

3

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

TAX KEY NO: 45-08-11-304-020.000-004

**SURVIVORSHIP AFFIDAVIT**

Affiant, Lanetta Inman, hereby deposes and says as follows:

- 1. That she resides at 2405 Buchanan Street, Gary, Indiana 46407.
- 2. That she is the surviving adult daughter of Vernon L. Thomas, Sr. and Phyllis Thomas, both deceased.
- 3. That Vernon L. Thomas, Sr. died on July 23, 2007, leaving no Will; a copy of his Death Certificate is attached as Exhibit "A".

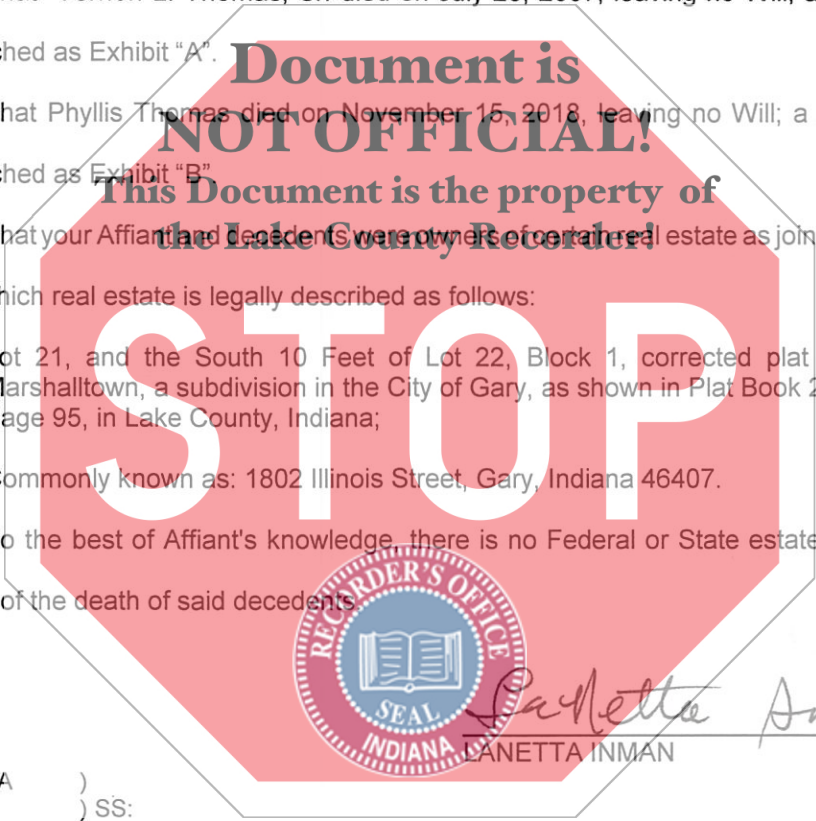
4. That Phyllis Thomas died on November 15, 2018, leaving no Will; a copy of her Death Certificate is attached as Exhibit "B"

4. That your Affiant and decedents were owners of certain real estate as joint tenants with rights of survivorship, which real estate is legally described as follows:

Lot 21, and the South 10 Feet of Lot 22, Block 1, corrected plat of Marshalltown, a subdivision in the City of Gary, as shown in Plat Book 29, Page 95, in Lake County, Indiana;

Commonly known as: 1802 Illinois Street, Gary, Indiana 46407.

5. To the best of Affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedents.



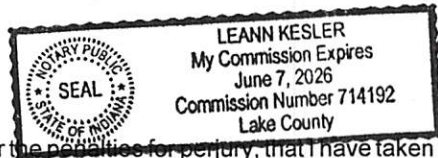
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2019 SEP 19 AM 10:32  
MICHAEL R. BROWN  
RECORDER

2019-064309  
2019 064309

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

*Lanetta Inman*  
LANETTA INMAN

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 4<sup>th</sup> day of September, 2019, personally appeared Lanetta Inman, and I acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



*[Signature]*  
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.

**FILED**

SEP 19 2019

Signature 28870

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25 -  
4117  
*[Signature]*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

