

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 065691

2008 SEP 19 AM 9:42

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

On this 9th day of September, 2008, before me personally appeared David Broman to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is the adult son and surviving joint tenant with rights of survivorship.
- 3. Said premises were formerly owned by, and titled in the names of, Carl U. Broman Jr. and David Broman respectively as joint tenants with rights of survivorship.
- 4. Carl U. Broman, Jr. who known as Carl Broman died on January 27, 2008 leaving no will.

5. The legal description of the premises in question is:

Lot 26 Pheasant Hills Unit 4, Town of Dyer, Plat Book 42, Page 11
Excepting SE-LY TRI Part of Lot 26
And
Schilling's 7th Add. Unit #2, the NW'LY TRI Part of Lot 11

Real Estate Commonly known as 2451 Hickory Dr., Dyer, Indiana 46311

Real Estate Tax Parcel Number: 009-12-14-0134-0026 and
009-12-14-0163-0044

- 6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
- 7. Affiant and decedent were father and son.
- 8. Please mail all future tax bills/notices to the below address.

Signature: David Broman
David Broman
Address: 2451 Hickory Drive
Dyer, Indiana 46311

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared David Broman, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 9th day September, 2008.
My Commission Expires: 12-12-2012
Resident of Lake County

Kenneth A. Manning
Kenneth A. Manning, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

Kenneth A. Manning
Kenneth A. Manning

Instrument Prepared By: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311; phone: (219) 865-8376

↑

FILED

015757

SEP 19 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13.00
addm
4005#

**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

12-14-0163-0044

REGISTRATION DISTRICT NO. 99.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Carl U. Broman, Jr.			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) January 27, 2008	
4. COUNTY OF DEATH Will	5a. AGE AT LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) April 18, 1926	
7a. CITY OR TOWN Crete		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) St. James Manor			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing Home/long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
8. BIRTHPLACE (City and State or Foreign Country) Gary, IN	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a. RESIDENCE (Street and Number) 2451 Hickory Dr.		13b. APT. NO.	13c. CITY OR TOWN Dyer	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Lake	13f. STATE IN	13g. ZIP CODE 46311	14. FATHER'S NAME (First, Middle, Last) Carl Uni Broman, Sr.	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Gertrud Johnson	
16a. INFORMANT'S NAME David Broman		16b. RELATIONSHIP Son		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 2451 Hickory Dr. Dyer, IN 46311	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Kelly-Carroll Crematory		19. LOCATION - CITY, TOWN AND STATE Gary, IN	20. DATE OF DISPOSITION (Month/Day/Year) Feb. 1, 2008
21a. FUNERAL HOME NAME Burns-Kish Funeral Home		STREET AND NUMBER 8415 Calumet Ave.		CITY OR TOWN Munster	STATE IN
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Burns</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010026		22. LOCAL REGISTRAR'S SIGNATURE <i>James S. Zelko</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 31 2008		24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>GENERALIZED DEBILITY</u> Due to (or as a consequence of) b. <u>FAILURE TO THRIVE</u> Due to (or as a consequence of) c. <u>TRICHOCLONOS TRUCTIVE PULMONARY DISEASE</u> Due to (or as a consequence of) d. <u>the above conditions</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. DATE OF INJURY (Month/Day/Year) N.A.	
31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY - Street and Number		Apartment Number		City or Town	
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON JAN 08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) Jan. 27, 2008	
40. TIME OF DEATH 2:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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 stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Dr. Khaja Asadullah 30 East 15th St. #312 Chicago Hts, IL 60411		43. PHYSICIAN'S LICENSE NUMBER [REDACTED]			
44. TITLE OF CERTIFIER physician		45. DATE CERTIFIED (Month/Day/Year) Jan. 31, 2008		46. SIGNATURE OF CERTIFIER <i>Khaja Asadullah</i>	

Based on the 2003 U.S. Standard Certificate (Illinois Department of Public Health - Division of Vital Records) VR200 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

James E. Zelko
James E. Zelko
Executive Director
Local Registrar
Will County Health Department
DATE ISSUED: JAN 31 2008