

121850-85-35

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

788746

AFFIDAVIT OF SURVIVORSHIP

TICOR TITLE INSURANCE
Crown Point, Indiana
STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
JAN 18 8 52 AM '85
RUDOLPH CLAY
RECORDER

Ruth E. Brown, being first duly sworn upon her oath, deposes and says, to-wit:

That she now resides at 827 East Third Street, Hobart, Lake County, Indiana 46342, and is the surviving widow of Curtis M. Brown, deceased, who died on the 11th day of November, 1984, and whose record of death is duly entered in the records maintained by the Lake County Health Department, Indiana State Board of Health, Division of Vital Records, Local Record #2250-84.

That this Affiant and her now deceased husband, Curtis M. Brown, were husband and wife at the time they acquired title as tenants by the entirety to the following described real estate, to-wit:

An undivided one-half interest in the following parcels:

Parcel # 1:

Lot 3 in Block 29 in Earl and Davis Addition to the Town, now City of Hobart, Lake County, Indiana, described as follows: Commencing at the NE corner of said Lot 3 and running thence S 159.8 feet; thence W 50 feet; thence N 159.8 feet; thence E 50 feet to the place of beginning; and

#17-118-647

Parcel # 2:

Also the W 33 feet of the N 125 feet of Lot 2 in Block 29 in Earl and Davis Addition to Hobart, situated in the City of Hobart, Lake County, Indiana.

#17-118-3

That the marital relationship which existed between this Affiant and her husband, Curtis M. Brown, deceased, continued unbroken from the time they so acquired title to said real estate until the death

FILED

JAN 17 1985

Luci O. O'Neil
AUDITOR LAKE COUNTY

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of the said Curtis M. Brown, deceased, on the 11th day of November, 1984, at which time this Affiant acquired title to said real estate as surviving tenant by the entireties.

That the said Curtis M. Brown, deceased, died intestate, that no administration of his estate has been commenced, that none is now pending and that none is contemplated; that the gross value of the estate of the said Curtis M. Brown, deceased, taking into consideration in the valuation thereof the value of all of his gifts in contemplation of death, including all gifts made by him in the three years preceding his death, and the value of all of his investments and joint properties and estates by the entireties, including the real estate above described, plus the proceeds of the life insurance on his life, did not equal or exceed the sum of One Hundred Seventy-Five Thousand Dollars (\$175,000.00), as a consequence of which his estate was not subject to Federal Estate Tax.

That this Affidavit is made for the purpose of establishing the above facts, for the purpose of completing the chain of title to the hereinabove described parcel of real estate and for the purpose of inducing Ticor Title Insurance Company, Crown Point, Indiana, to rely hereon and in reliance hereon to issue a policy and/or policies of owner's-mortgagee's title insurance free of any objection based upon the fact of death of the said Curtis M. Brown, deceased.

Further this Affiant sayeth not.

IN WITNESS WHEREOF, the said Ruth E. Brown has hereunto set

her hand and seal this 29th day of November, 1984.

Ruth E. Brown
Ruth E. Brown

Subscribed and sworn to before me, a Notary Public in and for
said county and state this 29th day of November, 1984.

Susan J. Brown
Susan J. Brown, Notary Public

My Commission expires: 7-19-87

County of Residence: Jasper

This instrument prepared by Attorney Harry R. Kneifel, Sr., Hobart, In.

10 cc

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
NOV 16 1984 #17-118-3

Earle J. Newsom
50 x 34.8
Nov 17 1984 #17-118-3

EMBALMER'S NAME
JAMES F. BURNS

FUNERAL DIRECTOR'S SIGNATURE
James F. Burns

LICENSE NO. 1374

Local No. 225084

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF OCCURRED IN INSTITUTION HAVE RESIDENCE BEFORE ADDRESS

LAKE COUNTY HEALTH COMMISSIONER
AUDITOR
JAN 17 1980

M.D.
OR
D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE ENDING THE CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)		
1		CURTIS	M.	BROWN	2 MALE	3 NOV. 11, 1984		
RACE—1a g White Black American Indian etc (Specify)		AGE—Last Birthday (Year)		DATE OF BIRTH (Mo. Day Year)		COUNTY OF DEATH		
4 WHITE		5a 69 Yrs.		6 March 26, 1915		7a LAKE		
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—Name or full or either give street and number		IF HOSP OR INST indicate DOA (OP Emer Rm. Inpatient) (Specify)		
7b HOBART				7c ST. MARY MEDICAL CENTER		7d EMER. ROOM		
STATE OF BIRTH (in not in U.S.A name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (in wife give maiden name)		
8 INDIANA		9 U.S.A.		10 MARRIED		11 RUTH E. KIRKEBY		
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 309-07-8868				14a OWNER- SELF EMPLOYED		14b LAND of WOZ PET CENTER		
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
15a INDIANA		15b LAKE		15c HOBART		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER				INSIDE CITY LIMITS (Specify YES OR NO)		15f Yes		
15d 827 E. 3rd Street								
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC								
17a NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>								
FATHER'S NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
16a WILLIAM		MARION		BROWN	17 MINA MELISSA LONG			
DECEASED'S NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN		
18a RUTH E. BROWN - WIFE				18b 827 E. 3rd Street,		HOBART, INDIANA 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME			LOCATION			
19a BURIAL		19b EVERGREEN MEMORIAL PARK			19c HOBART, INDIANA			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)						
20a NOV. 14, 1984		20b BURNS FUNERAL HOME, 701 E. 7th St., HOBART, IN 46342						
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day Year)		HOUR OF DEATH		
21a (Signature) [Signature]				21b 11-15-84		21c M		
NAME OF ATTENDING PHYSICIAN (Type or Print)				ZIEGLER, JACK, M.D.				
21d MAILING ADDRESS—PHYSICIAN								
21e 7863 BROADWAY, MERRILLVILLE, IN 46410.								
HEALTH OFFICER—SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a						22b 11-16-84		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))								
PART I		(a) Cardio pulmonary arrest					Interval between onset and death	
		DUO TO OR AS A CONSEQUENCE OF					Interval between onset and death	
(b)		cardiogenic stroke					Interval between onset and death	
		DUO TO OR AS A CONSEQUENCE OF					Interval between onset and death	
(c)		arteriosclerotic heart disease					Interval between onset and death	
		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No)	
PART II							24	

758-A