Corrected

AFFIDAVIT OF SURVIVORSHIP

2

STATE OF Indiana
COUNTY OF Lake

45-08-09-333-007.000-004

I, Warren G. Smith, residing at 1764 Polk Street, in the county of Lake in the state of Indiana and being duly sworn, do hereby depose and attest that:

1. The Decedent, M. Lumentha Smith, is named in the attached death certificate.
2. The Decedent died on February 11, 2001 and {was/was not} legally married at the time.
3. The names of the Decedent's survivors are Warren G. Smith
4. My relationship to the Decedent was Grandson
5. At the time of death, the Decedent was the joint owner of along with.
6. The property is legally described as follows: 1764 Polk Street Gary, IN 46407 : Logan Park Addition Lot 61

2015 069432

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT -9 PM 2:11
MICHAEL BROWN
RECORDER

22275

Affiant
Warren G. Smith

10/9/15
Date

FILED
OCT 09 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Subscribed and sworn to before me this 9th day of October 20 15

Ashley Butgereit
(Notary Public),
Lake County.

My commission expires Nov. 18 20 21

ASHLEY N BUTGEREIT
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Nov 18, 2021

14. Cash DW NOV. COM

CERTIFICATE OF DEATH

10CC

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 01 0107 ..... State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Lumentha M. Smith	Female	12;35 P M	February 11, 2001

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]	81			December 17, 1919	Magnolia,Mississippi

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
1764 Polk 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
Widowed	N/A	Homemaker	Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	1764 Polk Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46407	☐ No ☒ Yes	☒ No ☐ Yes	U S A	☒ No ☐ Yes	Black	Elementary/Secondary (0-12)	College (1-4 or 5 +) 2 Years

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Murray W. Richards Sr.	Mary M. Varnado

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
Emma Smith	1764 Polk Street Gary,Indiana 46407	Daughter

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)	February 17, 2001 Oak Hill Cemetery	Gary, Indiana

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Roosevelt Allen Jr	#01051701	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (or License)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	#08700298	Guy & Allen Funeral Directors,Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

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. CONGESTIVE HEART FAILURE

DUE TO (OR AS A CONSEQUENCE OF)

b. CORONARY ARTERY DISEASE

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

DUE TO (OR AS A CONSEQUENCE OF)

c. INSULIN DEPENDENT DIABETES MELLITUS

DUE TO (OR AS A CONSEQUENCE OF)

d. HYPERTENSION

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)
[signature]	01036654	02 19 2001

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

ADOLPHUS A. ANEKWE, M.D. 3195 Broadway Gary, IN 46409

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [signature]

32. DATE FILED (Month, Day, Year) FEB 22 2001

33. MANNER OF DEATH

☐ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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. IF MOTOR VEHICLE ACCIDENT, DID DECEDENT WAS A DRIVER, PASSENGER, OR PEDESTRIAN?

STATE OF INDIANA