

140328

Return to: Donald L. Gray, 1244-119th Street, Whiting, Indiana 46394

STATE OF INDIANA

COUNTY OF LAKE

SS:

Key # 43-133-23 & 24

AFFIDAVIT

BRIJIDO LAYTON, a competent adult being first duly sworn upon oath, says:

1. That affiant is the brother of Alejandro Layton and that he is well and truly acquainted with the facts herein stated.

2. Affiant states that his brother in November, 1961 became the owner in fee simple of the following described real estate, to-wit:

Lots 23 and 24, Block K, Gary City Estate Seventh Addition, in the City of Gary, as shown in Plat Book 18, page 8, in Lake County, Indiana.

3. That Alejandro Layton's mother and father predeceased him.

4. Affiant states further that his brother Alejandro Layton, at the time of his retirement here in Lake County, Indiana, decided he wanted to live in the State of Texas and executed a Quit-Claim Deed dated May 11, 1969 transferring unto this affiant his interest in the following real estate, to-wit:

Lot 24, Block K, Gary City Estate Seventh Addition, in the City of Gary, as shown in Plat Book 18, page 8, in Lake County, Indiana.

5. That his brother Alejandro Layton retired and moved to the State of Texas where he died February 10, 1990 in the City of Weslaco, County of Hidalgo, State of Texas, and that at the time of his death he was married to Norberta Rangel, who by marriage is now known as Norberta Layton.

6. Affiant states further that no children were born of this marriage of his brother Alejandro Layton and Norberta Layton.

7. Affiant states further based upon information and belief that Norberta Layton is the sole and only heir at law of his deceased brother Alejandro Layton.

8. Affiant states further that at the time of the transfer of Lot 24, Block K, Gary City Estate Seventh Addition, in the City of Gary, as shown in Plat Book 18, page 8, in Lake County, Indiana, Alejandro Layton was not married and the transfer was not made in contemplation of death but was made in anticipation of his retirement from employment in Lake County, Indiana and moving to live in retirement in the State of Texas.

**FILED**

Further affiant says: DEC 20 1990

*Clara N. Anton*  
AUDITOR, LAKE COUNTY

*Brijido Layton*  
Brijido Layton

Subscribed and sworn to before me a Notary Public this 30<sup>th</sup> day of November, 1990.

My Commission expires:

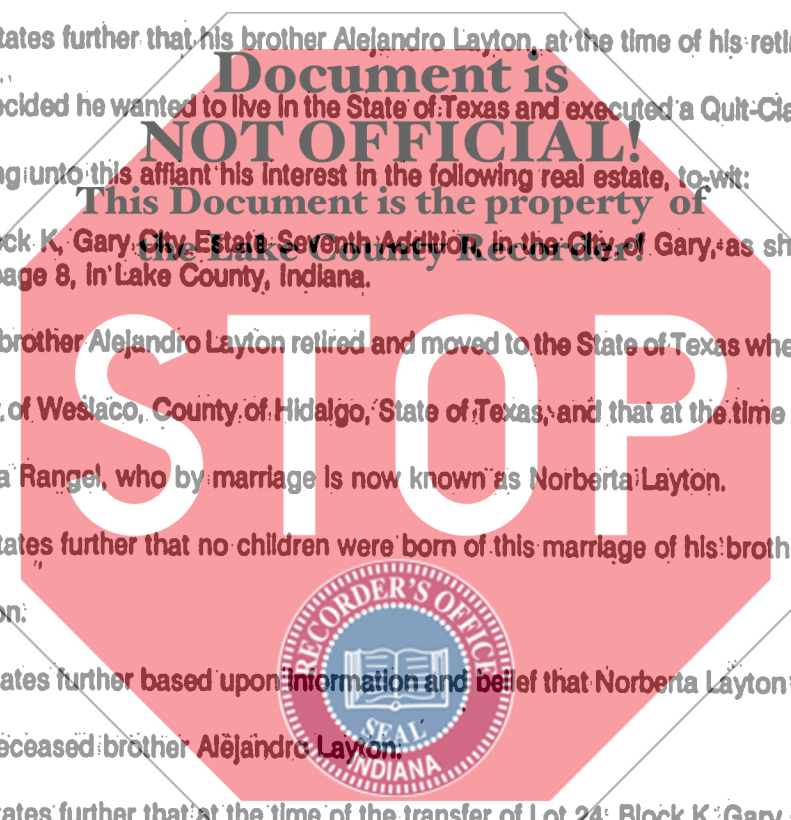
August 21, 1994

*Donald L. Gray*  
Donald L. Gray  
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray  
1244-119th Street, Whiting, IN 46394

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STATE OF INDIANA/S.S. NO. 140328  
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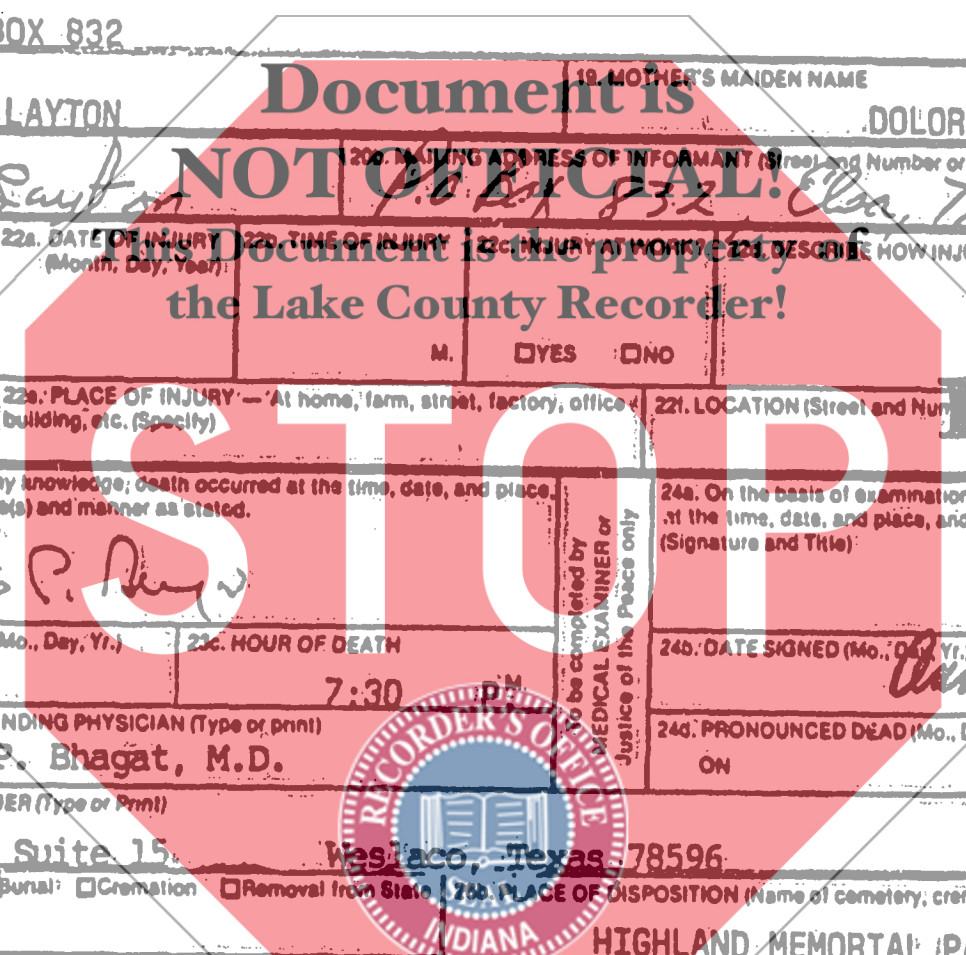
EMERALD TITLE INSURANCE COMPANY  
INDIANA DIVISION

