

2

TICOR TITLE INSURANCE
2004-015084

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 FEB 24 AM 9:06

MORRIS W. CARTER
RECORDER

AFFIDAVIT

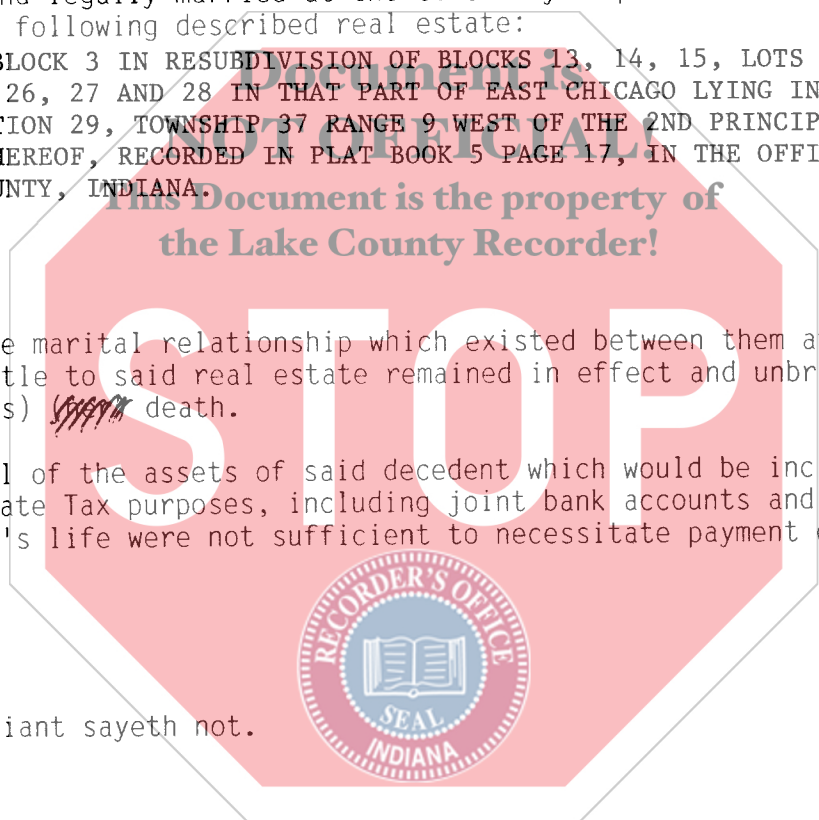
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MARTHA G. BRADFORD, being first duly
sworn upon oath, deposes and says:

1. That JOHNNIE E. BRADFORD died on
March 27, 2003 at East Chicago, IN.

2. That MARTHA G BRADFORD and JOHNNIE E. BRADFORD
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

LOT 26 IN BLOCK 3 IN RESUBDIVISION OF BLOCKS 13, 14, 15, LOTS 12 TO 30 AND
BLOCKS 17, 26, 27 AND 28 IN THAT PART OF EAST CHICAGO LYING IN THE SOUTHWEST
1/4 OF SECTION 29, TOWNSHIP 37 RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, AS
PER PLAT THEREOF, RECORDED IN PLAT BOOK 5 PAGE 17, IN THE OFFICE OF THE RECORDER
OF LAKE COUNTY, INDIANA.



3. That the marital relationship which existed between them at the time they
acquired title to said real estate remained in effect and unbroken until the
date of (his) ~~death~~ death.

4. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.

Martha G Bradford
MARTHA G. BRADFORD

Subscribed and sworn to before me, a Notary Public, this 13TH day of
FEBRUARY, 2004.



(Signature)
Notary Public

CORINA CASTEL RAMOS

My Commission expires:

MAY 16, 2009

County of Residence:

LAKE

This Instrument prepared by

TICOR HO

920040491/BRADFORD

FILED

FEB 23 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

MARTHA G. BRADFORD

001349

12-50
IT

* 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

Local No. 92

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

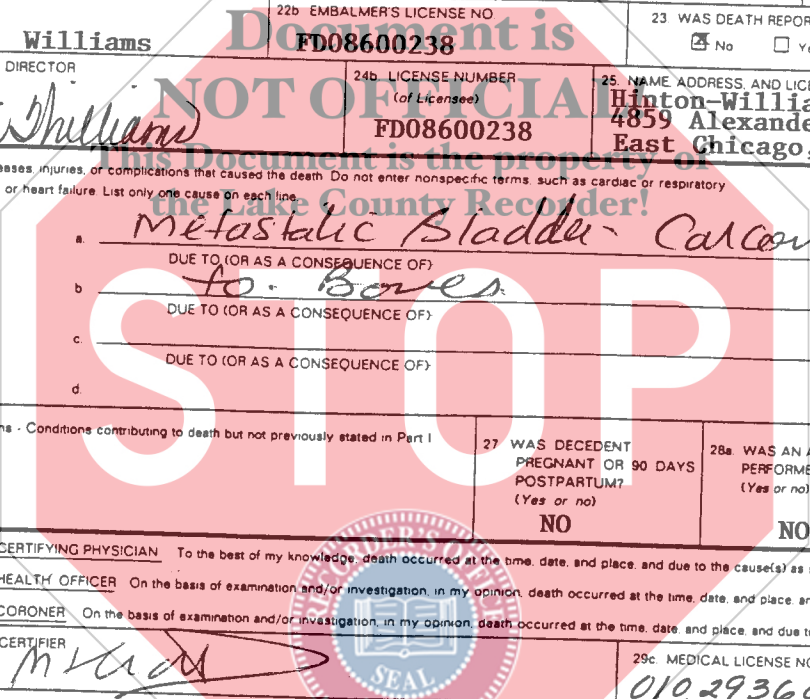
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Johnnie E. Bradford, Sr.		2 SEX Male		3a TIME OF DEATH 1:36 A.M.		3b DATE OF DEATH (Month, Day, Yr) March 27, 2003	
4 *SOCIAL SECURITY NUMBER 425-46-4029		5a AGE—Last Birthday (Years) 72		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) October 9, 1930		7 BIRTHPLACE (City and State or Foreign Country) Lumberton, Mississippi					
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 <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) St. Catherine Hospital				9c CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Martha G. Rutherford		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Second helper (retired)		12b KIND OF BUSINESS/INDUSTRY Inland Steel	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION East Chicago		13d STREET AND NUMBER 1202 Beacon Street	
13e ZIP CODE 46312		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5+) 					
18 FATHER'S NAME (First, Middle, Last) John Bradford				19 MOTHER'S NAME (First, Middle, Maiden Surname) Annie Kelley			
20a INFORMANT'S NAME (Type/Print) Martha Bradford		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1202 Beacon Street East Chicago, In 46312				20c Relationship Wife	
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) April 1, 2003 Evergreen Memorial Park				21c LOCATION—City or Town, State Hobart, Indiana	
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FD08600238		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Licensee) FD08600238		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, Indiana 46312 FB3001520			
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. Metastatic Bladder Cancer DUE TO (OR AS A CONSEQUENCE OF) b. To Bones DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Approximate Interval Between Onset and Death							
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) NO			
29a CERTIFIER (Check only one) <input 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>M. K. ...</i>				29c MEDICAL LICENSE NO. 010-29360		29d DATE SIGNED (Month, Day, Year) 3/31/2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mohamed M. Krad 1849 N. CLINE Ave Griffith, Ind 46319							
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy R. ...</i>				32 DATE FILED (Month, Day, Year) March 31, 2003			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homeicide		34a DATE OF INJURY (Month, Day, Year) FEB 23 2004		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, building, etc. (Specify) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

TICU - Highland 92004049



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