

On this January 8, 1988 before me personally appeared Oscar L. Hamp  
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is Owner (Key # 41-272-39) (1111 Cass St., Gary, IN)   
 (state interest of affiant in the above premises as "owner," "son of owner," etc)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Dorothy L. Brown and Oscar L. Hamp
- Said Dorothy L. Brown (See attached Certificate of Death)   
 (fill in name of co-tenant who died)   
 died on March 24, 1986   
 leaving No will;   
 (insert "a" or "no"; if will left, attach a copy)

LILLIAN A. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307  
9 24 PM '88

5. ~~The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$\_\_\_\_\_ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent:~~

6. ~~Where this affidavit relates to a tenancy by the entireties were the parties ever divorced?~~   
 (If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_)

**FILED**

JUL 29 1988

*Anna M. Anton*  
AUDITOR LAKE COUNTY;

7. Affiant's relationship to the deceased was \_\_\_\_\_

Signature: *Oscar L. Hamp*  
Address: 1541 Mass St., Gary, IN 46407

*Re # 41-272-39  
Aetna Manor  
Rt 39 Bl 8*

Subscribed and sworn to before me by the affiant   
 this January 8, 1988   
 (insert date)   
 *Clorius L. Lay*   
 Notary Public Resident Lake County   
 My Commission Expires 1/23/89

This instrument prepared by Clorius L. Lay, Esq.   
 P.O. Box M886   
 Gary, IN 46401   
 (219) 883-8538

1490  
50  
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  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

Disposition Permit  
Issued / / /  
Provisional  
Certificate  
 Yes  No

86-0212

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. ....

Local No. ....

FUNERAL HOME  
No. 255

LICENSE No. 1235

FUNERAL DIRECTOR'S  
LICENSE No. 657

EMBALMER'S NAME  
ANDREW SMITH

FUNERAL DIRECTOR'S  
SIGNATURE

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

IF DEATH  
OCCURRED IN  
HOSPITAL,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATED THE  
UNDERLYING  
CAUSE LAST

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST DOROTHY LOUISE BROWN						SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) MARCH 24, 1986
2. RACE—(a) White, Black, American Indian, etc. (Specify)	3. AGE—Last Birthday (M, D, Y)	4. UNDER 1 YEAR UNDER 1 DAY MO. DAYS HOURS MIN.		5. DATE OF BIRTH (Mo., Day, Yr.)	6. COUNTY OF DEATH		
4. BLACK	3b. 45	5b.	5c.	6. 7-14-40	7b. LAKE		
7a. CITY, TOWN OR LOCATION OF DEATH GARY			7c. HOSPITAL OR OTHER INSTITUTION—(Name if not in address, give street and number) ST. MARY MEDICAL CENTER			7d. IF HOSP. OR INST. Indicate DOA, OR/IC over, A.M., Inpatient (Specify) INP.	
8. STATE OF BIRTH (If not in U.S. name country) ARKANSAS	9. CITIZEN OF WHAT COUNTRY US	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12.	
13. SOCIAL SECURITY NUMBER 304-42-3846			14a. USUAL OCCUPATION (Give kind of work done during most of working life, exact if relevant) UNEMPLOYED			14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE—STATE INDIANA	15b. COUNTY LAKE	15c. CITY, TOWN OR LOCATION GARY			15d. STREET AND NUMBER 1111 CASS STREET		
15e. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				16. INSIDE CITY LIMITS (Specify Yes or No) YES		17. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. FATHER—NAME FIRST MIDDLE LAST WILLIAM HENRY JONES			19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST ROSIE LEE JOHNSON			20. INFORMANT—NAME RELATIONSHIP KENNETH JONES—SON	
21. Mailing Address 1111 CASS STREET GARY, INDIANA			22. BIRTH ADDRESS 1111 CASS STREET GARY, INDIANA			23. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	
24. CEMETERY OR CREMATORY—FUNERAL HOME OAKHILL CEMETERY			25. LOCATION CITY OR TOWN STATE GARY, INDIANA			26. DATE (MONTH, DAY, YEAR) MARCH 31, 1986	
27. FUNERAL HOME—NAME AND ADDRESS ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			28. DATE SIGNED (Mo., Day, Yr.) 3/31/86			29. HOUR OF DEATH M	
30. SIGNATURE <i>Daniel D. Thomas</i>			31. PRONOUNCED DEAD (Mo., Day, Yr.) 3/24/86			32. PRONOUNCED DEAD (hour) 4:15 P.	
33. NAME AND ADDRESS OF CERTIFIER (Type or Print) DANIEL D. THOMAS, M.D., 2298 NORTH MAIN ST., CROWN POINT, IN. 46307			34. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>			35. DATE RECEIVED BY LOCAL HEALTH OFFICER APR 1 1986	
36. IMMEDIATE CAUSE Myocardial infarction			37. DUE TO, OR AS A CONSEQUENCE OF: Cardiomegaly with left ventricular hypertrophy			38. Interval between onset and death Undetermined	
39. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) None			40. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural			41. DATE OF INJURY (Mo., Day, Yr.) 25b.	
42. HOUR OF INJURY M			43. DESCRIBE HOW INJURY OCCURRED			44. AUTOPSY (Specify Yes or No) Yes	
45. INJURY AT WORK (Specify Yes or No)			46. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			47. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
48. 25c.			49. 25d.			50. 25e.	

FILED  
JUL 29 1988

*Ward*  
UNRECORDED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.

GARY  
APR 16 1966