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SURVIVORSHIP AFFIDAVIT

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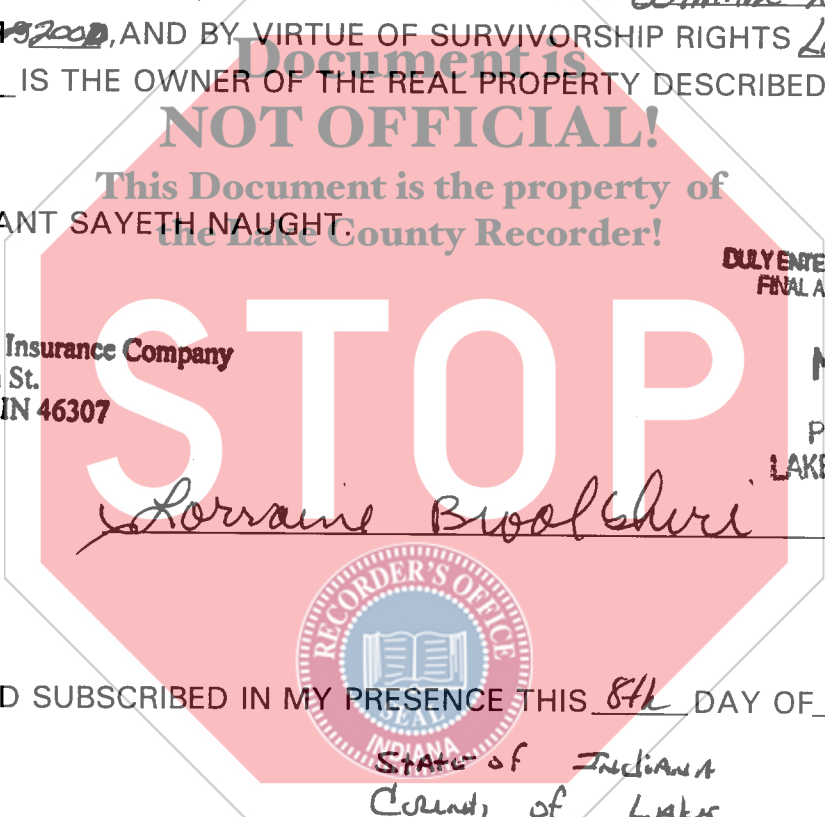
Chicago Title Insurance Company

Lorraine Brookshire, BEING FIRST DULY CAUTIONED AND SWORN, HEREBY STATES THAT ON _____, _____ WERE THE GRANTEEES OF CERTAIN REAL PROPERTY, WITH RIGHTS OF SURVIVORSHIP, KNOWN AS _____, A LEGAL DESCRIPTION OF SAID PROPERTY BEING ATTACHED HERETO AS "EXHIBIT A".

AFFIANT FURTHER STATES THAT A CERTIFIED COPY OF A DEATH CERTIFICATE IS ATTACHED AS "EXHIBIT B", VERIFYING THE DEATH OF William Lee Brookshire Jr ON 7-23, 192000, AND BY VIRTUE OF SURVIVORSHIP RIGHTS LORRAINE Brookshire IS THE OWNER OF THE REAL PROPERTY DESCRIBED IN EXHIBIT "A".

FURTHER AFFIANT SAYETH NAUGHT

Return to:
Chicago Title Insurance Company
2200 N. Main St.
Crown Point, IN 46307



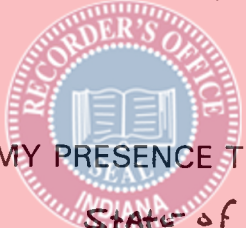
DULY ENTERED FOR TAXATION PURPOSES
FINAL ACCEPTANCE FOR TAXATION

MAY 8 2002

PETER BERNARD
LAKE COUNTY AUDITOR

Lorraine Brookshire

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS 8th DAY OF April



State of Indiana
County of Lake

[Signature]

NOTARY PUBLIC

DARRELL THOMAS

000670

EXP 3/30/2008

BD
1300
GT

ADEA

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.

1000

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 00 0544

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) William Lee Brookshire Jr. 2 SEX Male 3a TIME OF DEATH 10:04 A M 3b DATE OF DEATH (Month, Day, Yr) July 23, 2000

4 *SOCIAL SECURITY NUMBER 313-54-7824 5a AGE—Last Birthday (Years) 48 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo, Day, Yr) August 24, 1951 7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana

8a WAS DECEDENT A U.S. VETERAN? NO 8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL Inpatient ER/Outpatient DOA OTHER Residence Nursing Home Other (Specify)

9b FACILITY NAME (If not institution, give street and number) 2900 West 19th Avenue 9c CITY, TOWN, OR LOCATION OF DEATH Gary 9d COUNTY OF DEATH Lake

10 MARITAL STATUS Married 11 SURVIVING SPOUSE (If wife, give maiden name) Lorraine Morgan 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dispatcher 12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) USX Steel Corp.

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN OR LOCATION Gary 13d STREET AND NUMBER 2900 West 19th Avenue

13e ZIP CODE 46404 13f INSIDE CITY LIMITS No Yes 13g ON A FARM? No Yes 14 CITIZEN OF WHAT COUNTRY? U S A 15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16 RACE—American Indian, Black, White, etc. (Specify) Black 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5 +) 0

18 FATHER'S NAME (First, Middle, Last) William Lee Brookshire Sr. 19 MOTHER'S NAME (First, Middle, Maiden Surname) Laverne Bradley

20a INFORMANT'S NAME (Type/Print) Lorraine Brookshire 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2900 West 19th Avenue Gary, Indiana 46404 20c Relationship Wife

21a METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 28, 2000 Fern Oak Cemetery Griffith, Indiana 21c LOCATION—City or Town, State

22a EMBALMER'S NAME Roosevelt Allen Jr. 22b EMBALMER'S LICENSE NO. #010510701 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of Licensee) #08700298 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

26 PART I: Enter the diseases, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Vascular collapse Due to (OR AS A CONSEQUENCE OF) b. Due to arteriosclerotic heart and vascular disease Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No 28a WAS AN AUTOPSY PERFORMED? (Yes or no) No 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) - - - - -

29a 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) as stated Deputy

29b SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c MEDICAL LICENSE NO. N/A 29d DATE SIGNED (Month, Day, Year) July 26, 2000

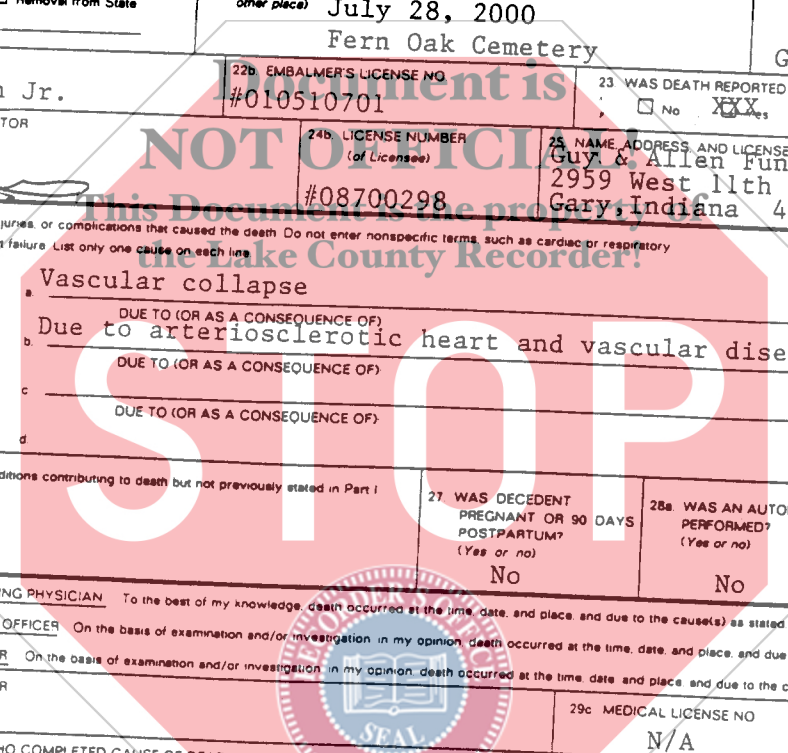
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307

31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month, Day, Year) AUG 02 2000

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 33a TIME OF INJURY (Month, Day, Year) 33b TIME OF INJURY 33c INJURY AT WORK? (Yes or no) 34d DESCRIBE HOW INJURY OCCURRED

34a 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) July 23, 2000 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.



LEGAL DESCRIPTION

Lots 31 and 32, in Block 4, in Tolleston Park Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 2 page 46, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2900 W. 19th Ave., Gary, IN 46404

PIN 47-164-29

