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STATE OF INDIANA

COUNTY OF LAKE)

2000s 056325

SURVIVORSHIP AFFIDAVIT

FILED
2000 APR - 9
FILED 10:28

ROBERT LEE KAUFFMAN, residing at 101 Lake George Drive, Hobart, Lake County, Indiana, being just duly sworn upon his oath says:

1. That he is the natural son of Gladys Darlene Bryant, who was also known as Darlene Bryant, and who was formerly known as Darlene Kauffman and who did on August 23, 1986 in Lake County, Indiana, duly and legally marry Kenneth R. Bryant, also known as Kenneth Bryant, and they then continuously thereafter lived and cohabited together as husband and wife until the said Gladys Darlene Bryant, also known as Darlene Bryant, died on June 15, 1996, as evidenced by the certified copy of her Death Certificate attached hereto.

2. That during the course of their marriage aforesaid they acquired the fee simple title to the following described real estate in the names of Kenneth R. Bryant and Darlene Bryant as tenants by the entireties, to-wit:

Part of the Southwest 1/4 of the Southwest 1/4 of Section 10, Township 35 North, Range 8 West of the 2nd Principal Meridian, described as: Beginning at a point which is 550 feet North of, and 1030 feet East of the Southwest corner of said Section; thence South 165 feet; thence East 90 feet; thence North 165 feet; and thence West 90 feet to the place of beginning, in Lake County, Indiana.
Commonly known as: 295 E. 68th Ave., Merrillville, IN 46410 (Key#15-24-57)

3. That the total value of the Taxable estate of Darlene Bryant aforesaid on the date of her death did not exceed \$1,000.00 and to the best of your affiant's knowledge, information and belief there was no Federal Estate Tax or Indiana Inheritance Tax due or assessable by reason of her death.

4. That he makes this affidavit for the purpose of establishing of record the death of Darlene Bryant and that upon her death, Kenneth R. Bryant, became the sole owner of the above described real estate as the surviving husband of an estate held as tenants by the entireties.

Robert Lee Kauffman
Robert Lee Kauffman

SUBSCRIBED and sworn to before me, a Notary Public, this 11th day of April 2000.

My Commission expires 9-20-2000

Nancy O' Bryan
Nancy O' Bryan, Notary Public
Resident of Lake County
AUG 8 2000

Prepared by:
Attorney Roy Dakich
100 E. 90th Drive
Merrillville, IN. 46410

HOLD FOR:
THE TITLE SEARCH CO.

PETER BENJAMIN
LAKE COUNTY AUDITOR

00611

11.00
AM

25x117

This Document Not Valid Unless
 Imprinted on Reverse Side and
 Embossed With Raised Seal of
 Porter County

PORTER COUNTY
 CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
 155 Indiana Avenue
 Suite 104
 Valparaiso, IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

PRECEDENT

IDENTIFIERS

FORMANT

DISPOSITION

USE OF
 WITH

OFFICER

OFFICER

| | | | | |
|--|--|--|---|--|
| 1. DECEASED—NAME (First Middle Last) GLADYS DARLENE BRYANT | | 2. SEX FEMALE | 3a. TIME OF DEATH 4:15 A.M. | 3b. DATE OF DEATH (Month Day, Yr) JUNE 15, 1996 |
| 4. SOCIAL SECURITY NUMBER 378-24-2108 | 5a. AGE—Last Birthday (Years) 55 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Month Day, Yr) 6/18/41 |
| 7. BIRTHPLACE (City and State or Foreign Country) EAST GARY, IN | 8a. WAS DECEDENT A U.S. VETERAN? NO | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? — | 9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | |
| 9a. FACILITY NAME (If not residential, give street and number) PORTER MEMORIAL HOSPITAL | | 9b. CITY, TOWN OR LOCATION OF DEATH VALPARAISO | 9c. COUNTY OF DEATH PORTER | |
| 10. MARITAL STATUS MARRIED | 11. SURVIVING SPOUSE (If wife, give maiden name) KENNETH R. BRYANT | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CATERING | 12b. KIND OF BUSINESS/INDUSTRY MAURER'S MEATS & CATERING | |
| 13a. RESIDENCE—STATE INDIANA | 13b. COUNTY LAKE | 13c. CITY, TOWN OR LOCATION MERRILLVILLE | 13d. STREET AND NUMBER 295 E. 68TH AVENUE | |
| 13e. ZIP CODE 46410 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE—American Indian, Black, White, etc. (Specify) WHITE |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) 12TH | | 18. FATHER'S NAME (First Middle Last) JAMES MAIR | 19. MOTHER'S NAME (First Middle, Maiden Surname) GLADYS VIOLET STONE | |
| 20a. INFORMANT'S NAME (Type/Print) KENNETH R. BRYANT | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 295 E. 68TH AVE., MERRILLVILLE, IN 46410 | 20c. Relationship HUSBAND | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 6-19-96 GRACELAND CEMETERY | 21c. LOCATION—City or Town, State VALPARAISO, IN | |
| 22a. EMBALMER'S NAME GORDON L. JONES | | 22b. EMBALMER'S LICENSE NO. 01010711 | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Gordon L. Jones</i> | | 24b. LICENSE NUMBER (of Licensee) 101019461 | 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FDH # 83002380 701 E. 7TH ST., HOBART, IN 46342 | |
| 26. PART I Enter the diseases, injuries, or conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Pulmonary Hemorrhage DUE TO LOSS AS A CONSEQUENCE OF Abuse Left Upper Lobe DUE TO LOSS AS A CONSEQUENCE OF Pneumonia DUE TO LOSS AS A CONSEQUENCE OF Pneumonia | | | | Approximate Interval Between Onset and Death |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Renal Malignancy | | | | |
| 27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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. | | 27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | 27c. MEDICAL LICENSE NO. 01024990 | 27d. DATE SIGNED (Month Day, Year) June 18, 1996 |
| 28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) John L. Swarner, Jr., M.D., 1101 E. Glendale Blvd., Valparaiso, IN 46383 | | | | |
| 29. HEALTH OFFICER'S SIGNATURE <i>John L. Swarner, Jr.</i> | | | | 30. DATE FILED (Month Day, Year) June 18, 1996 |
| 31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 32a. DATE OF INJURY (Month Day, Year) | 32b. TIME OF INJURY | 32c. INJURY AT WORK? (Yes or no) |
| 32d. DESCRIBE HOW INJURY OCCURRED AUG 8 2000 | | 33. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) PETER BENJAMIN Co612 | | |
| 34. DATE PRONOUNCED DEAD (Month Day, Year) | | 35. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, license number, and vehicle number. | | |