

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 026180

2014 MAY -9 AM 9:05

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MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 7 day of May, 2014, before me personally appeared Eddie Brown to me personally known who being sworn on oath did say that:

1. Eddie J. Brown resides at 3823 Deal Street, East Chicago, Indiana.
2. Affiant is the owner of the real property located at 3823 Deal Street, East Chicago, Indiana 46312
3. Said premises was formerly owned by Eddie J. Brown and Essie B. Brown as husband and wife.
4. Said Essie B. Brown died testate on April 25, 2007.
5. The legal description of the premises in question is:
2nd Addition Indiana Harbor Lot 12 Block 9
6. There is no Federal Estate or State inheritance tax liability by reason of the death of the decedent.
7. Affiant was the husband of the deceased at the time of her death.

LETICIA DELAGARZA
Notary Public - Seal
State of Indiana
My Commission Expires Sep 20, 2020

Signature: [Signature]
Printed Name: Eddie J. Brown
Address: 3823 Deal Street
East Chicago, IN 46312

State of Indiana)
)SS:
County of Lake)

Subscribed and sworn to before me, a Notary Public in and for said, by the affiant, Eddie J. Brown, this 7 day of May, 2014.
Witness my hand and official seal.

My Commission Expires: Sept. 20 2020
Notary Public [Signature]
County of Residence Lake

This instrument was prepared by: Fred S Flores, Attorney at Law, 2109 Broadway, PO Box 3656, East Chicago, IN 46312.

FILED

MAY 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CL 3008
DN

ATTENTION ESTATE: The Social Security Administration is requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 2274

CERTIFICATE OF DEATH

Date Issued 04/27/07 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Essie B. Brown				2. SEX Female		3a. TIME OF DEATH 5:07A. M		3b. DATE OF DEATH (Month, Day, Yr.) April 25, 2007			
4. *SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) 75		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo, Day, Yr.) November 1, 1931			
7a. WAS DECEASED A U.S. VETERAN? No		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		7. BIRTHPLACE (City and State or Foreign Country) Midway, Alabama							
8a. FACILITY NAME (If not institution, give street and number) St. Margaret Hospital				8b. CITY, TOWN, OR LOCATION OF DEATH Hammond		8c. COUNTY OF DEATH Lake					
9a. MARITAL STATUS (Specify) Married		9b. SURVIVING SPOUSE (If wife, give maiden name) Eddie J. Brown, Sr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dietary Aide (retired)			12b. KIND OF BUSINESS/INDUSTRY Hospital				
10. RESIDENCE—STATE Indiana		10b. COUNTY Lake		10c. CITY, TOWN, OR LOCATION East Chicago			10d. STREET AND NUMBER 3823 Deal Street				
11a. ZIP CODE 46312		11b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		11c. CITIZEN OF WHAT COUNTRY? USA		11d. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		11e. RACE—American Indian, Black, White, etc. (Specify) Black			
11f. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		11g. DECEASED'S EDUCATION (Specify only highest grade completed) 8th		18. FATHER'S NAME (First, Middle, Last) Johnnie Brooks, Sr.							
11h. MOTHER'S NAME (First, Middle, Maiden Surname) Pearlie Cobb		20a. INFORMANT'S NAME (Type/Print) Eddie J. Brown, Sr				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3823 Deal St. East Chicago, IN 46312		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 5, 2007 Nero Baptist Church Cemetery				21c. LOCATION—City or Town, State Midway, Alabama			
22a. EMBALMER'S NAME Tracy Cheri Williams				22b. EMBALMER'S LICENSE NO. FD08600238		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>				24b. LICENSE NUMBER (of Licensee) FD08600238		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4857 Alexander Avenue East Chicago, IN 46312 FH830015					
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Metastatic Cancer - unknown primary						Approximate Interval Between Onset and Cause of Death weeks			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. Sepsis						3 days			
		c. _____									
		d. _____									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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 as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. 01644357A		29d. DATE SIGNED (Month, Day, Yr.) 4/27/07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20a) (Type/Print) David Blanke 4570 Hamilton Ave Hammond IN (April) 46320											
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) May 1, 2007			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED				
			34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.							