

1080637

ATTENTION ESTATE: Disclosure of the S# we need to pursue our responsibilities ; voluntary and there will be no penalty for efusal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

ocal No. 04 0378

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

YPE/PRINT IN ERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Robert	Clifton	Male	9:15 A.M	June 13, 2004

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	80			February 13, 1924	Union Town Alabama

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)
Yes	1945	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
1738 Maryland Street	Gary	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Mamie Moore	U.S. Steel	Electrician

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	1738 Maryland Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE — American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46407	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A	☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	Black	8	N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
ROBERT D. CLIFTON	CAILENA GREEN

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Mamie Clifton	1738 Maryland Street, Gary, IN 46407	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 19, 2004 Oak Hill CEMETERY	Gary, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Sherman G. Banks	FD01016254	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01016254	Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. metastatic adenocarcenoma

DUE TO (OR AS A CONSEQUENCE OF):

b. adenocarcenoma primary unknown

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
M Billena Jr	102 6067 A	6/22/04

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Billena 5490 Broadway MERRILLVILLE, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [signature]

32. DATE FILED (Month, Day, Year) JUL 01 2004

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

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(7/0 SDH06-004

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT