

Edward Feldman  
2833 Lincoln St  
Suite C.  
Highland

2

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

899309

AFFIDAVIT OF SURVIVORSHIP

Comes now Rebecca S. Brinkley on her oath and deposes and says:

1. That on December 23, 1975, John F. Brinkley and I, as husband and wife, acquired an undivided one-half interest, and Edward W. Springs and Frances R. Springs, as husband and wife, acquired an undivided one-half interest, by Warranty Deed to the property known as 1802 Vanderburg, Lake Station, Lake County, Indiana, which is more particularly described as follows:

Lot 7 in Block 1 in Schneider's 2nd Addition to East Gary, as per plat thereof, recorded in Plat Book 26 page 3, in the Office of the Recorder of Lake County, Indiana.

Key #20-130-7

2. That my husband, John F. Brinkley, died on October 29, 1986 leaving me, Rebecca S. Brinkley, as his widow, never having filed for or having been divorced.

3. That no Federal Estate Tax or Indiana State Inheritance Tax was due as a result of the death of John F. Brinkley.

4. That the ownership of the above-described property is now as follows: Rebecca S. Brinkley, as to an undivided one-half interest; Edward W. Springs and Frances R. Springs, husband and wife, as to an undivided one-half interest.

This Affidavit is given for the purpose of removing the name of John F. Brinkley from the title to the above described property and for no other reason.

Dated this 8th day of January, 1987.

**FILED**

JAN 29 1987

*Rebecca S. Brinkley*  
Rebecca S. Brinkley

SUBSCRIBED and SWORN to before me by the Affiant on the 8th day of January, 1987.

*Beverly J. Lukacs*  
Notary Public - Beverly J. Lukacs

My Commission Expires: 4/5/90  
County of Residence: Lake

This instrument prepared by: Goldman & Piersma, P.C., Attorneys at Law  
2833 Lincoln Street, Highland, IN 46322

RICHARD J. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JAN 29 2 20 PM '87

25-5

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

Key 20-130-7  
 H. J. Schneider and  
 add.  
 THIS CERTIFIES THE ABOVE IS A TRUE AND  
 COMPLETE COPY OF THE CERTIFICATE OF  
 DEATH ON FILE WITH THE LAKE COUNTY  
 HEALTH DEPT.

FUNERAL HOME  
 No. 561  
 FUNERAL DIRECTOR'S  
 LICENSE No. 704  
 EMBALMER'S NAME  
 William K. Wilson  
 FUNERAL DIRECTOR'S  
 SIGNATURE *[Signature]*

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS  
LAKE COUNTY HEALTH COMMISSIONER  
SIGNATURE *[Signature]*

M.D.  
OR  
D.O.

CONDITION  
IN ANY  
WHICH  
RISK TO  
IMMEDIATE  
CAUSE  
(STANDARD)  
UNDERLYING  
CAUSE LAST  
CAUSE

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		JOHN	F.	BRINKLEY	Male	October 29, 1986	
RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—Last Birthday (Year)		UNDER 1 YEAR MOS DAYS		UNDER 1 DAY HOURS MINS	
4 White		5a 76		5b		6 4-15-1910	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name, if not in other give street and number)				IF HOSP OR INST Indicate DOA Of Emor. Am. Institution (Specify)	
7a Hobart		7c 750 VanBuren Avenue				7d N/A	
STATE OF BIRTH (If not in U.S.A. Name Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify)		11 SURVIVING SPOUSE (If wife give maiden name)	
8 IN		9 U.S.A.		10 Married		11 Rebecca Stovall	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY	
13 316-12-6995		14a School Administration				14b Lake Ridge School System	
RESIDENCE—STATE		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify YES or NO)	
15a IN		15b Lake		15c Hobart		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify YES or NO)		15f NO	
15d 750 VanBuren Avenue		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f NO			
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME				MOTHER—MAIDEN NAME			
16 John C. Brinkley, (dec.)				17 Bessie Leyland, (dec.)			
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE ZIP	
18a Rebecca S. Brinkley, Wife		18b 750 VanBuren Avenue, Hobart, Indiana 46342					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN STATE	
19a Burial		19b Calvary Cemetery		19c Portage, Indiana			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP)				IN 46368	
20a October 31, 1986		20b Rees Funeral Home, Olson Chapel, 5341 Central Ave., Portage,					
To the best of my knowledge, death occurred at the same place and due to the causal stated				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a (Signature) <i>[Signature]</i>				21b 10-29-86		21c 4:00 a. M	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Peter G. Mavrelis, M.D.							
MAILING ADDRESS—PHYSICIAN							
21e 8895 Broadway, Merrillville, Indiana 46410							
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a <i>[Signature]</i>				FILE NO - 30-86			
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				Interval between onset and death			
(a) Cardiac Arrhythmia				JAN 29 1987			
(b) Coronary artery disease				Interval between onset and death			
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1(a)				AUDITOR LAKE COUNTY			
24 No							

130c  
1321