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AFFIDAVIT OF HEIRSHIP

2014 001520

THE STATE OF INDIANA 0
 0 KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF LAKE 0

BEFORE ME, the undersigned authority, on this day personally appeared FLORENCE SADLER, AUNT of JEROME V BROWN (deceased), who upon his/her oath, did depose and state the following:

“My name is FLORENCE SADLER, and I reside at 574 Johnson Street, Gary, Indiana 46402. I am the AUNT of JEROME V BROWN and am qualified to make this affidavit.

“The above named decedent, JEROME V BROWN died intestate on July 21, 2012. At the time of his death, the decedent was domiciled in Dallas County, Texas, and resided at 1011 E. ANN ARBOR AVE, DALLAS TX 75216. No administration was had upon his estate nor was any necessary. No estate or inheritance taxes were due upon the death of JEROME V BROWN.

“In excess of forty-five (45) days have elapsed since the death of the decedent.

“No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

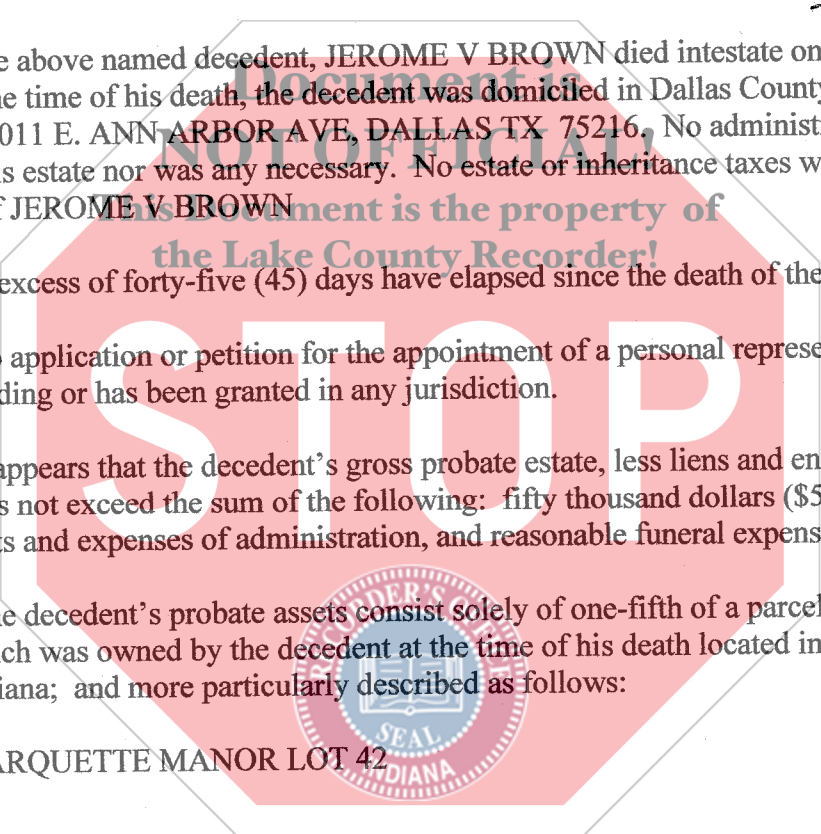
“It appears that the decedent’s gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.

“The decedent’s probate assets consist solely of one-fifth of a parcel of real estate which was owned by the decedent at the time of his death located in Lake County, Indiana; and more particularly described as follows:

MARQUETTE MANOR LOT 42

16882

More commonly known as 6600 ASH PLACE, GARY INDIANA 46403



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 23 AM 9:33
MICHAEL J. BROWN
RECORDER

FILED

DEC 11 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$18
non conf
2124 8471 237
EB

“There are no children under the age of eighteen (18) years of age so IC 29-1-4-1 does not apply to this estate.

“The individuals entitled to the estate, including real estate, as a result of the decedent’s death is MAGELINE JOYCE BROWN, surviving spouse of JEROME V BROWN by way of intestate succession.

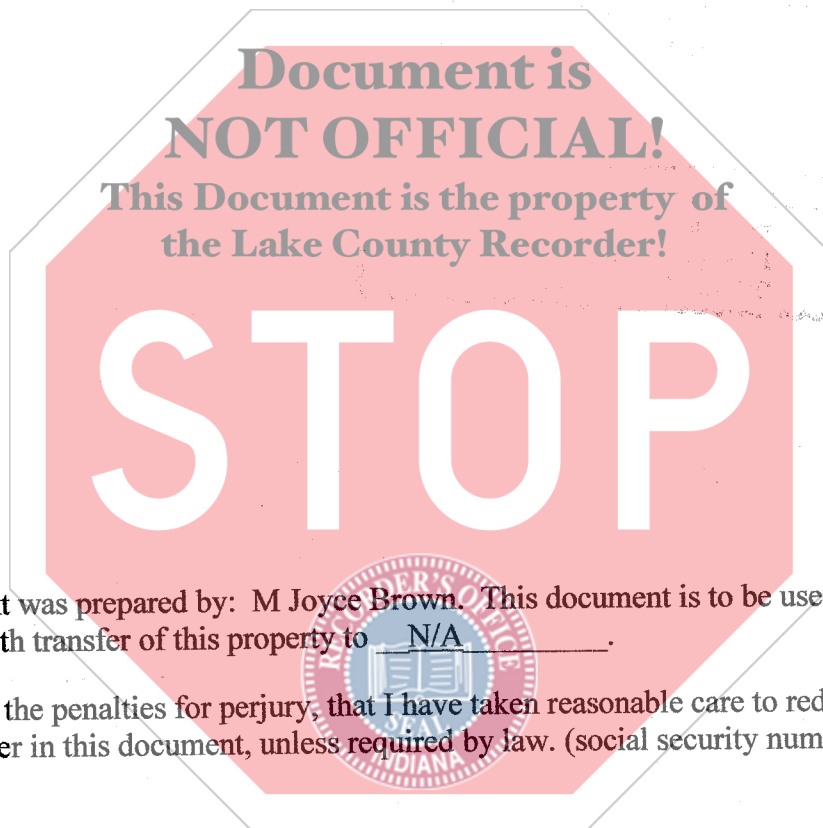
Florence M. Sadler
FLORENCE SADLER

Subscribed and sworn before me, a Notary Public, this 21st day of September 2013.

Ida Chatman
NOTARY PUBLIC

My commission expires: 9/29/2015
County of Residence: Lake





This instrument was prepared by: M Joyce Brown. This document is to be used only in conjunction with transfer of this property to N/A.

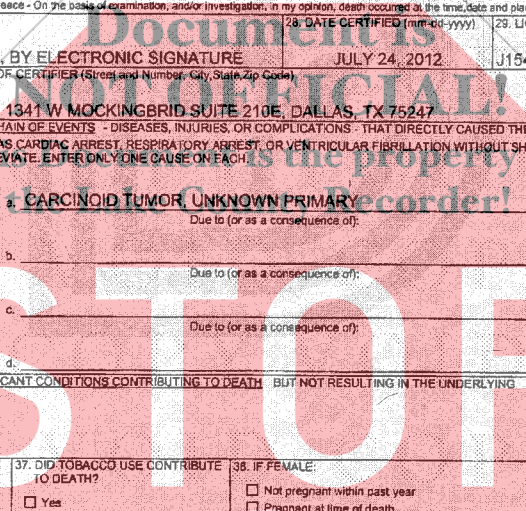
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (social security number not included)

CERTIFICATION OF VITAL RECORD

**CITY OF DALLAS, TEXAS
VITAL STATISTICS DIVISION**

STATE OF TEXAS		CERTIFICATE OF DEATH	STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JEROME VINCENT BROWN			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JULY 21, 2012	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) OCTOBER 9, 1948	5. AGE-Last Birthday (Years) 63	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min
7. SOCIAL SECURITY NUMBER [REDACTED]		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) M. JOYCE CHATMAN
10a. RESIDENCE STREET ADDRESS 1011 E. ANN ARBOR AVE.			10b. APT. NO.	10c. CITY OR TOWN DALLAS
10d. COUNTY DALLAS		10e. STATE TEXAS	10f. ZIP CODE 75216	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME BERNARD BROWN		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSA MARIE SADLER		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
14. COUNTY OF DEATH DALLAS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) DALLAS, 75216		16. FACILITY NAME (If not institution, give street address) 1011 E. ANN ARBOR AVE.
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED M. JOYCE BROWN - WIFE		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1011 E. ANN ARBOR AVE., DALLAS, TX 75216		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAUDIA L. YELLOTT, BY ELECTRONIC SIGNATURE - 12122		21. <input checked="" type="checkbox"/> Unknown Section Block Lot Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) UT SOUTHWESTERN MEDICAL SCHOOL		23. LOCATION (City, Town, and State) DALLAS, TX		
24. NAME OF FUNERAL FACILITY UT SOUTHWESTERN AS FUNERAL DIRECTOR		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 5323 HARRY HINES BLVD, DALLAS, TX 75390		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.				
27. SIGNATURE OF CERTIFIER TAMARA MCGREGOR, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JULY 24, 2012	29. LICENSE NUMBER J1544	30. TIME OF DEATH (Actual or presumed) 06:40 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) TAMARA MCGREGOR 1341 W MOCKINGBRID SUITE 210E, DALLAS, TX 75247			32. TITLE OF CERTIFIER MD	
33. PART 1. 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 EACH.				Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARCINOID TUMOR, UNKNOWN PRIMARY Due to (or as a consequence of):				6 MONTHS
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):				
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	38. 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 one year before death <input type="checkbox"/> Unknown, if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO. 0205478	42b. DATE RECEIVED BY LOCAL REGISTRAR JULY 24, 2012	42c. REGISTRAR REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED		
EDR NUMBER 000001172378				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.198)



SF1788072

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED **AUG 16 2012**

S. Renee Clay
S. Renee Clay, Registrar
Bureau of Vital Statistics
City of Dallas, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

