

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE )

99069945

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99 AUG 20 AM 10: 5

MORRIS W. CARTER  
RECORDED  
BEING FIRST DULY SWORN

JAMES N. BROWN

UPON his OATH, DEPOSES AND SAYS:

THAT Deloris L. Brown DIED ON THE 14th  
DAY OF November, 19 98 AT Methodist Hospital Southlake  
THAT AT THE TIME OF her DEATH, She WAS A CO-OWNER AS A JOINT  
TENANT WITH James N. Brown  
OF THE FOLLOWING DESCRIBED REAL ESTATE:

Lot 27 in Block 8 in Meadowdale Subdivision, in the Town of  
Merrillville, as per plat thereof, recorded June 11, 1956 in  
Plat Book 31, Page 56, in the Office of the Recorder of Lake  
County, Indiana.

COMMUNITY TITLE COMPANY  
FILE NO 18294 mv

THAT NO FEDERAL ESTATE TAX OR INDIANA INHERITANCE TAX IS DUE  
RESULT OF THE DEATH OF Deloris L. Brown

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS Husband

FURTHER AFFIANT SAITH NOT:

*James N. Brown*  
James N. Brown

BEFORE ME THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND  
STATE, THIS 30th DAY OF July, 19 99, PERSONALLY APPEARED

James N. Brown

AND ACKNOWLEDGED THE

EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:

*Tracie A. Kraszyk*  
NOTARY PUBLIC

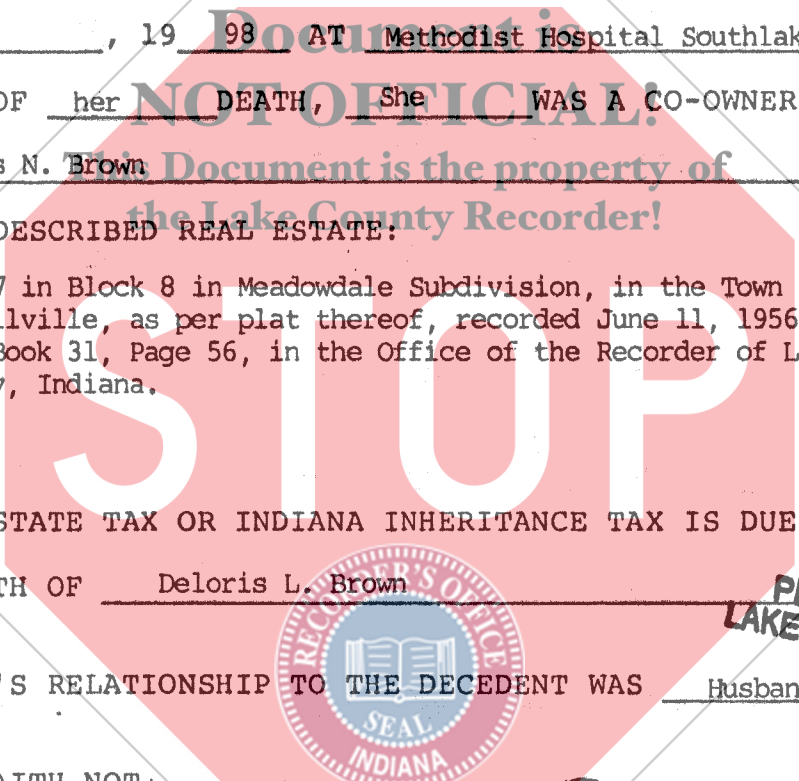
TRACIE A. KRASZYK  
Notary Public, State of Indiana  
County of Porter

My Commission Expires Jan. 12, 2008

COUNTY OF RESIDENCE:

THIS INSTRUMENT PREPARED BY: Patrick J. McManama, Attorney at Law  
Attorney ID#9534-45

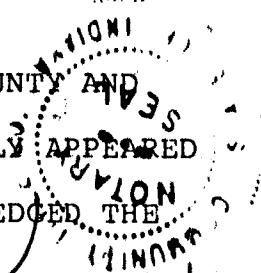
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FILED

AUG 06 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR



11.00  
COMM  
#1024

voluntary and there will be no penalty for refusal.

Local No. ....

# CERTIFICATE OF DEATH

State No. ....

265334  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19-3

1. DECEASED NAME (First, Middle, Last) **Deloris Louise Brown**

2. SEX **Female**

3a. TIME OF DEATH **12:21 P** M

3b. DATE OF DEATH (Month, Day, Yr.) **November 14, 1998**

4. SOCIAL SECURITY NUMBER **309-42-5340**

5a. AGE-Last Birthday (Years) **58**

5b. UNDER 1 YEAR **MINUS** MONTHS **08** DAYS **00** HOURS **00** MINUTES

6. DATE OF BIRTH (Mo, Day, Yr) **July 15, 1940**

7. BIRTHPLACE (City and State or Foreign Country) **Memphis, TN**

8a. WAS DECEDENT A U.S. VETERAN? **No**

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **No**

9a. PLACE OF DEATH (Check only one. See instructions.)

HOSPITAL:  Inpatient  ER/Outpatient  DOA

OTHER:  Nursing Home  Other (Specify)  Residence

10. FACILITY NAME (If not institution, give street and number) **Methodist Hospital Southlake**

11. CITY, TOWN, OR LOCATION OF DEATH **Merrillville**

12. COUNTY OF DEATH **Lake**

13. MARITAL STATUS (Specify) **Married**

14. SURVIVING SPOUSE (First, Middle, Last Name) **James Brown**

15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Dictionian Cook**

16. KIND OF BUSINESS/INDUSTRY **West Side Health Care**

17a. RESIDENCE-STATE **IN**

17b. COUNTY **Lake**

17c. CITY, TOWN, OR LOCATION **Merrillville**

17d. STREET AND NUMBER **5360 Lincoln Street**

18a. ZIP CODE **46410**

18b. IN/OUT CITY LIMITS  In  Out

18c. CITIZEN OF WHAT COUNTRY? **USA**

18d. WAS DECEDENT OF HISPANIC ORIGIN?  No  Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

18e. RACE-American Indian, Black, White, etc. (Specify) **Afro-American**

18f. DECEASED'S EDUCATION (Specify only highest grade completed) **12**

19. FATHER'S NAME (First, Middle, Last) **Mordecaius Horton**

20. MOTHER'S NAME (First, Middle, Maiden Surname) **Mamie Avants**

21. INFORMANT'S NAME (Type and Print) **Issac Levy**

22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5360 Lincoln Street Merrillville, IN 46410**

23. Relationship **Son**

24. METHOD OF DISPOSITION

Burial  Cremation  Other (Specify)  Removal from State

25. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **November 20, 1998**

26. LOCATION-City or Town, State **Gary, IN**

27. EMBALMER'S NAME **Sherman G. Banks**

28. EMBALMER'S LICENSE NO. **FDO 1016254**

29. WAS DEATH REPORTED TO CORONER?  No  Yes

30. SIGNATURE OF FUNERAL DIRECTOR *Sherman G. Banks*

31. LICENSE NUMBER (of Licensee) **FDO 1016254**

32. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Smith Bizzell & Warner Funeral Home, FH19600034**

33. ADDRESS **4209 Grant St. Gary, IN, 46408**

34. PART I: Enter the principal cause or causes that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiogenic Shock**

35. DUE TO (OR AS A CONSEQUENCE OF)

36. CONDITIONS, if any, which give rise to the immediate cause, stating the underlying cause last

37. DATE OF DEATH **NOV 18 1998**

38. PART II: Other significant conditions, conditions contributing to death but not previously stated in Part I

39. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)  Yes  No

40. WAS AN AUTOPSY PERFORMED? (Yes or No)  Yes  No

41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)  Yes  No

42. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

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.

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.

43. SIGNATURE AND TITLE OF CERTIFIER *Alexander S. Wilkerson*

44. MEDICAL LICENSE NO. **01026059**

45. DATE SIGNED (Month, Day, Year) **11/17/98**

46. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type and Print) **Dr. A. Goel 209 East, 86th Ct. Merrillville Indiana 769-8920. 46410**

47. HEALTH OFFICER'S SIGNATURE *Alexander S. Wilkerson*

48. DATE FILED (Month, Day, Year) **November 18, 1998**

49. MANNER OF DEATH	50. DATE OF INJURY (Month, Day, Year)	51. TIME OF INJURY	52. INJURY AT WORK (Yes or No)	53. DESCRIBE HOW INJURY OCCURRED
Natural Pending Investigation				
Accident				
Burns Could not be Determined				
Homicide				
54. PLACE OF INJURY: At home, farm, street, store, office, Building, etc. (Specify)		55. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
56. DATE PRONOUNCED DEAD (Month, Day, Year)		57. MOTOR VEHICLE ACCIDENT (Yes or No) If yes specify driver, passenger, pedestrian, etc.		