

AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA)  
COUNTY OF LAKE )

2000 070134

2000 SEP 26 AM 11:00

MORRIS W. CARTER  
RECORDER

LEOLA IMOGENE MEDSKER

BEING FIRST DULY SWORN

UPON HER OATH, DEPOSES AND SAYS:

THAT CLIFFORD ADDISON BROWN DIED ON THE 26th  
DAY OF JUNE, 2000, ~~XXX~~ AT MERRILLVILLE, INDIANA.

THAT AT THE TIME OF HIS DEATH, HE WAS A CO-OWNER AS A JOINT  
TENANT WITH LEOLA IMOGENE MEDSKER aka L. IMOGENE MEDSKER  
OF THE FOLLOWING DESCRIBED REAL ESTATE:

UNIT 1 BUILDING NO. 9324, SPRING CREEK CONDOMINIUMS, INC., A HORIZONTAL  
PROPERTY REGIME, AS RECORDED AS DOCUMENT NOS. 93027082 AND 93027083  
UNDER THE DATE OF APRIL 28, 1993 AS ASMENDED BY DOCUMENT NO. 93083148  
UNDER THE DATE OF DECEMBER 9, 1993, IN THE RECORDER'S OFFICE OF LAKE  
COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON ELE-  
MENTS APPERTAINING THERETO. COMMONLY KNOWN AS 9324 SPRING CREEK DR.,  
HIGHLAND, IN. 46322 KEY NO. 27-582-17

THAT NO FEDERAL ESTATE TAX ~~OR INDIANA INHERITANCE TAX~~ IS DUE AS A  
RESULT OF THE DEATH OF CLIFFORD ADDISON BROWN.  
INDIANA INHERITANCE TAX IS BEING DETERMINED.

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS DAUGHTER.

FURTHER AFFIANT SAITH NOT:

COMMUNITY TITLE COMPANY  
FILE NO 20092 MV

Leola Imogene Medsker  
LEOLA IMOGENE MEDSKER

SEP 21 2000

BEFORE ME THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND  
STATE, THIS 18th DAY OF SEPT., 2000, PETER BENJAMIN PERSONALLY APPEARED  
LEOLA IMOGENE MEDSKER AND ACKNOWLEDGED THE

EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:

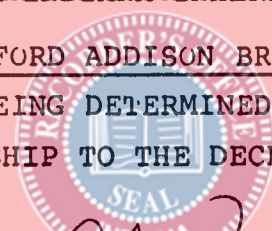
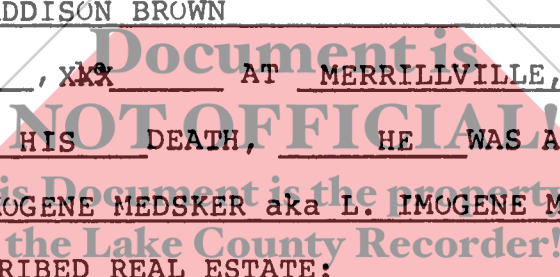
04/15/08

Patricia Ludington  
Patricia Ludington

NOTARY PUBLIC  
01503

COUNTY OF RESIDENCE: LAKE

PREPARED BY PATRICK McMANAMA, ATTORNEY AT LAW ID 9534-45



FILED

11:00  
C.P.  
CM

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1194-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

393014  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Clifford Addison Brown</b>			2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:07 P.M.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>June 26, 2000</b>	
4. SOCIAL SECURITY NUMBER <b>345-07-1659</b>		5a. AGE—Last Birthday (Years) <b>91</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) <b>May 27, 1909</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Fairmont, Illinois</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		8c. 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				
9b. FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake Campus</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Operating Engineer</b>		
12b. KIND OF BUSINESS/INDUSTRY <b>Construction</b>		13a. RESIDENCE—STATE <b>Indiana</b>				
13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Highland</b>		13d. STREET AND NUMBER <b>9324 Spring Creek Drive</b>		
13e. ZIP CODE <b>46322</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) _____		
18. FATHER'S NAME (First, Middle, Last) <b>Ira Gidd Brown</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Della Carey</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Imogene Medsker</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2344 Deerpath Dr. Schererville, IN</b>		20c. Relationship <b>Daughter</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>June 30, 2000 Chapel Lawn Memorial Gardens</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>		
22a. EMBALMER'S NAME <b>Scott J. Prewitt</b>		22b. EMBALMER'S LICENSE NO. <b>FD01006861</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexander S. Williams</i>		24b. LICENSE NUMBER (of Licenses) <b>FD01006015</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Fagen-Miller Funeral Home 2828 Highway Ave. Highland, IN FH83003035</b>		
26. PART I: Enter the disease, injuries or complications 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. <b>Prerenal azotemia</b> IMMEDIATE CAUSE (Final, the result of a single event, or the disease or condition immediately due to (or as a consequence of) resulting in death) <b>HEALTH OFFICER</b> Conditions if any which gave rise to the immediate cause stating the underlying cause last <b>JUN 28 2000</b>						
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Alexander S. Williams MD LAKE COUNTY HEALTH COMMISSIONER</b>						
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. 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						
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams MD</i>			29c. MEDICAL LICENSE NO. <b>21034378</b>		29d. DATE SIGNED (Month, Day, Year) <b>062700</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>ARSHAD P. MALIK, M.D., 8560 BROADWAY, MERRILLVILLE, IN 46410</b>						
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>					32. DATE FILED (Month, Day, Year) <b>June 28, 2000</b>	
33. 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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.				