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED (a) First (b) Middle (c) Last <b>ALEJANDRO LAYTON</b>			(d) Maiden	2. SEX <b>MALE</b>	3. DATE OF DEATH <b>FEBRUARY 10, 1990</b>	
4. RACE <b>WHITE</b>	5a. WAS THE DECEDENT OF HISPANIC ORIGIN? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.) <b>MEXICAN</b>	6. DATE OF BIRTH <b>04/23/33</b>	7. AGE (In years last birthday) <b>56</b>	8. IF UNDER 1 YEAR Months: Days: Hours: Minutes:	
8. SOCIAL SECURITY NUMBER <b>467-46-6175</b>		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. PLACE OF DEATH - COUNTY <b>HIDALGO</b>		9c. CITY OR TOWN (If outside city limits, give precinct number) <b>WESLACO</b>	9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>KNAPP MEMORIAL HOSPITAL</b>		9e. INSIDE CITY LIMITS? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
10. BIRTHPLACE (City and State or foreign country) <b>ELSA, TX.</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	13. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	14. SURVIVING SPOUSE (If wife, give maiden name) <b>NORBERTA RANGEI</b>		
15. DECEDENT'S EDUCATION (Highest grade completed) Grades (9-12): College (1-4 or 5+):		16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>HOOKER</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>INLAND STEEL</b>		
17a. RESIDENCE - STATE <b>TEXAS</b>		17b. COUNTY <b>HIDALGO</b>	17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE <b>ELSA 78543</b>			
17d. STREET ADDRESS (If rural, give location) <b>P.O. BOX 832</b>					17e. INSIDE CITY LIMITS? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
18. FATHER'S NAME <b>ELUTERIO LAYTON</b>			19. MOTHER'S MAIDEN NAME <b>DOLORES ALANIZ</b>			
20. SIGNATURE OF INFORMANT <i>Norberta Layton</i>		20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>P.O. Box 832, Elsa, TX. 78543</b>				
21. MANNER OF DEATH <input 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		22a. DATE OF INJURY (Month, Day, Year)	22b. TIME OF INJURY <b>M.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	22c. INJURY AT WORK? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
22d. PLACE OF INJURY - "At home, farm, street, factory, office, building, etc. (Specify)"		22e. DESCRIBE HOW INJURY OCCURRED				
23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) <i>Francis P. Bhagat</i>		23b. DATE SIGNED (Mo., Day, Yr.) <b>02-27-90</b>		23c. HOUR OF DEATH <b>7:30 PM</b>		
23d. NAME OF ATTENDING PHYSICIAN (Type or print) <b>Francis P. Bhagat, M.D.</b>		24a. 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. (Signature and Title) <i>David H. Gordon</i>		24b. DATE SIGNED (Mo., Day, Yr.) <b>DEC 20 1990</b>		
24c. PRONOUNCED DEAD (Mo., Day, Yr.) <b>ON</b>		24d. PRONOUNCED DEAD (Hour) <b>AT</b>				
25. MAILING ADDRESS OF CERTIFIER (Type or Print) <b>1315 E. 6th, Suite 15, Weslaco, Texas 78596</b>						
26a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):			26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>HIGHLAND MEMORIAL PARK</b>			
26c. LOCATION - City or Town, State <b>WESLACO TEXAS</b>		26d. DATE OF DISPOSITION <b>02/14/90</b>	26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Denny Thomas #5786</i>			
26f. NAME AND ADDRESS OF FUNERAL HOME <b>THOMAE-GARZA FUNERAL DIRECTORS 201 N. BROADWAY ELSA, TEXAS 78543</b>						
27a. REGISTRAR'S FILE NO. <b>666</b>		27b. DATE REC'D BY LOCAL REGISTRAR <b>2-2-90</b>		27c. SIGNATURE OF LOCAL REGISTRAR <i>Amenda C. E. Lyons</i>		



**FILED**  
DEC 20 1990

Key # 42-133-23-24

VS-112 REV. 9/89

CAUSE OF DEATH	28 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. <b>cardiorespiratory arrest</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):		<b>immediate</b>
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. <b>Diabetes Mellitus</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):		
		c. <b>Infection right foot with gangrene of toes</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):		
d.				
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				30a. WAS AN AUTOPSY PERFORMED?
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO

WARNING