2013 042879

9 2013 JUN 12 AM 9: 12 AFFIDAVIT MICHALLE D. BAOWN RECORDER

On this October 19, 2012 before me personally appeared Donny Ray Johnson 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 Son of owner. (state interest of affiant in the above premises as "owner", "son of owner", etc.
- 3. Said Thomas E. Farmer aka Tommy Farmer died on April 26, 2013
- 4. The legal description of the premises in question is:

SEE ATTACHED LEGAL OF FICIAL!

This Document is the property of

5. Is there Federal or State inheritance tax liability by reason of the death of said decedent?

Yes No

If yes, then estimated taxes due are \$

The taxes due are paid or unpaid..

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was Son.

Signature: Popul

Donny Ray Johnson 11316 Georgia Ave.

Champlin MN 55316

JUN 1 0 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

THE COMPANY 92013-1930

12927

Subscribed and sworn to before me by the affiant

This 7th day of June, 2013 (insert date)

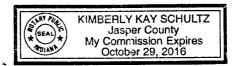
Notary Public

Kimberly Kay Schultz

My County of Residence is: Jasper

In the State of Indiana

My Commission Expires 10-29-16



This instrument prepared by Law Offices of Timothy A. Kuiper 130 N Main St Crown Point, IN 46307



Order No.: 920131937

EXHIBIT "A"

Lots 9 and 10 in Block 1 in Germania No. 2 in the City of Gary, as per plat thereof, recorded in Plat Book 2, page 32, in the Office of the Recorder of Lake County, Indiana.

Property Address:

