

STATE OF INDIANA )

)

) SS:

COUNTY OF LAKE )

2014 01 18 6:3

AFFIDAVIT OF SURVIVORSHIP

ANNETTE BARNES, being first duly sworn upon her oath, deposes and says:

1. That she, ANNETTE BARNES, along with her siblings, SHIRLEY A. KING and EZEKIEL BARBER, JR., are sole co-owners, each having an undivided interest of 1/3, in fee simple of the following described real estate, to-wit: Legal description:

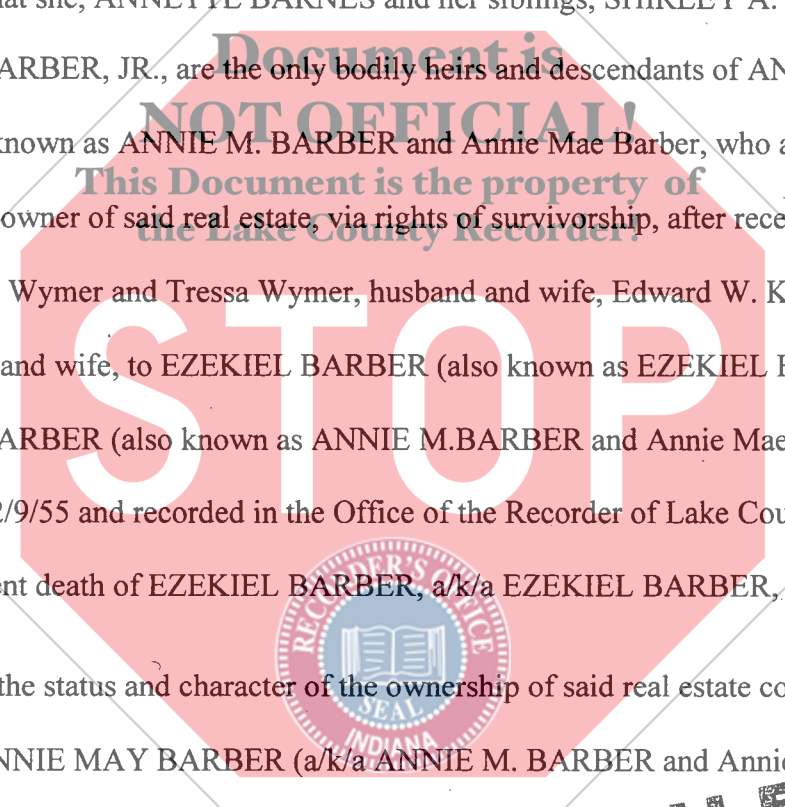
E.B. ELLIAS SUBDIVISION, Lot 42, Block 2 ALL Lot 43, Block 2 in the City of Gary, as recorded in the Office of the Recorder of Lake County, Indiana.

State Parcel No.: 45-08-08-476-003.000-004; Commonly known as: 1921 Cleveland Street Gary, IN 46404

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 FEB 28 11:55  
MICHAEL B. JOHNSON  
RECORDER

2. That she, ANNETTE BARNES and her siblings, SHIRLEY A. KING and EZEKIEL BARBER, JR., are the only bodily heirs and descendants of ANNIE MAY BARBER, also known as ANNIE M. BARBER and Annie Mae Barber, who acquired title 12/21/92 as sole owner of said real estate, via rights of survivorship, after receiving a warranty deed from Ralph Wymer and Tressa Wymer, husband and wife, Edward W. Keogh and Vera M. Keogh, husband and wife, to EZEKIEL BARBER (also known as EZEKIEL BARBER, SR.) and ANNIE MAY BARBER (also known as ANNIE M. BARBER and Annie Mae Barber), husband and wife, dated 2/9/55 and recorded in the Office of the Recorder of Lake County, IN on 2/19/55, and the subsequent death of EZEKIEL BARBER, a/k/a EZEKIEL BARBER, SR., on 12/21/92.

3. That the status and character of the ownership of said real estate continued unbroken from the time ANNIE MAY BARBER (a/k/a ANNIE M. BARBER and Annie Mae Barber) so acquired title to said real estate until the death, intestate, of ANNIE MAY BARBER (a/k/a ANNIE M. BARBER and Annie Mae Barber) on 2/27/13, and no probate was ever opened



18-1  
CASE#  
DN  
NOW COM

FILED  
FEB 28 2014  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

21196

or will probated, such that at this time your Affiant, ANNETTE BARNES, and her siblings, SHIRLEY A. KING, and EZEKIEL BARBER, JR., as the sole heirs of ANNIE MAY BARBER (a/k/a ANNIE M. BARBER and Annie M. Barber), would acquire title as sole co-owners, each having an undivided interest of 1/3, in fee simple, of the above-described real estate.

A certified copy of the death certificate of EZEKIEL BARBER, SR., a/k/a EZEKIEL BARBER, is attached hereto; and a certified copy of the death certificate of ANNIE MAY BARBER, also known as ANNIE M. BARBER and Annie Mae Barber, is attached hereto.

4. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer the title to the above-described real estate to ANNETTE BARNES, SHIRLEY A. KING and EZEKIEL BARBER, JR., as sole co-tenants, each having an undivided interest of 1/3, in fee simple of the above-described real estate.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses; and there has never been any advantages upon the estate of the said decedent, and that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that her estate was not subject to federal estate taxes therefor.

