

2

SURVIVORSHIP AFFIDAVIT

2014 046346

STATE OF INDIANA)
)§
COUNTY OF LAKE)

MINNIE L. MAGEE, being first duly sworn upon oath, deposes and says:

1. That CHARLIE MAGEE died on May 20th, 2014 at Methodist Hospital Northlake, Gary. Indiana 46402.
2. That CHARLIE MAGEE and MINNIE L. MAGEE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot twenty- seven (27) and twenty-eight (28) Block nine (9), East Englewood Addition to East Chicago, in the City of Gary, as shown in Plat Book 2, page 62 in Lake County, Indiana. Property No. 45-08-07-454-013.000-004; Address 1988 Noble St. Gary, Indiana 46404
3. That the martial relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Future affiant sayeth not,

STATE OF INDIANA)
)§
COUNTY OF LAKE)

Minnie L. Magee
MINNIE L. MAGEE

Document is NOT OFFICIAL!
This Document is the property of
STOP
FILED
AUG 01 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2014 AUG -1 AM 11:17
MICHAEL SNOW
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Before me the undersigned, a Notary Public for the Lake County, State of Indiana, personally appeared **MINNIE L. MAGEE** acknowledged the execution of the foregoing instrument this 30TH day of JULY, 2014.
IN WITNESS WHEREFORE, I, Brenda E. Perry, a notary have hereunto set my hand and official seal this 30TH day of JULY, 2014.

Brenda E. Perry, a Notary for the County of Lake.
BRENDA E. PERRY
My commission expires: 4/5/2017.



14
CASH
Non-CD

014392

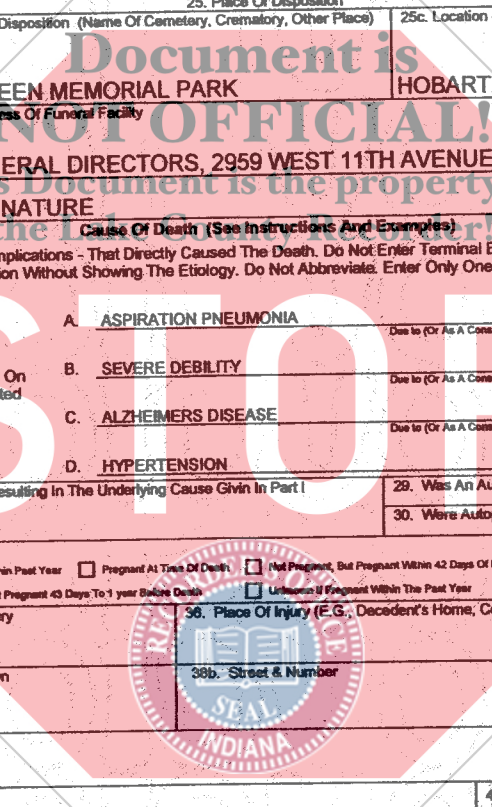
**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000251**

EDR No **000000386497**

State No

1. Decedent's Legal Name (First, Middle, Last) CHARLIE MAGEE JR				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 10:36 PM		4. Date Of Death (Month/Day/Year) 05/20/2014	
5. Social Security Number		6a. Age - Yrs 85		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
								7. Date of Birth (Month/Day/Year) 02/20/1929		8. Birthplace (City and State or Foreign Country) MAGNOLIA, MS	
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)			
11. Facility Name (if Not Institution, Give Street and Number) METHODIST HOSPITAL NORTHLAKE						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
12. City Or Town, State, And Zip Code GARY, IN, 46402						15a. (If Wife) Give Maiden Last Name NICHOLS			16. Decedent's Usual Occupation CONSTRUCTION		17. Kind Of Business/Industry LOCAL 81
15. Surviving Spouse's Name MINNIE MAGEE				18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1981 NOBLE STREET				19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		23a. Mother's Maiden Last Name COOK	
22. Father's Name (First, Middle, Last) CHARLIE MAGEE SR				23. Mother's Name (First, Middle, Last) JULIA MAGEE				24b. Mailing Address (Street And Number, City, State, Zip Code) 377 CLARK ROAD APT 304, GARY, IN 46406			
24. Informant's Name CHARLENE MAGEE				24a. Relationship To Decedent DAUGHTER		25. Place Of Disposition 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): EVERGREEN MEMORIAL PARK					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility GUY & ALLEN - FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404				27a. Funeral Home License Number: FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD29700070				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. ASPIRATION PNEUMONIA Due to (Or As A Consequence Of): B. SEVERE DEBILITY Due to (Or As A Consequence Of): C. ALZHEIMERS DISEASE Due to (Or As A Consequence Of): D. HYPERTENSION Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I			
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)				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	
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: ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409						44. License Number 01036654A		45. Date Certified 06/17/2014			
46. Additional Funeral Service Provider:						47. *Atas:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) JUN 18 2014					



WARNING: ORIGINAL DOCUMENT HAS MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT CHANGES FROM ORANGE TO YELLOW WHEN BURSTED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN REPRODUCED.

STATE OF INDIANA