2339 West 19th Avenue, Gary, IN 46404

45-08-378-003.000-004



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	al No 00	1757		Ε	DR No 000	000322	972		State N	lo				
1. Decedent's Legal Name (First, Middle, Last)					1a. Maiden Name (If female)			2. Sex				ath 4. Date Of Death (Month/Day/Year)		
THOMAS E FARM								MAL		6:15 AM		04/26/2013		
Social Security Number	6a. Age - Yrs	6b. Under	1 Year	6c. Under 1 Mo	nth 6d. Under 1 Day	6e. Under 1 H	our 7. Da	ite of Birth (Mont	h/Day/Year) I	8. Birthplace (City	y and State	e or Foreign Country)		
	78	Months		Days	Hours	Minutes		09/05/19		BRICKEY,	AR			
Ever in U.S. Armed Force		eath Occurred In				☐ Hospice Fa		mewhere Other T Decedent's Hom		g Hame/Long-terr	n Care Fac	aility		
☐ Yes ☒ No ☐ Unkn	1			partment Outpation	ent Dead on Arriv	al Dother (Spe	cify)							
11. Facility Name (If Not Ins VIBRA HOSPITAL				DIANA										
12. City Or Town, State, And Zip Code						13. Cou	nty Of Death	1			arital Status At Time Of Death			
CROWN POINT, IN. 46307						LAKE			□ Wid			arried Married, But Separated M Divorced indowed Never Married Unknown		
15. Surviving Spouse's Nam	e				5a. (If Wife)Give Maio	ien Last Name		16. Deceder	nt's Usual Occup	ation	17. Kin	d Of Business/Industry		
								STEEL M	IILL WORK	ŒR	ีบร รา	TEEL MILL		
18. Residence - State	18. Residence - State			County	18b. City O	18b. City Or Town								
			LAKE		MERRILLVILLE									
18c. Street And Number								18d. Apt. No. 1		8e. Zip Code 18f. Inside City I				
1821 DALE DRIVE									464	410	⊠ Yes □ No			
19. Decedent's Education HIGH SCHOOL GR	RADUATE	OR GED	20.	Decedent Of His	2	1. Deceden	t's Race							
COMPLETED			NO	T HISPANI	<u>c</u>	B 23. Mother's Na	frican Amer			23a, Mother's Maiden Last Name				
22. Father's Name (First, Middle, Last)						23. Mothers Na	ne (First, Mi	iddie, Last)	e, Last)		238. Modrer's Malden Cast Maine			
WASH FARMER					<u></u>	BLANCH F				RATI	HER			
24. Informant's Name				24a. Relationship	o To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)								
DONNY JOHNSON	<u> </u>		1	SON	25 Pi	111316 GEO lace Of Disposition	ORGIA A	AVENUE, C	HAMPLIN	, MN 55316	<u> </u>			
25a. Method Of Disposition			5b. Place	e Of Disposition	Name Of Cemetery, C		ce) 25c.	Location - City, 1	Town, And State					
⊠ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State														
Other (Specify): 26. Was Coroner Contacted?	1 2			GREEN ME	MORIAL CEM	ETERY (C)	ПНО	BART, IN			27a. Fu	uneral Home License Number:		
				NI	OTO		OT	ATI						
☐ Yes ☒ No 27b. Signature Of Indiana Fu			EMO	RIAL FUNE	RAL HOME, 4	21 W 5TH S	r, GAR)		License Numb	er (Of Licensee):	FH11	100005		
ANGELA R MANUE	L, BY EL	ECTRON	C SIG)ocumei		e nre	FD	20660080	TRUE COP				
28. Part I. Enter The <u>Cha</u> Such As Cardiac Arrest, I	in Of Events -	Diseases, Inju	ries, Or		Cause Of Death (So That Directly Cause Showing The Etiolog				E RECORD GAUNTY H	ON FILE W LEALTH DE	VITH TH PARTN	HE Approximate interval: Onset		
A Line. Add Additinal Lin	es if Necessar	у.									7			
Immediate Cause (Final [Disease Or Co	ndition Resultir	ng In Dea	ath) A.	ACUTE MYOCAR	DIAL INFARCTIO	N Due to (C	or As A Consequence C	o: MAY	2 1 2013	3	DAYS		
Sequentially List Conditio	ading To The C	ause Lis	sted On B.	HYPERTENSION		Due to (C	Or As a Consequence O	20.			YEARS			
Line A. Enter The Underlying Cause (Disease Or Injury The Events Resulting In Death) Last			y That Ir	nitiated C.				Sum weeks			WEEKS			
						Due to (C	Or As A Consequence C	LAKE COUNTY HEAL			TH OFFICER WEEKS			
Part II, Enter Other Significant	Conditions Cor	ntributing to Dea	th But No	D. ot Resulting In Th	RESPIRATORY II				An Autopsy Performed?		Yes 🖾 No			
CEREBROVASCULAR ACC							30. W	/ere Autopsy Find	ling Available To	Complete The C				
31. Did Tobacoo Use Contrib		32. 1	f-Female				D	/2.2 0/.2I	33. Manner O		Assidant	Pending Investigation		
Yes Probably N	o 🔲 Unknown	1 -			Pregnant At Time Of Death To 1 year Sefore Death	Unknown if Pregn	nt Within The Pa	ast Year	Suicide	Could Not Be De	etermined			
34. Date Of Injury (Month/Da	y/Year)	35.	Time Of	Injury	36. Pi	ace Of Injury (E.G.,	Decedent's I	Home, Constructi	on Site, Restaur	ant, Wooded Area	a) 3	37. Injury At Work? ☐ Yes ☐ No		
38. Location Of Injury - State		392	City Or	Town	385	Street & Number				38c. Apt. N	lo 3	38d. Zip Code		
36. Edication Of Injury - State		368.	CityOi	TOWN	300		(J)							
39. Describe How Injury Occi	urred				<u> </u>				40. If Transpo	rtation Injury, Spe	ecify:			
,					EIII.	MOLANIA	uiz/		Driver/Operator	Passenger Pe	edestrian []	Other (Specify)		
41. Signature, Of Person Ce ADOLPHUS A ANE			ONIC :	SIGNATUR	E				fier (Check Only fying Physician	One) Coroner		Heath Officer		
43. Name, Address And Zip C										nse Number		15. Date Certified		
ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409									01036			05/21/2013		
46. Additional Funeral Service									47. Ak	as: 1Y FARMER	₹			
48. Signature of Local Health Officer:								49. For Registrar Only - Date Filed (Month/Day/Year):						
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (EN'							NTRY OR	MAY 21 2013 OR ORIGINAL)						
								•						
												1		

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal