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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 042170 **TICOR TITLE INSURANCE**

MORRIS  
RECORDER'S  
AFFIDAVIT

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Marsha J. Cooper, being first duly sworn upon oath, deposes and says:

1. That William R. Bratton died on September 30, 2003, 19 at Dyer, IN.

2. That William R. Bratton and Marsha J. Cooper were ~~joint tenants with right of survivorship~~ joint tenants with right of survivorship to the following described real estate:

LOT 35 IN FLOWER GARDENS ADDITION, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33, PAGE 61, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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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) ~~(her)~~ 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. Also, no Indiana inheritance tax is due by reason of his death.

Further affiant sayeth not.

**FILED**

MAY 20 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

*Marsha J. Cooper*  
MARSHA J. COOPER

Subscribed and sworn to before me, a Notary Public, this 13TH day of MAY, 19 2004.

My Commission expires:

MAY 16, 2009

County of Residence:

LAKE

This Instrument prepared by Marsha J. Cooper



001694

TICOR TITLE INSURANCE  
2050-45TH AVE.  
HIGHLAND, IN 46322

920042515

12/18/06

ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to assume 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. 2326-03

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) William Robert Bratton				2 SEX Male	3a TIME OF DEATH 8:25 PM	3b DATE OF DEATH (Month Day, Yr) September 30, 2003	
4 *SOCIAL SECURITY NUMBER 310-24-1145		5a AGE—Last Birthday 49yrs	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) September 19, 1926		7 BIRTHPLACE (City and State or Foreign Country) Attica, IN
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		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. Margaret MercyHealth Care Center South				9c CITY, TOWN OR LOCATION OF DEATH Dyer		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman		12b KIND OF BUSINESS/INDUSTRY Steel	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Dyer		13d STREET AND NUMBER 227 Carnation Street	
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2			
18 FATHER'S NAME (First Middle Last) William C. Bratton				19 MOTHER'S NAME (First Middle, Maiden Surname) Agnes Brannon			
20a INFORMANT'S NAME (Type/Print) Marsha Cooper				20b MAILING ADDRESS (Street and Rural Route Number, City or Town, State, Zip Code) 3413 Jewett Street, Highland, IN 46322		20c Relationship Daughter	
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) October 4, 2003 Chapel Lawn Memorial Gardens			21c LOCATION—City or Town, State Schererville, IN	
22a EMBALMER'S NAME Marc Mosqueda			22b EMBALMER'S LICENSE NO. FDO8800240		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b LICENSE NUMBER (of Licensee) FDO1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen Miller Funeral Home FH83001504 1920 Hart Street, Dyer, IN 46311		
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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF) b Coronary Artery disease DUE TO (OR AS A CONSEQUENCE OF) c Atherosclerosis DUE TO (OR AS A CONSEQUENCE OF) 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) 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) as stated							
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>					29c MEDICAL LICENSE NO. 0200030670		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. March 200 Nauticoehta Dyer, IN							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					31 HEALTH OFFICER'S NAME AND ADDRESS STEPHEN R. STOUGH LAKE COUNTY AUDITOR 11/7/2003		
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"/> Homicide		34a DATE OF INJURY (Month Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
		34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d DESCRIBE HOW INJURY OCCURRED			
34g DATE PRONOUNCED DEAD (Month Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

INFORMANTS

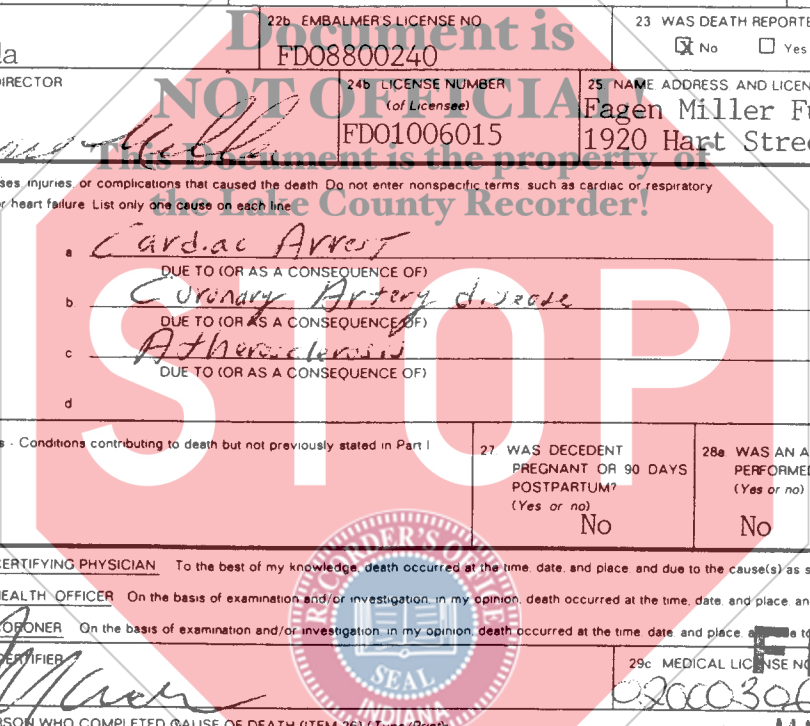
INFORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER



001695