

A

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 042879

2013 JUN 12 AM 9:12

AFFIDAVIT

MICHAEL D. BROWN
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:

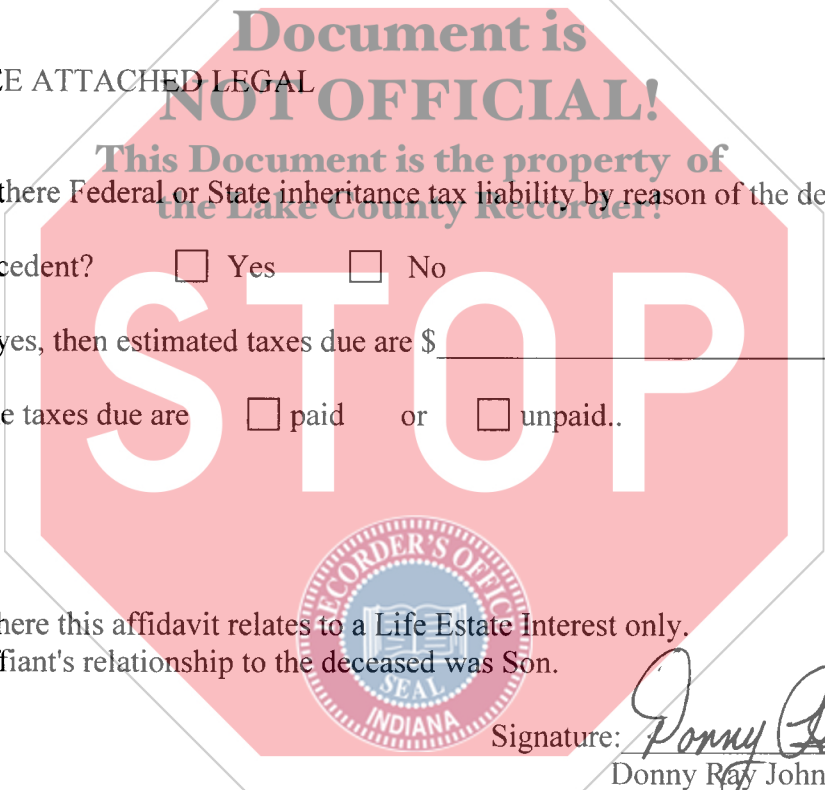
SEE ATTACHED LEGAL

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: _____

Donny Ray Johnson
11316 Georgia Ave.
Champion, MN 55316

#17
FN
Ca

FILED

JUN 10 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR


FIDELITY NATIONAL
TITLE COMPANY

92013-1937

12927

Subscribed and sworn to before me by the affiant

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



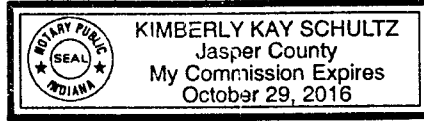
Notary Public

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



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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001757

EDR No 000000322972

State No

1. Decedent's Legal Name (First, Middle, Last) THOMAS E FARMER
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 06:15 AM
4. Date Of Death (Month/Day/Year) 04/26/2013
5. Social Security Number
6a. Age - Yrs 78
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 09/05/1934
8. Birthplace (City and State or Foreign Country) BRICKEY, AR
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
11. Facility Name (If Not Institution, Give Street and Number) VIBRA HOSPITAL OF NORTHWESTERN INDIANA
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation STEEL MILL WORKER
17. Kind Of Business/Industry US STEEL MILL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MERRILLVILLE
18c. Street And Number 1821 DALE DRIVE
18d. Apt. No.
18e. Zip Code 46410
18f. Inside City Limits?
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) WASH FARMER
23. Mother's Name (First, Middle, Last) BLANCH FARMER
23a. Mother's Maiden Last Name RATHER
24. Informant's Name DONNY JOHNSON
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 11316 GEORGIA AVENUE, CHAMPLIN, MN 55316
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL CEMETERY, HOBART, IN
25c. Location - City, Town, And State
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402
27a. Funeral Home License Number: FH11100005
27b. Signature Of Indiana Funeral Service Licensee: ANGELA R MANUEL, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): ED2060080
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.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE MYOCARDIAL INFARCTION
B. HYPERTENSION
C. PNEUMONIA
D. RESPIRATORY INSUFFICIENCY
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409
44. License Number 01036654A
45. Date Certified 05/21/2013
46. Additional Funeral Service Provider:
47. *Akas: TOMMY FARMER
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 21 2013