STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 068426

2017 OCT 10 AM 9:50

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Send Tax Bills to: 335 S. Wabash St., Hobart, IN 46342

AFFIDAVIT OF SURVIVORSHIP

Comes now Annie Sue Little, and upon being duly sworn does attest and say:

1. That the affiant is the surviving spouse of Carnell Little, deceased.

2. That Carnell Little died a resident of Lake County, Indiana on February 3, 2005.

3. That Annie Sue Little and Carnell Little, acquired the following property as tenants by the entireties during the term of their marriage and remained married until Carnell Little's death on February 3, 2005.

4. That the legal description of the property is:

   Lots 14, 15 and 16 Block 3, Cressmoor 1st Subdivision, Hobart, as Shown in Plat Book 21, page 25 in Lake County, Indiana.

   Commonly known as: 624 N. Wisconsin St., Hobart, IN 46342
   Parcel No.: 45-09-30-29-022.000-018

5. That Annie Sue Little became the fee simple owner of the property at the death of Carnell Little.

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I affirm under the penalties for perjury that the foregoing statements are true.

Annie Sue Little
Annie Sue Little

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 29 day of Sept., 2017.

My Commission Expires:
7-20-22

LAURA J BRASOVAN
Notary Public, State of Indiana
Lake County
Commission # 655821
My Commission Expires
July 20, 2022

Laura J Brasovan
LAURA J BRASOVAN Notary Public
Resident of LAKE County, Indiana

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees

This Instrument Prepared by the Law Offices of Patricia A. Rees
5341 Central Avenue, Portage, IN 46368
Phone: (219) 947-1692, Fax: (219) 763-9749

25 MS

FILED
OCT 05 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITILE CORP
027693
17-33617

05 28 17 10:31 FROM-Rees Funeral Home 2199422375 T-397 P0001/0002 F-362

* 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.

Local No. 382-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): CARNELL W. LITTLE
- 2. SEX: Male
- 3a. TIME OF DEATH: 1:36 AM
- 3b. DATE OF DEATH (Month, Day, Yr): February 3, 2005
- 4. SOCIAL SECURITY NUMBER: [redacted]
- 5a. AGE—Last Birthday (Years): 76
- 5b. UNDER 1 YEAR (Months / Days):
- 5c. UNDER 1 DAY (Hours / Minutes):
- 6. DATE OF BIRTH (Mo. Day, Yr): July 1, 1928
- 7. BIRTHPLACE (City and State or Foreign Country): Campbell Missouri
- 8a. WAS DECEDENT A U.S. VETERAN?: No
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
- 9b. FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Hobart
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Annie Finch
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Self-Employed
- 12b. KIND OF BUSINESS/INDUSTRY: Self Employed
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Hobart
- 13d. STREET AND NUMBER: 335 S Wabash Street
- 13e. ZIP CODE: 46342
- 13f. INSIDE CITY LIMITS: [ ] No [X] Yes
- 13g. ON A FARM?: [X] No [ ] Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
- 16. RACE—American Indian, Black, White, etc. (Specify): White
- 17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Milton Little
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Wall

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Annie Sue Little
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 335 S Wabash Street, Hobart, IN 46342
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Feb 8, 2005 Calvary Crematory
- 21c. LOCATION—City or Town, State: Portage IN
- 22a. EMBALMER'S NAME: James J. Krause
- 22b. EMBALMER'S LICENSE NO.: FD01006463
- 23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
- 24b. LICENSE NUMBER (of Licensee): FD01006463
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488

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. Acute inferior wall MI
- DUE TO (OR AS A CONSEQUENCE OF): b. Respiratory Failure
- 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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

FEB 1 0 2005

- PART II. Other significant conditions—Conditions contributing to death but not resulting in the underlying cause given in Part I.
- 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
- 28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

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CERTIFIER

- 29a. CERTIFIER (Check only one): [X] 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: Nazzal Obaid MD
- 29c. MEDICAL LICENSE NO.: 01028410
- 29d. DATE SIGNED (Month, Day, Year): February 10, 2005
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Nazzal Obaid MD 8895 Broadway, Merrillville, IN 46410

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Susan W. Best D.O.
- 32. DATE FILED (Month, Day, Year): February 10, 2005
- 33. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
- 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.

SDH06-004 State Form 10110 (R5/1-99)