

COPY 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 054182

2011 SEP 30 PM 1:06

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

MICHELLE B. FAJMAN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

KATHLEEN BROWN, of 901-Iroquois Drive, Crown Point, Indiana, 46307, being first duly sworn upon her oath, pursuant to IC 29-1-8-3(b), deposes and says:

1. That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, to-wit: 45-16-09-351-001-000-012  
Lot 79, Unit #4, Briarwood Subdivision, as per plat thereof recorded in Plat Book 41, page 51, in the Recorder's Office of Lake County, Indiana.

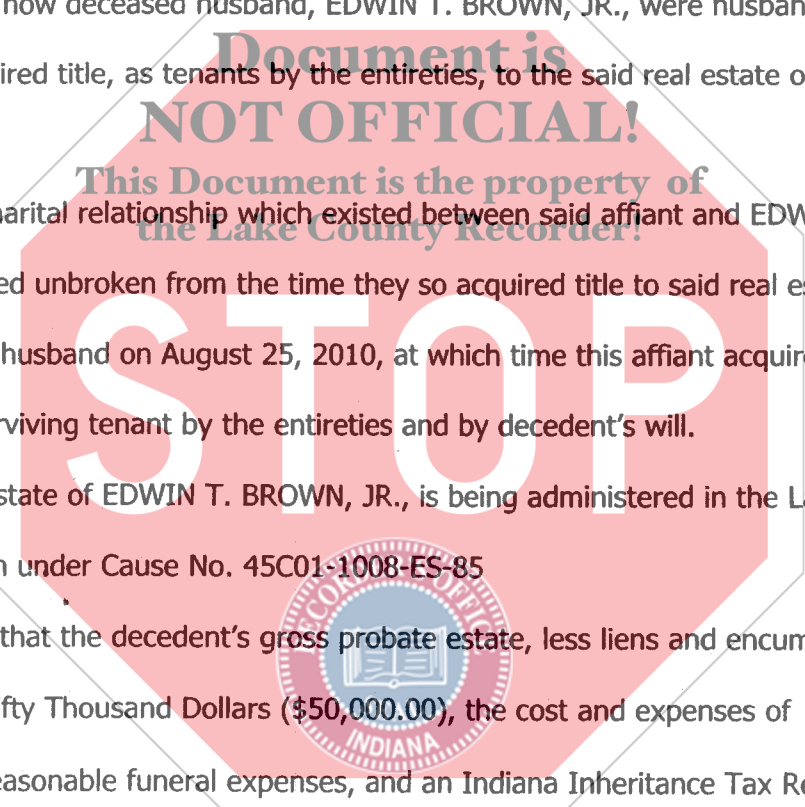
and that she and her now deceased husband, EDWIN T. BROWN, JR., were husband and wife at the time they acquired title, as tenants by the entireties, to the said real estate on December 20, 1984.

2. That the marital relationship which existed between said affiant and EDWIN T. BROWN, JR., continued unbroken from the time they so acquired title to said real estate until the death of her said husband on August 25, 2010, at which time this affiant acquired title to said real estate as surviving tenant by the entireties and by decedent's will.

3. That the Estate of EDWIN T. BROWN, JR., is being administered in the Lake Circuit Court Probate Division under Cause No. 45C01-1008-ES-85

4. It appears that the decedent's gross probate estate, less liens and encumbrances, exceeds the sum of Fifty Thousand Dollars (\$50,000.00), the cost and expenses of administration, and reasonable funeral expenses, and an Indiana Inheritance Tax Return is being filed.

5. Affiant, Kathleen Brown, is entitled to an undivided entire fee simple interest in the real property as a result of the decedent's death.



003504

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**FILED**  
SEP 30 2011

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*Rerecording - Not Recorded by Recorder / L.R.*

6. As a matter of law, affiant, as surviving spouse, takes decedent's undivided entire fee simple interest in the real property, as a consequence of which decedent's estate was not subject to Federal Estate Tax or State Inheritance Tax related to affiant, Kathleen Brown.

Kathleen Brown  
KATHLEEN BROWN

Subscribed and sworn to before me, a Notary Public, this 17th day of February, 2017.

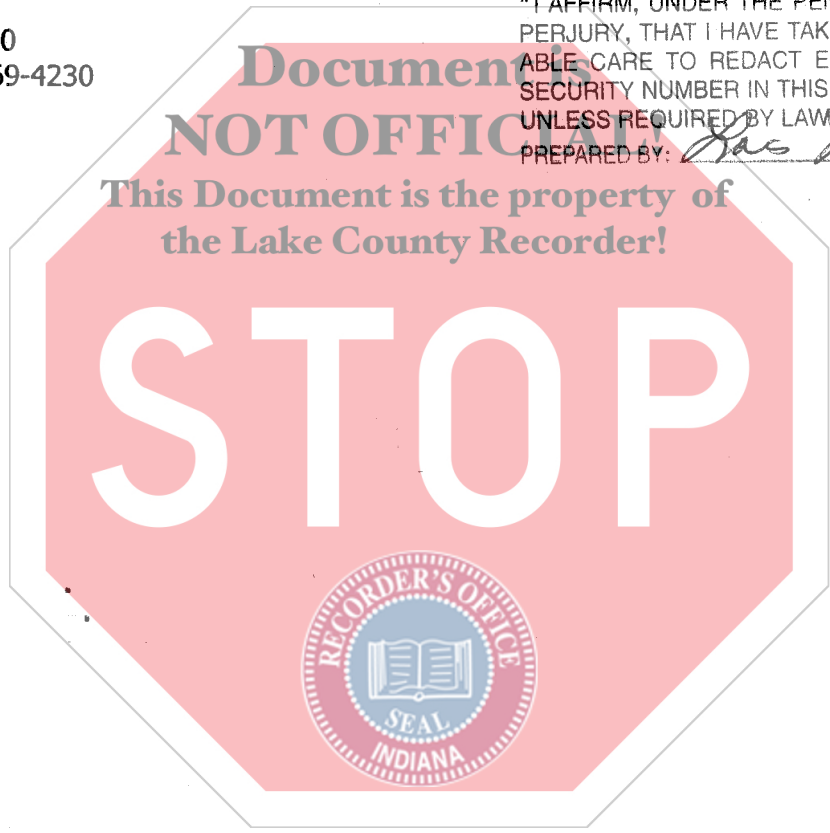
My Commission Expires:  
3-19-17

Lois J. Pennock  
LOIS J. PENNOCK  
Notary Public  
Resident of Lake County, Indiana.

THIS INSTRUMENT PREPARED BY:

BROWN & BROWN ATTORNEYS AT LAW, P.C.  
GREGORY W. BROWN, No. 11516-45  
7448 Broadway  
Merrillville, IN 46410  
Telephone (219) 769-4230

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: Lois Pennock





CERTIFICATE OF DEATH

Local No 3114-10

1. Decedent's Legal Name (First, Middle, Last) **Edwin Tracy Brown Jr.** 1a. Maiden Last Name (If Female) **N/A** 2. Sex **Male** 3. Time of Death **1:43 PM** 4. Date of Death (Month/Day/Year) **August 25, 2010**

5. Social Security Number **561-22-5923** 6a. Age - Yrs **83** 6b. Under 1 Year **Months** 6c. Under 1 Month **Days** 6d. Under 1 Day **Hours** 6e. Under 1 Hour **Minutes** 7. Date of Birth (Month/Day/Year) **May 4, 1927** 8. Birthplace (City And State Or Foreign Country) **Pasadena, California**

9. Ever In U.S. Armed Forces?  Yes  No  Unknown  10. If Death Occurred In A Hospital:  Inpatient  Emergency Department Outpatient  Dead On Arrival 10a. If Death Occurred Somewhere Other Than A Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-Term Care Facility  Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number) **St. Anthony In-Patient Hospice**

12. City Or Town, State, and Zip Code **Crown Point, Indiana 46307** 13. County Of Death **Lake** 14. Marital Status At Time Of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. Surviving Spouse's Name **Kathleen Brown** 15a. (If Wife) Give Maiden Last Name **Wright** 16. Decedent's Usual Occupation **Lawyer** 17. Kind Of Business/Industry **Law**

18. Residence - State **Indiana** 18a. County **Lake** 18b. City Or Town **Crown Point** 18c. Street And Number **101 Iroquois Street** 18d. Apt. No. **N/A** 18e. Zip Code **46307** 18f. Inside City Limits?  Yes  No

19. Decedent's Education **9** 20. Decedent Of Hispanic Origin **Non-Hispanic** 21. Decedent's Race **Caucasian**

22. Father's Name (First, Middle, Last) **Edwin T. Brown Sr.** 23. Mother's Name (First, Middle, Last) **Pearl Brown** 23a. Mother's Maiden Last Name **McClelland**

24. Informant's Name **Gregory W Brown** 24a. Relationship To Decedent **Son** 24b. Mailing Address (Street And Number, City, State, Zip Code) **7448 Broadway Merrillville, Indiana 46410**

25. Place Of Disposition 25a. Method Of Disposition  Burial  Cremation  Donation  Entombment  Removal from State  Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Ridgelawn Cemetery** 25c. Location - City, Town, And State **Gary, Indiana**

26. Was Coroner Contacted?  Yes  No 27. Name And Complete Address Of Funeral Facility **Geisen Funeral Home, Merrillville** 27a. Funeral Home License Number: **FB40800005**

27b. Signature Of Indiana Funeral Service Licensee: *Ronald J. Measor* 27c. License Number (Of Licensee): **FD01005912**

8. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death On Each Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. ACUTE CEREBROVASCULAR ACCIDENT** Due To (Or As A Consequence Of):

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last **B. AUG 30 2010** Due To (Or As A Consequence Of):

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I **Hemoptysis, Mediastinal Mass, COPD, Sick Sinus Syndrome**

29. Was An Autopsy Performed?  Yes  No 30. Were Autopsy Findings Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  Yes  Probably  No  Unknown 32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of Death  Not Pregnant, But Pregnant 43 Days To 1 Year Before Death  Unknown If Pregnant Within The Past Year 33. Manner Of Death:  Natural  Homicide  Accident  Pending Investigation  Suicide  Could Not Be Determined

34. Date Of Injury (Month/Day/Year) 35. Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work?  Yes  No

38. Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code

Describe How Injury Occurred 40. If Transportation Injury, Specify:  Driver/Operator  Passenger  Pedestrian  Other (Specify)

Signature, Of Person Certifying Cause Of Death: *Abzar Ahmad Shah* 42. Certifier (Check Only One)  Certifying Physician  Coroner  Health Officer

Name, Address And Zip Code Of Person Certifying Cause Of Death: **Abzar Ahmad Shah, M.D., 17648 Morse, Lowell, Indiana 46356** 44. License Number **01060322A** 45. Date Certified **8-30-10**

Additional Funeral Service Provider: *Sumit But D.O.* 47. \*Akas:

Signature Of Registrar: *Sumit But D.O.* 49. For Registrar Only - Date Filed (Month/Day/Year): **August 30, 2010**

