

STATE OF INDIANA

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

COUNTY OF LAKE

)
) SS:

2013 050693

2013 JUL 12 PM 3:09

AFFIDAVIT OF SURVIVORSHIP MICHAEL B. BROWN
RECORDER

DEBRA THOMAS, being first duly sworn upon her oath, deposes and says:

1. That she, DEBRA THOMAS, is the owner in fee simple of 100 per cent of the following described real estate, to-wit:

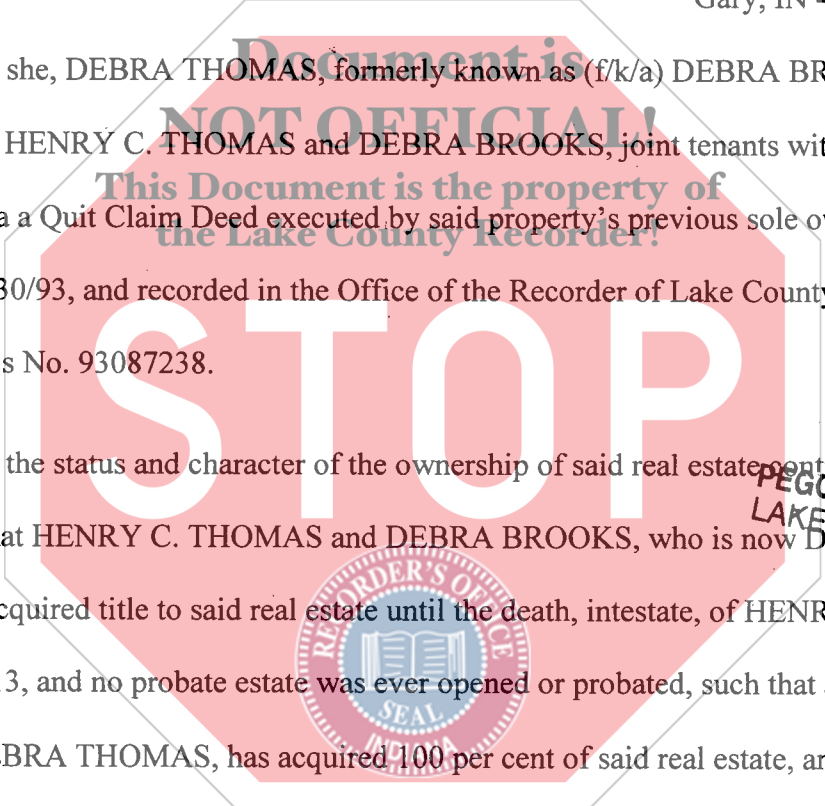
Legal description:

Lot 34, except the South 7.5 feet thereof, all of Lot 35 and the South 3.75 feet of Lot 36 in Block 8, in Resubdivision of Blocks 3,7 and 8 of Indian Hills Addition to Gary, as per plat thereof, recorded in Plat Book 21 page 6 in the Office of the Recorder of Lake County, Indiana.

State Parcel No.: 45-09-06-381-010.000-004; Commonly known as: 863 Floyd Street Gary, IN 46403.

2. That she, DEBRA THOMAS, formerly known as (f/k/a) DEBRA BROOKS, first acquired title as HENRY C. THOMAS and DEBRA BROOKS, joint tenants with rights of survivorship, via a Quit Claim Deed executed by said property's previous sole owner, Henry C. Thomas, on 10/30/93, and recorded in the Office of the Recorder of Lake County on 12/23/93 under Recorder's No. 93087238.

3. That the status and character of the ownership of said real estate continued unbroken from the time that HENRY C. THOMAS and DEBRA BROOKS, who is now DEBRA THOMAS, so acquired title to said real estate until the death, intestate, of HENRY C. THOMAS on April 28, 2013, and no probate estate was ever opened or probated, such that at this time your affiant, DEBRA THOMAS, has acquired 100 per cent of said real estate, and the title thereto, in fee simple, via rights of survivorship, as the sole survivor of her joint tenant, and, by then, husband, HENY C. THOMAS, since DEBRA THOMAS, formerly known as (f/k/a)



FILED
JUL 12 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CS
RN

004229

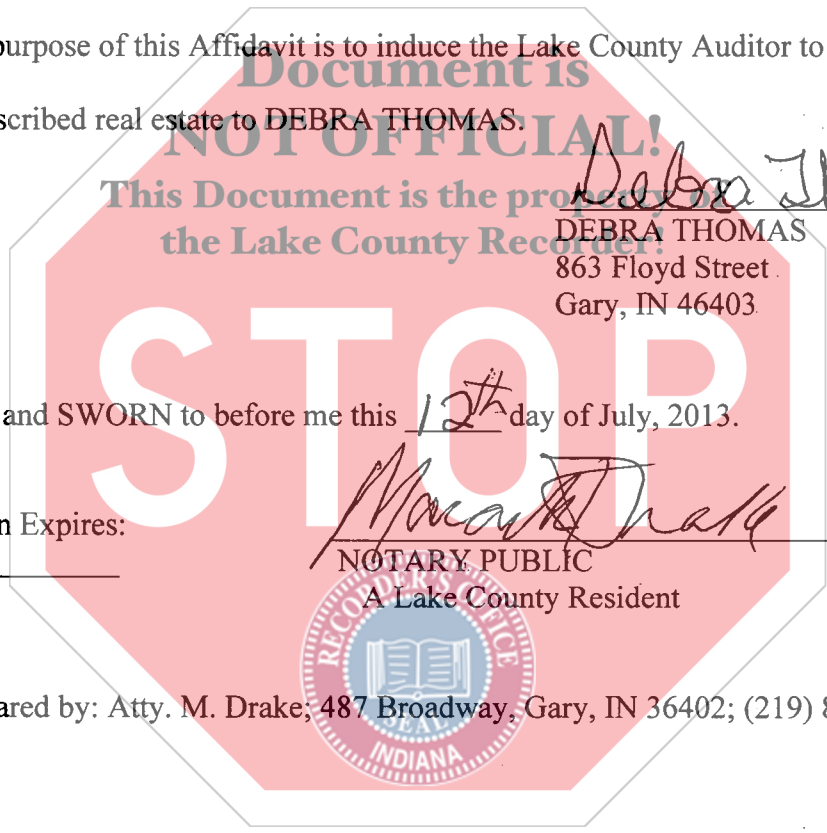
DEBRA BROOKS, became DEBRA THOMAS on 5/18/07 when she and HENRY C.

THOMAS became husband and wife.

A certified copy of the Marriage License showing the 5/18/07 marriage between HENRY C. THOMAS and DEBRA BROOKS, who is now DEBRA THOMAS; and a certified copy of the Death Certificate of the 4/28/13 death HENRY C. THOMAS are attached hereto.

4. That there has never been any advantages upon the estate of the said HENRY C. THOMAS and DEBRA BROOKS, who is now DEBRA THOMAS, that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that her estate was not subject to federal estate taxes therefor.

5. The purpose of this Affidavit is to induce the Lake County Auditor to transfer the title to the above-described real estate to DEBRA THOMAS.



Debra Thomas
DEBRA THOMAS
863 Floyd Street
Gary, IN 46403

SUBSCRIBED and SWORN to before me this 12th day of July, 2013.

My Commission Expires:
3/29/20

M. Drake
NOTARY PUBLIC
A Lake County Resident

Document prepared by: Atty. M. Drake, 487 Broadway, Gary, IN 36402; (219) 882-6004

THOMAS, HENRY C.
 TO
 BROOKS, DEBRA

BE IT REMEMBERED, That heretofore, to wit:
 on the 18 day of May
 A.D. 2007, the following Marriage License was
 issued, to wit:

MARRIAGE LICENSE

STATE OF INDIANA, LAKE COUNTY, ss:

To Any Person Empowered by Law to Solemnize Marriage -- Greetings:
 You are hereby authorized to join together as HUSBAND AND WIFE,
 THOMAS, HENRY C. and BROOKS, DEBRA
 according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I THOMAS R. PHILPOT,
 Clerk of the Lake Circuit Court, hereunto subscribe my
 name and affix the seal of said court, at Crown Point,
 this 18 day of May, 2007

/s/THOMAS R. PHILPOT
 Clerk Lake Circuit Court

BE IT FURTHER REMEMBERED, That afterwards, to wit: on the, 18 day
 of May, 2007 the following Certificate of Marriage was filed in my office,
 to wit:

STATE OF INDIANA, LAKE COUNTY, ss:

THIS CERTIFIES, That I joined in Marriage as Husband and Wife,
 THOMAS, HENRY C. and BROOKS, DEBRA
 on the 18 day of May, 2007

/s/JOHN R. PERA/JUDGE

STATE OF INDIANA, LAKE COUNTY, ss:

I, THOMAS R. PHILPOT Clerk of the Circuit Court within and for
 said County of Lake, and State of Indiana, do hereby certify the foregoing to
 be true and correct, copies of the Marriage License and
 Certificate of Marriage of THOMAS, HENRY C. * & *BROOKS, DEBRA
 Male Born: April 15, 1942
 Female Born: April 17, 1961

as the same now appear of record in the Marriage Records in my office.

IN WITNESS WHEREOF, I have hereto subscribed my name and
 affixed the seal of said court, at Crown Point, Indiana,
 on this 18 day of May, 2007

Thomas R. Philpot
 Clerk Lake Circuit Court
Paula Morales
 Deputy

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000216

EDR No 00000322984

State No

1. Decedent's Legal Name (First, Middle, Last) HENRY CLEVELAND THOMAS SR				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:53 PM		4. Date Of Death (Month/Day/Year) 04/28/2013			
5. Social Security Number 417-54-3354		6a. Age - Yrs 71		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) 04/15/1942				8. Birthplace (City and State or Foreign Country) BESSMER, AL									
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"/> Hospice Facility <input 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) METHODIST HOSPITAL NORTHLAKE													
12. City Or Town, State, And Zip Code GARY, IN, 46402						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name DEBRA THOMAS				15a. (If Wife) Give Maiden Last Name SMITH				16. Decedent's Usual Occupation ASSEMBLER		17. Kind Of Business/Industry FACTORY			
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY		18c. Street And Number 863 FLOYD STREET			
18d. Apt. No.		18e. Zip Code 46403		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) FEASER THOMAS				23. Mother's Name (First, Middle, Last) LEOLA THOMAS				23a. Mother's Maiden Last Name UNKNOWN					
24. Informant's Name DEBRA THOMAS				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 863 FLOYD STREET, GARY, IN 46403					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY				25c. Location - City, Town, And State CHICAGO HEIGHTS, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408				27a. Funeral Home License Number: FH10500021					
27b. Signature Of Indiana Funeral Service Licensee: YOLANDA SMITH, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20000361				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. CARDIO PULMONARY FAILURE 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____					
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given In Part I CARDIO PULMONARY FAILURE				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 checked="" type="checkbox"/> Probably <input 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: FAIZUDDIN SHAREEF, 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: FAIZUDDIN SHAREEF, 2640 HAMTRUM RD, PORTAGE, IN 46368						44. License Number 02003711A		45. Date Certified 05/15/2013					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 16 2013							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)