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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 070744

2011 DEC -8 AM 10:24

MICHAEL B. BROWNING
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Robert John Gray, Deceased
Parcel No.: 45-07-10-128-013.000-023

SURVIVORSHIP AFFIDAVIT

Comes now Danny Brakley, being duly sworn upon his oath, and states as follows:

1. That he is the brother-in-law of Robert John Gray, deceased, and makes this Affidavit based upon personal knowledge.

2. Robert John Gray and Judith Mae Gray are the owners of the following described real estate located in Lake County, Indiana:

Lots 47 and 48, Block 11, and the South one-half (1/2) of vacated Vine Street adjacent Manufacturer's Addition to Hammond, as show in Plat Book 2, page 23, Lake County, Indiana

Commonly known as: 6605 Missouri Avenue, Hammond, Indiana

AMOUNT $ 15.00
CASH ____ CHARGE FN
CHECK # ____
OVERAGE ____
COPY ____
NON-COM ____
CLERK BB

3. The real estate was transferred by Quitclaim Deed to Robert John Gray and Judith Mae Gray, husband and wife, as tenants by the entireties on May 13, 2003.

4. Robert John Gray and Judith Mae Gray were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Robert John Gray on May 24, 2004, at which time Judith Mae Gray acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of Robert John Gray is attached hereto and incorporated herein by reference as Exhibit "A".)

FNT-Highland FB1100742 (Burnet)

BURNET/FIDELITY

004609

FILED
DEC 05 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Judith Mae Gray and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Danny Brakley
DANNY BRAKLEY

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared DANNY BRAKLEY, and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as his free and voluntary act.

Signed and sealed this 16 day of November, 2011.

THOMAS G. SCHILLER
Lake County
My Commission Expires
May 27, 2016

Thomas G Schiller
Notary Public

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.

Laura L. Rybicki

This instrument prepared by:
Laura L. Rybicki of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
(219) 365-7766

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.

Local No. 1340-04

EXHIBIT A

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ____________

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

45-07-10-128-013.000-023

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED-NAME (First, Middle, Last): Robert John Gray
2. SEX: Male
3a. TIME OF DEATH: 4:20 AM
3b. DATE OF DEATH (Month, Day, Yr.): May 24, 2004
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day, Yr.): May 22, 1943
7. BIRTHPLACE (City and State or Foreign Country): Hammond, IN
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: ☐ Nursing Home ☐ Residence ☒ Other (Specify): Hospice Facility
9b. FACILITY NAME (If not institution, give street and number): William J. Riley Hospice Residence
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster, IN
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Judy M. Brakley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Auto Detailer
12b. KIND OF BUSINESS/INDUSTRY: Automotive
13a. RESIDENCE-STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 6605 Missouri Avenue
13e. ZIP CODE: 46323
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. AS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): William H. Gray
19. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret A. Danko

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Judy M. Gray
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6605 Missouri Avenue, Hammond, IN 46323
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 26, 2004, Chapel Lawn Memorial Gardens
21c. LOCATION-City or Town, State: Schererville, IN
22a. EMBALMER'S NAME: David R. Peterson
22b. EMBALMER'S LICENSE NO: FD08601585
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Henry Allen Kay (signature)
24b. LICENSE NUMBER (of Licensee): FD29900123
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Virgil Huber Funeral Home, 7051 Kennedy Avenue, Hammond, IN 46323 — FH10300032

CAUSE OF DEATH

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. Small cell Carcinoma
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Congestive Heart Failure
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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

CERTIFIER

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) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: (signature)
29c. MEDICAL LICENSE NO: 01025594A
29d. DATE SIGNED (Month, Day, Year): 6-1-04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Miguel Gambetta, 7217 Indpls. Blvd. Hammond, In 46324

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: (signature) D.O.
32. DATE FILED (Month, Day, Year): June 2004

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED
34e. 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):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

FB 1100742 Amt- [illegible]