

2013 090226

2013 DEC -9 PM 1:46

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Leona J. Bramlet, of adult age, being first duly sworn, upon deposes and says:

That Leona J. Bramlet, is the Wife of Wilbur D. Bramlet, deceased, who died on 02/21/2013 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from John A. Lesich and Nellie P. Lesich recorded May 22, 1973 as Document No. 202786 in the Office of the Office of the Recorder of Lake County, Indiana.

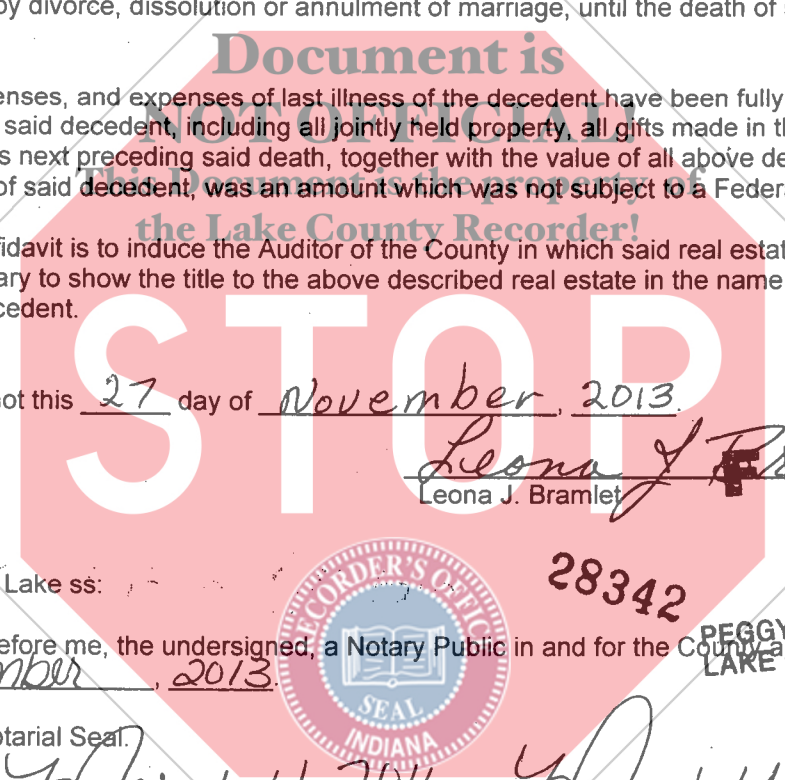
That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Leona J. Bramlet, surviving spouse of the decedent.

And further affiant sayeth not this 27 day of November, 2013.

Leona J. Bramlet  
Leona J. Bramlet



State of Indiana, County of Lake ss:

28342

DEC 09 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State of Indiana, this 27th day of November, 2013.

WITNESS my hand and Notarial Seal.

My Commission Expires: March 4, 2016

Michelle Strauch  
Signature of Notary Public

Michelle Strauch  
Printed Name of Notary Public

Lake, Indiana  
Notary Public County and State of Residence



This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

# 15.00  
M.E  
CASH

**LEGAL DESCRIPTION**

The East 60 feet of the West Half of the West Half of the Northwest Quarter of the Northwest Quarter of Section 1, Township 35 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana; Excepting therefrom the South 528.00 feet; Also excepting therefrom that part thereof lying North of a line being 87.50 feet Northwesterly of and parallel to the existing centerline of Taxiway "A" of Griffith-Merrillville Airport extended Easterly; the parcel described above being more particularly described as follows: Commencing at the Northeast corner of said West Half of the West Half of the Northwest Quarter of the Northeast Quarter of said Section 1; thence along the East line of said West Half of the West Half of the Northwest Quarter of the Northeast Quarter of Section 1, South 00°06'40" West, a distance of 888.71 feet to the point of beginning of this description, said point being on the North line of Airport addition per the plat recorded in Plat Book 62, page 51 in the Office of the Recorder of Lake County, Indiana, said point also being the Southeast corner of Parcel II per a Quit Claim Deed recorded in the Office of the Recorder of Lake County, Indiana per Instrument No. 2012-075875, said point also being the Southeast corner of the parcel described in a Warranty Deed recorded in the Office of the Recorder of Lake County, Indiana per Instrument No. 202786; thence along the South line of said Parcel II per Quit Claim Deed No. 2012-075875, also being along the South line of the parcel per Warranty Deed No. 202786, and also being along the North line of the aforesaid Airport addition, South 88°22'53" West, a distance of 60.03 feet to the Southwest corner of said parcel per Warranty Deed No 202786; thence along West line of said parcel per Warranty Deed No. 202786, North 00°06'40" East, a distance of 70.71 feet to a point on a line being 87.50 feet Northwesterly of and parallel to the existing centerline of Taxiway "A" of Griffith-Merrillville Airport extended Easterly; thence along said parallel line, North 80°15'20" East, a distance of 60.90 feet to a point being on the East line of the parcel per Warranty Deed No. 202786, said point also being on the East line of the West Half of the West Half of the Northwest ¼ of the Northeast ¼ of aforesaid Section 1; thence along said East line, South 00°06'40" West a distance of 79.32 feet to the point of beginning of this description, containing 0.10 acres, more or less.

Tax ID Number(s):  
39-51-0001-0019



45-11-01-200-003.000-033



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No 000663

EDR No 00000308899

State No 009196

1. Decedent's Legal Name (First, Middle, Last) <b>WILBUR DON BRAMLET</b>			1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>10:44 AM</b>	4. Date Of Death (Month/Day/Year) <b>02/21/2013</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>74</b>	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) <b>03/06/1938</b>		8. Birthplace (City and State or Foreign Country) <b>MOUNT GROVE, MO</b>
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 checked="" 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 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) <b>MUNSTER COMMUNITY HOSPITAL</b>								
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46320</b>				13. County Of Death <b>LAKE</b>		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 <b>LEONA J BRAMLET</b>			15a. (If Wife) Give Maiden Last Name <b>PHIPPS</b>		16. Decedent's Usual Occupation <b>OPERATING ENGINEER LOCAL 150</b>		17. Kind Of Business/Industry <b>HEAVY EQUIPMENT OPERATOR</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GRIFFITH</b>		18d. Apt. No.		18e. Zip Code <b>46319</b>
18c. Street And Number <b>1543 EAST MAIN STREET</b>						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>EMMETT BRAMLET</b>			23. Mother's Name (First, Middle, Last) <b>RUBY BRAMLET</b>			23a. Mother's Maiden Last Name <b>SELLARS</b>		
24. Informant's Name <b>LEONA J BRAMLET</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1543 EAST MAIN STREET, GRIFFITH, IN 46319</b>				
25. Place Of Disposition								
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) <b>SOLAN PRUZIN CREMATORY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number: <b>FH10200037</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>DEAN G WAGNER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08800057</b>		
Cause Of Death (See Instructions And Examples)								
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. <b>CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of):								
B. <b>CORONARY ARTERY DISEASE</b> Due to (Or As A Consequence Of):								
C. <b>PNEUMOTHORAX</b> Due to (Or As A Consequence Of):								
D. <b>PARKINSONS</b>								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								
<b>HYPERTENSION</b>								
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			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: <b>JOSEPH C. LEGASPI, BY ELECTRONIC SIGNATURE</b>						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: <b>JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321</b>						44. License Number <b>01059155A</b>		45. Date Certified <b>02/22/2013</b>
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 25 2013</b>		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								