

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 082640

2015 DEC 11 AM 8:57

MICHAEL B. BROWN  
RECORDER

Mail tax bills to: 2259 W. 10th Place, Gary, IN 46404

**AFFIDAVIT OF HEIRSHIP**

**SABRINA BENARD JACKSON**, being first duly sworn upon her oath, deposes and says:

1. Affiant, **SABRINA BENARD JACKSON**, resides at 1604 E. Barton Avenue, West Memphis, Arkansas 72301. Affiant has knowledge of the within facts as she is a surviving daughter of **CARNELLA BLACK**.
2. The following premises were formerly owned solely by **CARNELLA BLACK**:

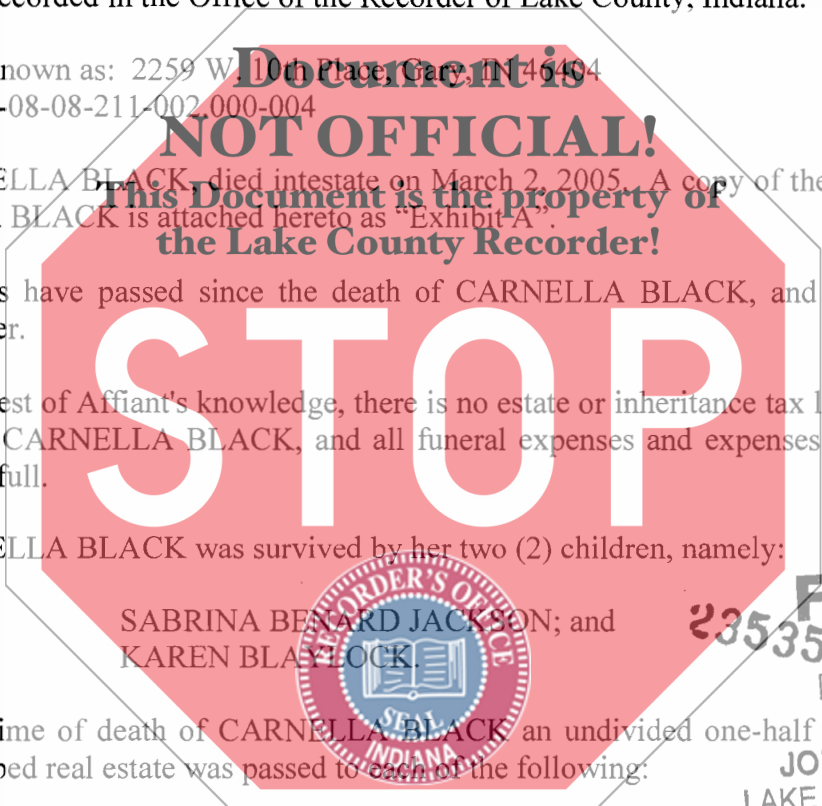
The West 37 1/2 feet of Lot 9, Block 26, in Tolleston addition to the City of Gary, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2259 W. 10th Place, Gary, IN 46404  
Key No.: 45-08-08-211-002,000-004

3. That **CARNELLA BLACK** died intestate on March 2, 2005. A copy of the death certificate of **CARNELLA BLACK** is attached hereto as "Exhibit-A".
4. That 45 days have passed since the death of **CARNELLA BLACK**, and no estate has been opened for her.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of **CARNELLA BLACK**, and all funeral expenses and expenses of last illness have been paid in full.
6. That **CARNELLA BLACK** was survived by her two (2) children, namely:  
**SABRINA BENARD JACKSON**; and  
**KAREN BLAYLOCK**.
7. That at the time of death of **CARNELLA BLACK** an undivided one-half (1/2) interest in the above described real estate was passed to each of the following:

**SABRINA BENARD JACKSON**  
1604 E. Barton Avenue  
West Memphis, Arkansas 72301

**KAREN BLAYLOCK**  
2259 W. 10th Place  
Gary, IN 46404



**FILED**  
DEC 09 2015  
**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

AMOUNT \$ 15-  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK # 31313  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON - COM \_\_\_\_\_  
 CLERK RM

- 8. That the value of the decedent's gross estate, less liens and encumbrances, does not exceed the sum of \$50,000.00 as provided by I.C. 29-1-8-1, after deducting funeral expenses.
- 9. That the decedent, CARNELLA BLACK was not married at the time of her death and had no other living children or living descendants of a deceased child other than those listed in Paragraph 6.

*Sabrina Benard Jackson*  
**SABRINA BENARD JACKSON**

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **SABRINA BENARD JACKSON** personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1<sup>st</sup> day of October, 2015.

My Commission Expires 11-9-2019

**Document is NOT OFFICIAL!**  
 GLADYS ESCOBEDO Notary Public - Seal State of Indiana  
 My Commission Expires November 9, 2019  
 Gladys Escobedo, Notary Public

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. *Thomas L. Kirsch*

Grantee's address: **SABRINA BENARD JACKSON, 1604 E. Barton Avenue, West Memphis, Arkansas 72301**

PREPARED BY and MAIL TO: **THOMAS L. KIRSCH, Atty. at Law, 131 Ridge Road, Munster, IN 46321**



STATE OF TENNESSEE  
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER 016547

PRINT IN ANIENT OR INK FOR MACHINATIONS AND BOOKS

129 DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

MAN OR MEDICAL EXAMINER SIGNING THIS STATE MUST BE AND SIGN AND SIGN 40 HOURS.

