

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

ARETTA L. NICHOLS, being first duly sworn upon her oath, deposes and says:

1. That she is of lawful age and lives and resides in the East Chicago, Indiana. That she is the daughter of one VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD. That VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD is now deceased having died on October 9, 2013. (Death Certificate Attached as Exhibit A.)

2. That VIRGINIA BELL BRADFORD a/k/a VIRGINIA LOGAN BRADFORD and ARETTA L. NICHOLS became owners as joint tenants with right of survivorship of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

FOURTH ADDITION TO INDIANA HARBOR, N 2-1/2 FT LOT 28 BLOCK 5 ALL LOTS 28-29 BLOCK 5.

Commonly known as: 3736 Euclid Avenue, East Chicago, Indiana 46312

Key No: 45-03-21-427-030.000-024

3. That Affiant further says that VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD and ARETTA L. NICHOLS continued to be such owners of the title to said real estate until the intestate death of VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD on October 9, 2013.

4. That the value of VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD'S estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is being made to induce the Auditor of Lake County, Indiana to strike the name of the decedent VIRGINIA BELL BRADFORD, a/k/a VIRGINIA LOGAN BRADFORD from the tax rolls on said real estate.

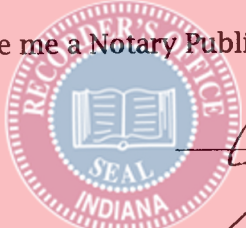
Further you Affiant sayeth not.

Aretta Nichols
ARETTA L. NICHOLS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for County and State this 14 day of March, 2013.

FILED
MAR 15 2013



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This Instrument Prepared by:
Joseph Banastak
Indiana Atty. No: 10769-45
2546 - 45th Street
Highland, IN 46322
(219) 924-3020
FAX: (219) 924-1648

_____, Notary Public

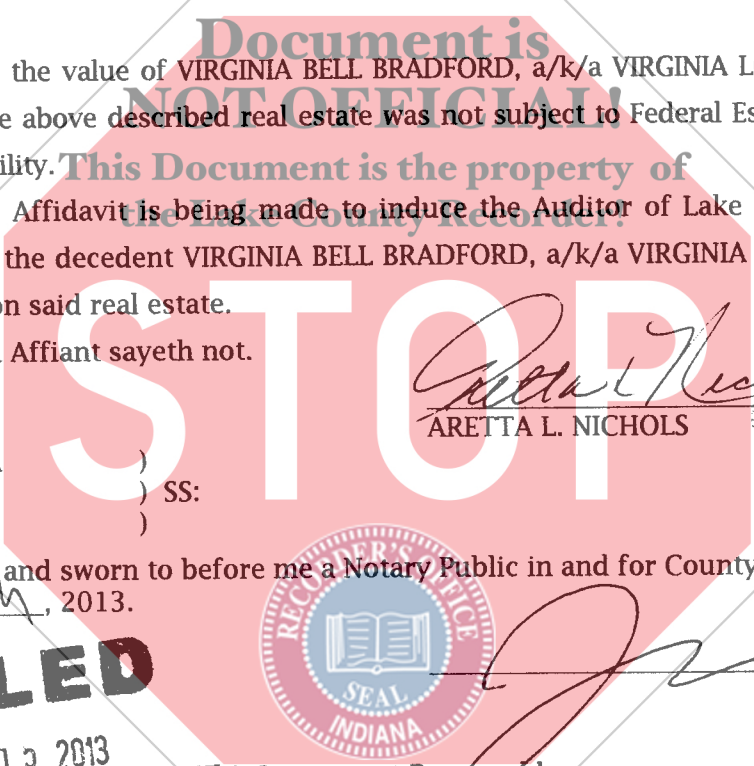
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: *[Signature]*

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STATE OF INDIANA
LAKE COUNTY
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STATE OF INDIANA
LAKE COUNTY
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

723496

Local No 000191

EDR No 00000283812

State No

1. Decedent's Legal Name (First, Middle, Last) VIRGINIA BELL BRADFORD				1a. Maiden Name (If female) LOGAN		2. Sex FEMALE	3. Time Of Death 01:50 PM	4. Date Of Death (Month/Day/Year) 10/09/2012	
5. Social Security Number 313-12-5929	6a. Age - Yrs 98	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) 02/13/1914		8. Birthplace (City and State or Foreign Country) COLUMBIA, MO	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 3736 EUCLID AVENUE									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation JANITRESS		17. Kind Of Business/Industry UNION LOCAL 1010	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18d. Apt. No.		18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 3736 EUCLID AVENUE									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) SYLVESTER LOGAN				23. Mother's Name (First, Middle, Last) VIRGIE LOGAN			23a. Mother's Maiden Last Name BLACKMON		
24. Informant's Name ARETTA NICHOLS			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3736 EUCLID AVENUE, EAST CHICAGO, IN 46312				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) FERN OAKS CEMETERY			25c. Location - City, Town, And State GRIFFITH, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312						27a. Funeral Home License Number: FH83001520	
27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08600238			
28. 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 On A Line. Add Additional Lines If Necessary.									
Cause Of Death (See Instructions And Examples)									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ADVANCED DEMENTIA Due to (Or As A Consequence Of): MANY YEARS									
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. _____ Due to (Or As A Consequence Of): _____									
C. _____ Due to (Or As A Consequence Of): _____									
D. _____ 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					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: PREMESH MALAPATI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PREMESH MALAPATI, 2003 W FULTON ST, 3RD FLOOR, CHICAGO, IL 60612						44. License Number 01061879A		45. Date Certified 10/11/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 15 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
EXHIBIT A									