*Annette Barnes*

ANNETTE BARNES  
1921 Cleveland Street  
Gary, IN 46404

SUBSCRIBED and SWORN to before me this 12<sup>th</sup> day of February, 2014.

My Commission Expires:  
3/29/20

*MacArthur Drake*  
NOTARY PUBLIC, a Lake County Resident

Document prepared by: Atty. M. Drake; 487 Broadway, #204; Gary, IN 46402; (219) 882-6004.

BARNESANS.RTF



92-0930 INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Ezekiel Barber Sr.</b>				2 SEX <b>Male</b>		3a TIME OF DEATH <b>10:30 a.m.</b>		3b DATE OF DEATH (Month, Day, Year) <b>December 21, 1992</b>				
4 SOCIAL SECURITY NUMBER [REDACTED]			5a AGE—Last Birthday (Years) <b>77</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) <b>February 23, 1915</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Grandjunction, TN</b>	
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>			9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)						
9b FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Northlake</b>						9c CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>			9d COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Married</b>			11 SURVIVING SPOUSE (If wife, give maiden name) <b>Annie Mae Jones</b>			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Blast Furnace</b>			12b KIND OF BUSINESS/INDUSTRY <b>U.S. Steel</b>			
13a RESIDENCE—STATE <b>Indiana</b>			13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Gary</b>			13d STREET AND NUMBER <b>1921 Cleveland St</b>				
13e ZIP CODE <b>46404</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12th</b>		
18 FATHER'S NAME (First, Middle, Last) <b>Evans Barber</b>						19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Alice Spikes</b>						
20a INFORMANT'S NAME (Type/Print) <b>Annie Mae Barber</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1921 Cleveland St., Gary, IN 46404</b>				20c Relationship <b>Wife</b>				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>December 21, 1992 Evergreen Cemetery</b>				21c LOCATION—City or Town, State <b>Hobart, IN</b>				
22a EMBALMER'S NAME <b>Patrician Owens</b>				22b EMBALMER'S LICENSE NO. <b>08700298</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b LICENSE NUMBER (of Licensee) <b>08700646</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>8300770 Guy &amp; Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, IN 46404</b>						
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. <b>Cardiac arrest</b>										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a <b>Cardiac arrest</b> DUE TO (OR AS A CONSEQUENCE OF)												
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: b DUE TO (OR AS A CONSEQUENCE OF)												
c DUE TO (OR AS A CONSEQUENCE OF)												
d												
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) <b>no</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>[Signature]</i> <b>DR. O. CRAWFORD</b>						29c MEDICAL LICENSE NO. <b>29936</b>			29d DATE SIGNED (Month, Day, Year) <b>12/24/92</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. O. Crawford, 1234 Broadway, Gary, IN 46409</b>												
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>									32 DATE COMPLETED (Month, Day, Year) <b>DEC 31 1992</b>			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED			
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.						

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER  
USE ONLY

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

1033591



Local No 000102

EDR No 00000310493

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ANNIE M BARBER</b>			1a. Maiden Name (If female) <b>JONES</b>			2. Sex <b>FEMALE</b>		3. Time Of Death <b>11:32 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/27/2013</b>			
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>89</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			7. Date of Birth (Month/Day/Year) <b>03/17/1923</b>			8. Birthplace (City and State or Foreign Country) <b>WHITEVILLE, TN</b>	
11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL NORTHLAKE</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>						15a. (If Wife) Give Maiden Last Name <b>DOMESTIC</b>			16. Decedent's Usual Occupation <b>HOME</b>		17. Kind Of Business/Industry		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation			17. Kind Of Business/Industry				
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>			18d. Apt. No.		18e. Zip Code <b>46404</b>		
18c. Street And Number <b>1921 CLEVELAND STREET</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		
22. Father's Name (First, Middle, Last) <b>CHARLES JONES</b>			23. Mother's Name (First, Middle, Last) <b>CORNELIA JONES</b>			23a. Mother's Maiden Last Name <b>ROBINSON</b>			24. Informant's Name <b>ANNETTE BARBER</b>				
24. Informant's Name <b>ANNETTE BARBER</b>			24a. Relationship To Decedent <b>DAUGHTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1921 CLEVELAND STREET, GARY, IN 46404</b>			25. Place Of Disposition <b>EVERGREEN MEMORIAL PARK HOBART, IN</b>				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>EVERGREEN MEMORIAL PARK</b>			25c. Location - City, Town, And State <b>HOBART, IN</b>			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>			27a. Funeral Home License Number: <b>FH83007704</b>			27b. Signature Of Indiana Funeral Service Licensee: <b>PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD08700298</b>			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.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): _____ YEARS  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 B. <u>ESSENTIAL HYPERTENSION</u> Due to (Or As A Consequence Of): _____ YEARS C. <u>CHRONIC KIDNEY DISEASE</u> Due to (Or As A Consequence Of): _____ YEARS D. <u>ANEMIA</u> Due to (Or As A Consequence Of): _____ YEARS			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.				
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.			28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year)				
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			41. Signature, Of Person Certifying Cause Of Death: <b>ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE</b>			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
41. Signature, Of Person Certifying Cause Of Death: <b>ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE</b>			43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409</b>			44. License Number <b>01036654A</b>			45. Date Certified <b>03/06/2013</b>				
46. Additional Funeral Service Provider:			47. *Akas:			48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>			49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 07 2013</b>				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)