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Carnelia Black 2. SEX Female 3. DATE OF DEATH (Month, Day, Year) Mar. 2, 2005

4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE-LAST BIRTHDAY (Years) 76 5b. UNDER 1 YEAR: MO. 0 DAYS 0 HOURS 0 MIN. 6. DATE OF BIRTH (Month, Day, Year) Aug. 23, 1928 7. BIRTH-PLACE (City and State or Foreign Country) Francis, MS

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  Yes 2  No 9a. PLACE OF DEATH (Check only one): HOSPITAL: 1  Inpatient 2  ER/Outpatient 3  DOA 4  Nursing Home 5  Residence 6  Other (Specify) \_\_\_\_\_

9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Central 9c. CITY, TOWN, OR LOCATION OF DEATH Memphis 9d. COUNTY OF DEATH Shelby

10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Divorced 11. SURVIVING SPOUSE (If wife, give maiden name) N/A 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator 12b. KIND OF BUSINESS/INDUSTRY Black's Cafe

13a. RESIDENCE-STATE IN 13b. COUNTY Lake 13c. CITY, TOWN OR LOCATION Gary 13d. STREET AND NUMBER OR RURAL LOCATION 2259 West 10th Place

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)  Yes  No 15. RACE-American Indian, Black, White, etc. (Specify) Black 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12

17. FATHER'S NAME (First, Middle, Last) Samuel L. Black 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Jordan

19a. INFORMANT'S NAME (Type/Print) Sabrina Jackson 19b. RELATIONSHIP TO DECEASED Daughter 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1604 East Barton Avenue West Memphis, AR 72301

20a. METHOD OF DISPOSITION: 1  Burial 2  Cremation 3  Removal from State 4  Donation 5  Other (Specify) \_\_\_\_\_ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery 20c. LOCATION-City or Town, State Hobart, IN

21a. SIGNATURE OF FUNERAL DIRECTOR [Signature] 21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4383 21c. SIGNATURE OF EMBALMER [Signature] 21d. LICENSE NUMBER OF EMBALMER 4327

22a. NAME AND ADDRESS OF FUNERAL HOME Mid-South Mortuary & Removal Service, Inc. P. O. Box 22966, Memphis, TN 38122 22b. LICENSE NUMBER OF FUNERAL HOME 715

23. REGISTRAR'S SIGNATURE [Signature] 24. DATE FILED (Month, Day, Year) MAR 18 2005

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1  SIGNATURE AND TITLE OF PHYSICIAN Bennett Hubert 25b. LICENSE NUMBER 00000 24796 25c. DATE SIGNED (Month, Day, Year) 3/16/05

25d. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2  SIGNATURE AND TITLE OF MEDICAL EXAMINER \_\_\_\_\_ 25e. LICENSE NUMBER \_\_\_\_\_ 25f. DATE SIGNED (Month, Day, Year) \_\_\_\_\_

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Bennett L. Rudolph, 295 S. Bellevue St., Memphis, TN 38104

28. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic Lung Disease

Due to (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

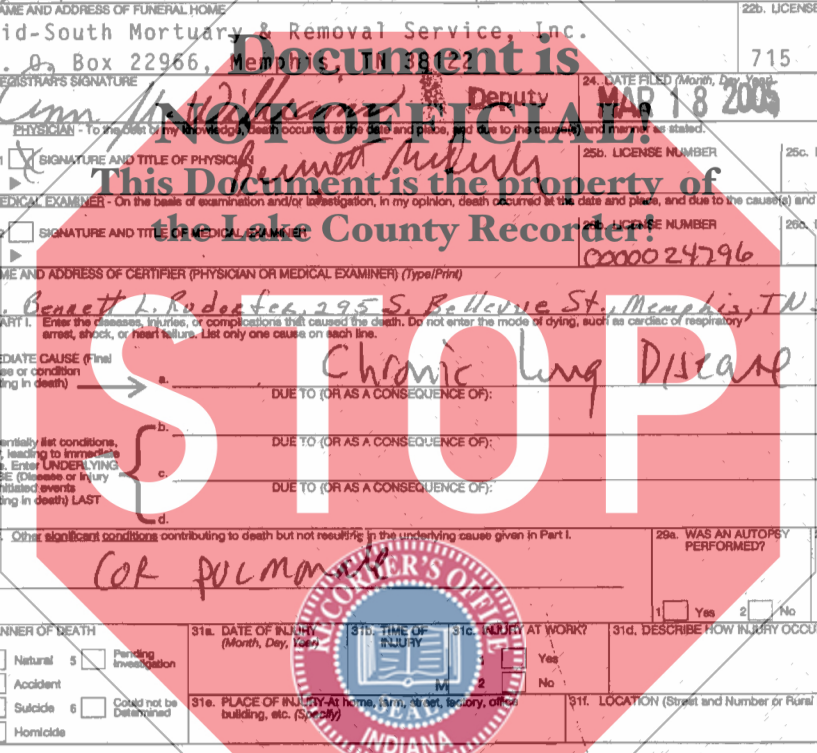
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. COP PULMONARY

29a. WAS AN AUTOPSY PERFORMED? 1  Yes 2  No 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  Yes 2  No

30. MANNER OF DEATH: 1  Natural 2  Accident 3  Suicide 4  Homicide 5  Pending investigation 6  Could not be determined

31a. DATE OF INJURY (Month, Day, Year) \_\_\_\_\_ 31b. TIME OF INJURY \_\_\_\_\_ 31c. INDUSTRY AT WORK? Yes  No  31d. DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) \_\_\_\_\_ 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) \_\_\_\_\_



8224616

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[Signature]  
R. Benton McDonough, JD  
STATE REGISTRAR

[Signature]  
John J. Drayzahn, MD, MPH, FACOEM  
COMMISSIONER

Barcode  
Oc 8 2015  
Date of issue  
OCT 08 2015

[Signature]  
Local Registrar



CERTIFICATION OF VITAL RECORD