

2  
3

2013 090597

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2013 DEC 10 PM 3:01  
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

2014 003492

**AFFIDAVIT OF SURVIVORSHIP**

MISHAEL S. BROWN, being duly sworn upon her oath, states:

That she is the fee simple of real estate located in Lake County, Indiana, described as follows:

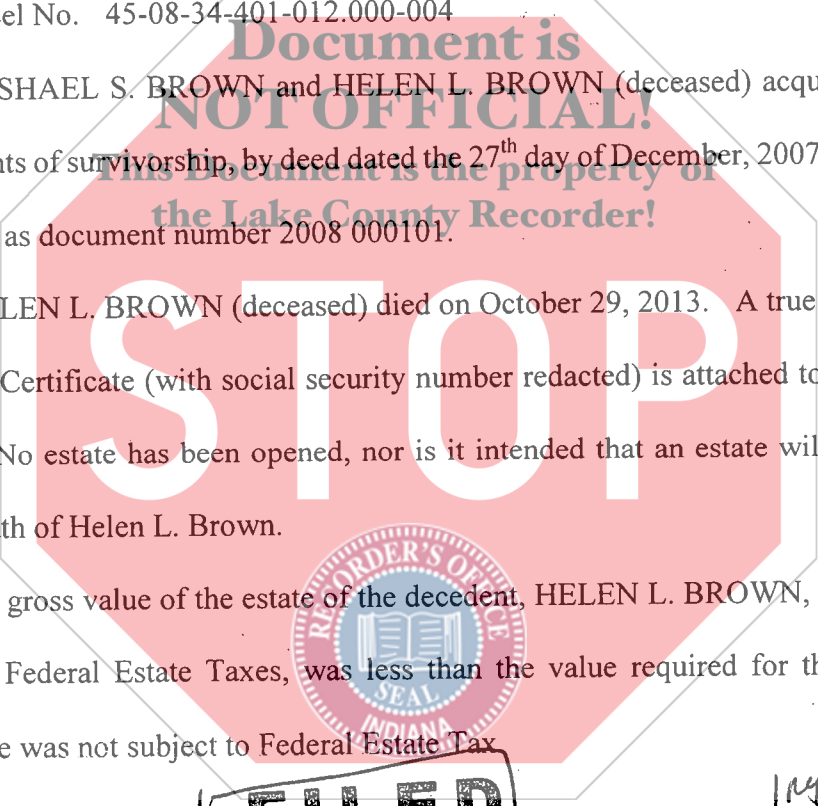
Lot 16 in Morningdale Subdivision, in the City of Gary, Lake County, Indiana.  
Commonly known as 4920 Rhode Island Street, Gary, Indiana 46409.  
Tax Parcel No. 45-08-34-401-012.000-004

That MISHAEL S. BROWN and HELEN L. BROWN (deceased) acquired title as joint tenants with rights of survivorship, by deed dated the 27<sup>th</sup> day of December, 2007, and recorded on January 2, 2008 as document number 2008 000101.

That HELEN L. BROWN (deceased) died on October 29, 2013. A true copy of Helen L. Brown's Death Certificate (with social security number redacted) is attached to this Affidavit of Survivorship. No estate has been opened, nor is it intended that an estate will be opened, as a result of the death of Helen L. Brown.

That the gross value of the estate of the decedent, HELEN L. BROWN, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

RE-RECORDED TO ADD DEATH CERTIFICATE



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 JAN 17 PM 12:12  
MICHAEL B. BROWN  
RECORDER

**FILED**

JAN 17 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**FILED**

DEC 10 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

00164

16<sup>00</sup>  
IM 22 5451  
E RM  
13.00  
225304

AD E

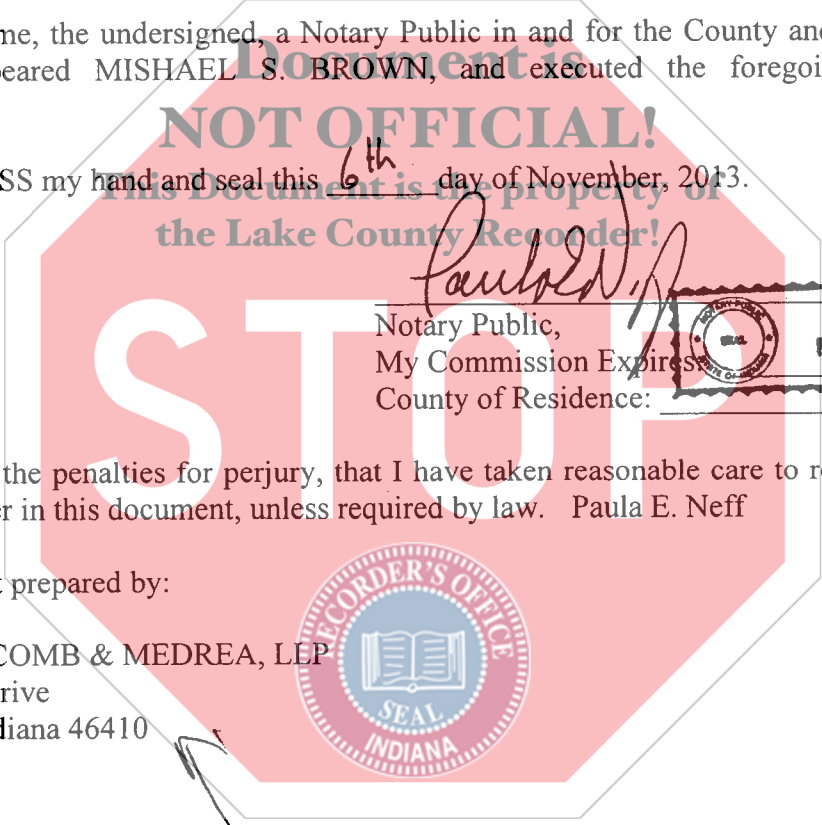
That the decedent, HELEN L. BROWN's estate was not subject to Indiana Inheritance Tax.

Mishael Brown  
MISHAEL S. BROWN

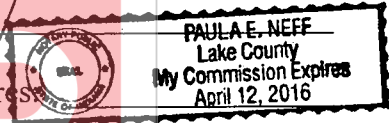
STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared MISHAEL S. BROWN, and executed the foregoing Affidavit of Survivorship.

WITNESS my hand and seal this 6<sup>th</sup> day of November, 2013.



Paula E. Neff  
Notary Public,  
My Commission Expires \_\_\_\_\_  
County of Residence: \_\_\_\_\_



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. Paula E. Neff

This instrument prepared by:  
Paula E. Neff  
LUCAS, HOLCOMB & MEDREA, LEP  
300 East 90<sup>th</sup> Drive  
Merrillville, Indiana 46410  
(219) 769-3561





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1081583

Local No 000521

EDR No 00000351921

State No

1. Decedent's Legal Name (First, Middle, Last) <b>HELEN LOIS BROWN</b>				1a. Maiden Name (If female) <b>JOHNS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:00 AM</b>	4. Date Of Death (Month/Day/Year) <b>10/29/2013</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>83</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>01/17/1930</b>		8. Birthplace (City and State or Foreign Country) <b>BLOOMINGTON, IN</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 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 checked="" 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>4920 RHODE ISLAND STREET</b>									
12. City Or Town, State, And Zip Code <b>GARY, IN, 46409</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>[REDACTED]</b>			15a. (If Wife) Give Maiden Last Name <b>[REDACTED]</b>			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>				
18c. Street And Number <b>4920 RHODE ISLAND STREET</b>						18d. Apt. No.	18e. Zip Code <b>46409</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>EARL JOHNS</b>				23. Mother's Name (First, Middle, Last) <b>DOCIA JOHNS</b>			23a. Mother's Maiden Last Name <b>DEFORD</b>		
24. Informant's Name <b>MICHAEL BROWN</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4920 RHODE ISLAND STREET, GARY, IN 46409</b>				
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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>RIDGELAWN CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408</b>					27a. Funeral Home License Number: <b>FH10200007</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD21100051</b>			
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)								Approximate Interval: Onset To Death	
A. <b>ADVANCED ADENOCARCINOMA OF THE COLON</b>								YEARS	
B. _____								Due to (Or As A Consequence Of):	
C. _____								Due to (Or As A Consequence Of):	
D. _____								Due to (Or As A Consequence Of):	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
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 type="checkbox"/> No <input checked="" 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: <b>LYLE R MUNN, 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>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>11/08/2013</b>	
46. Additional Funeral Service Provider:						47. *Alias:			
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 12 2013</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.