1954-01

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

RENTS

FORMANT

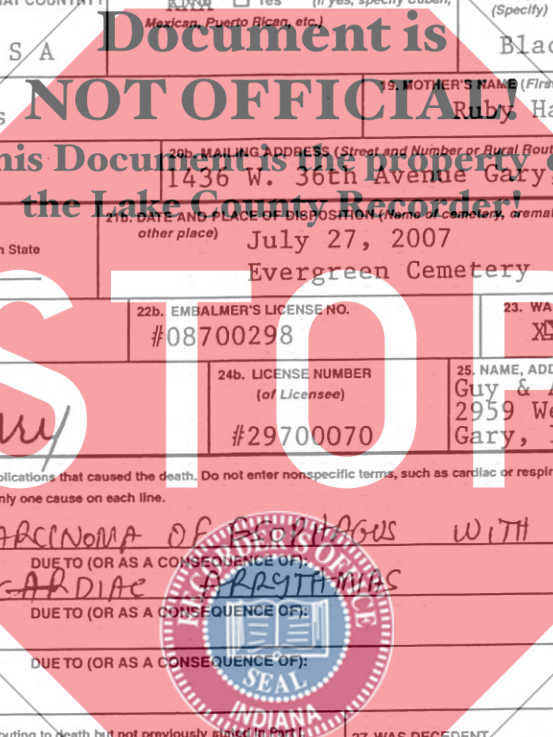
POSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Vernon Lee Thomas Sr.				2. SEX Male		3a. TIME OF DEATH 4:08 P M		3b. DATE OF DEATH (Month, Day, Year) July 23, 2007							
4. *SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years) 79		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) March 12, 1928		7. BIRTHPLACE (City and State or Foreign Country) Braxton, Mississippi					
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: <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) <input type="checkbox"/> Residence				9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Phyllis Hosea		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver				12b. KIND OF BUSINESS/INDUSTRY A. Metz Company							
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary				13d. STREET AND NUMBER 1436 West 36th Avenue							
13e. ZIP CODE 46408		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U S A		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) Simon Thomas				19. MOTHER'S NAME (First, Middle, Maiden Surname) Ruby Harper				20a. INFORMANT'S NAME (Type/Print) Phyllis Thomas				20b. MAILING ADDRESS (Street and Number or Rural Route, Number, City or Town, State, ZIP Code) 1436 W. 36th Avenue Gary, Indiana 46408		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 27, 2007 Evergreen Cemetery				21c. LOCATION - City or Town, State Hobart, Indiana							
22a. EMBALMER'S NAME: Patrician Owens				22b. EMBALMER'S LICENSE NO. #08700298		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Carmelo Perry</i>				24b. LICENSE NUMBER (of Licensee) #29700070		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARCINOMA OF PROSTATE WITH METASTASES DUE TO (OR AS A CONSEQUENCE OF): b. CARDIAC ARRHYTHMIA 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										Approximate Interval Between Onset and Death 2 months 7 dy					
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) 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) -----					
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>Dr. B. Barai</i>						29c. MEDICAL LICENSE NO. 01030107		29d. DATE SIGNED (Month, Day, Year) 8-1-07							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. B. Barai M.D. 200 E. 89th Ave Merrillville - IN 46410															
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Burt so.</i>								32. DATE FILED (Month, Day, Year) August 10, 2007							
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) THIS TIME OF TRUE CO... THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		34b. INJURY AT WORK? (Yes or No)		34d. DESCRIBE HOW INJURY OCCURRED									
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) AUG 28 2019		34f. LOCATION (Street and Number)													
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.											



RAISED SEAL AFFIXED

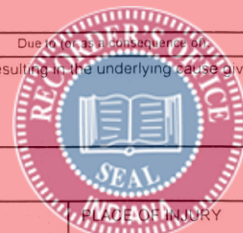
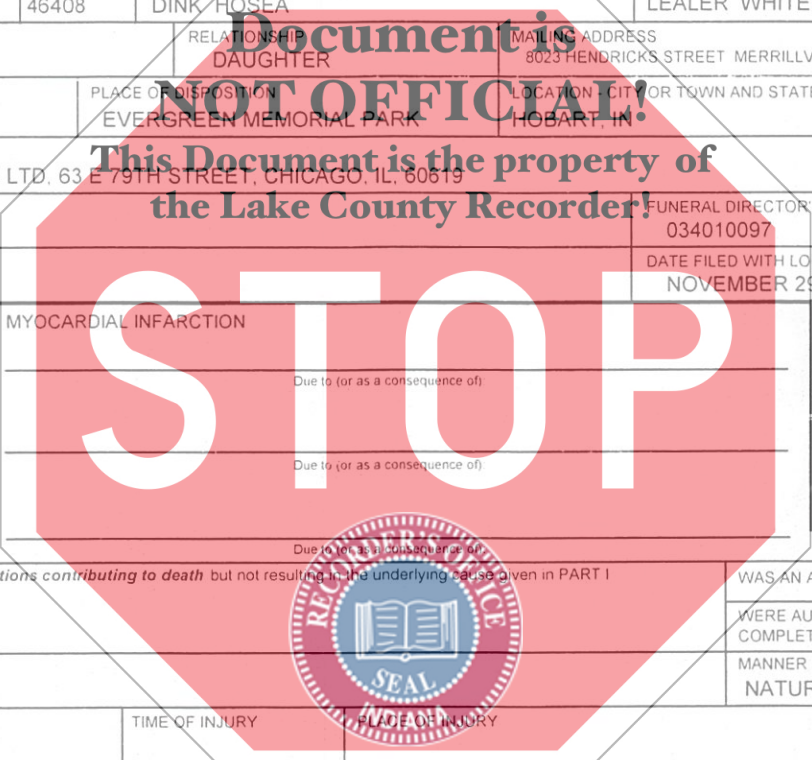
# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0095737

DATE ISSUED 5/21/2019

DECEDENT'S LEGAL NAME PHYLLIS THOMAS				SEX FEMALE	DATE OF DEATH NOVEMBER 15, 2018
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 85 YEARS		DATE OF BIRTH NOVEMBER 20, 1932	
CITY OR TOWN HAZEL CREST			HOSPITAL OR OTHER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE LEEDS, AL		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH WIDOWED	
RESIDENCE 1436 W 36TH AVENUE			APT NO	CITY OR TOWN GARY	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46408	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DINK HOSEA		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEALER WHITE
INFORMANT'S NAME SABRINA BAYLOR		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8023 HENDRICKS STREET MERRILLVILLE IN 46410		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION EVERGREEN MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE HOBART, IN		DATE OF DISPOSITION NOVEMBER 23, 2018
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 29, 2018	
CAUSE OF DEATH PART I		MYOCARDIAL INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1 DAYS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)			
		Due to (or as a consequence of)			
		Due to (or as a consequence of)			
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED					IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 11:37 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 23, 2018	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LANCE WALLACE, 20939 S CICERO, MATTESON, ILLINOIS, 60443				PHYSICIAN'S LICENSE NUMBER 036085478	



THE WORD VOID APPEARS WHEN PHOTOCOPIED

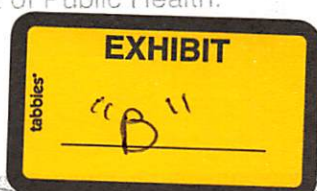
NOT RE-EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

1014875



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE