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MORRIS W. CARTER
RECORDER

STATE OF INDIANA)

COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

WOODROW BRUMFIELD, being first duly sworn upon h/s oath, deposes and says:

1. That he is the wife of VELMA BRUMFIELD and that THEY were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in LAKE County, Indiana To- Wit:

LOT # 13 IN BLOCK 9 AS MARKED AND LAID DOWN ON REC. PLAT OF TARKY TOWN 1ST SUB. CITY OF GARY LAKE CO. IN THE SAME APPEARANCE OF REC # B30 P. 13 RECORDERS OFFICE LAKE CO. IN

2. The marital relationship which existed between WOODROW VELMA BRUMFIELD, continued unbroken from the time they so acquired title to said real estate until the death of VELMA BRUMFIELD on 8/31/93 at which time WOODROW BRUMFIELD acquired title as surviving tenant by the entireties.

3. That the gross value of the estate of the said VELMA BRUMFIELD deceased, taking into consideration in the evaluation thereof, the value of all his gifts in contemplation of death, including all gifts made by him in the three years next preceding his death, together with the value of all of his investments in joint properties and tenants by the entirety, including the real estate in the above-described deed, plus the proceeds of all insurance on his life, did not equal or exceed the sum required to necessitate the filing of a federal estate tax return and that as a consequence of which, her estate was not subject to federal estate tax.

4. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of VELMA BRUMFIELD have been fully paid and satisfied.

5. That the purpose of this affidavit is to induce the LAKE County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT.

Woodrow Brumfield
WOODROW BRUMFIELD

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 26th day of JULY, 2000.

My Commission Expires:

1-12-2008

ELIZABETH J. WEBSTER
NOTARY PUBLIC STATE OF INDIANA
Resident Of Lake County
My Commission Expires January 12, 2008

Notary Public
Resident of LAKE County, IN

Mail Tax Bills to: 4060 WEST 21ST AVE, GARY IN 46407

Tax Key Number: 25-47-0445-0013 FILED

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF Attorney at Law
10971 Four Seasons Place Crown Point, IN 46307, (219) 662-8200
Our File No. 2013332-3

PETER BENJAMIN
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
LAKE COUNTY AUDITOR
CROWN POINT, IN 46307

11.00
EP.
OH #
12405

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2210-93

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-18-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CRONER
56 ONLY

1. DECEASED—NAME (First, Middle, Last) Velma Brumfield		2. SEX Female	3a. TIME OF DEATH 5:20 A.M.	3b. DATE OF DEATH (Month, Day, Year) August 31, 1993
4. SOCIAL SECURITY NUMBER 411-30-5657		5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month, Day, Year) Sept. 18, 1924		7. BIRTHPLACE (City and State or Foreign Country) Grenada, Mississippi		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9. PLACE OF DEATH (Check only one for multiple) HOSPITAL <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Hospice <input type="checkbox"/> DCA <input type="checkbox"/>
10. FACILITY NAME (If not known, give street and number) Methodist Hospital Southlake		11. CITY, TOWN OR LOCATION OF DEATH Merrillville		12. COUNTY OF DEATH Lake
13. MARRITAL STATUS (Specify) Married		14. SURVIVING SPOUSE (If wife, give maiden name) Woodrow Brumfield		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housekeeping
16. RESIDENCE—STATE Indiana		17. COUNTY Lake		18. CITY, TOWN OR LOCATION Gary
19. ZIP CODE 46404		20. STREET AND NUMBER 4060 W. 21st Ave.		21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5-1) <input type="checkbox"/> 8th
22. FATHER'S NAME (First, Middle, Last) Han Nealy		23. MOTHER'S NAME (First, Middle, Maiden Surname) Ellen (Unknown)		
24. INFORMANT'S NAME (Type/print) Woodrow Brumfield		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4060 W. 21st Ave. Gary, IN 46404		26. Relationship Husband
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		28. DATE AND PLACE OF DISPOSITION (Specify if secondary, crematory, or other place) September 3, 1993 Evergreen Cemetery		29. LOCATION—City or Town, State Hobart, Indiana
30. EMBALMER'S NAME Patrician OWENS		31. EMBALMER'S LICENSE NO. 08700298		32. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
33. SIGNATURE OF PUBLIC HEALTH DIRECTOR <i>Valerie Broadhead</i>		34. LICENSE NUMBER (of License) 08700646		35. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 8300770 Guy & Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, IN 46404
36. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory failure. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. acute Respiratory failure Secondary BURET Emphysema				
37. Conditions, if any, which give rise to the immediate cause, using the words "due to" as a consequence of: SEP 16 1993				
PART II: Other significant conditions contributing to death but not intervenient causes as stated in Part I. Alexander S. Williams, MD				
38. 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.				
39. SIGNATURE AND TITLE OF CERTIFIER <i>Dr. M. U. Pargaonkar</i>		40. MEDICAL LICENSE NO. 01027333		41. DATE SIGNED (Month, Day, Year) 9.15.93
42. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STATEMENT (Type/print) 7895 BROADWAY STE C, MERRILLVILLE, IN 46410 Dr. M. U. Pargaonkar				
43. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				
44. DATE FILED (Month, Day, Year) September 16, 1993				
45. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY
48. PLACE OF INJURY—(If home, farm, street, factory, office, outdoors, etc. (Specify))		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
50. DATE PRONOUNCED DEAD (Month, Day, Year)		51. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		