Mail tax statement to: BECORDIAND RESUMENCE

LULA P. BROWN
7928 CAREY STREET
EAST CHICAGO # 46312 IN 46312
File No. 2301-202718

This document prepared by: HOWARD W. ANDERSON, III, ESQ. 402-3 PENDLETON ROAD

CLEMSON, SC 29633 866-333-3081

Tax ID No.: 45-03-33-204-025.000-024

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 AUG 22 AM 9: 09

MICHAEL B. BROWN RECORDER

Return/Mail to: NCS / PTC 9087 Foothills Blvd., Ste. 700 Roseville, CA 95747

AFF	IDAVIT	OF	CONTINUOUS	MARRIAGE

STATE OF HLLINOIS

COUNTY OF LAKE, TO-WIT:

BEFORE ME, the undersigned authority duly authorized in the State and City/County aforesaid to take acknowledgements, on this ______ day of ________, 20/________, personally appeared LULA P. BROWN (hereinafter known as the "Affiant") who, being first duly sworn, depose and say:

(1) THAT Affiant is the record title holder of the following described property, as evidenced by that Deed recorded in Deed DOCUMENT NO. 210724, among the land records of LAKE County, ILLINOTS, to-wit: IN

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION.

(2) THAT Affiant and ROOSEVELT L. BROWN were married prior to 07/11/1973, the date of their acquisition of title to the afore-described property, and have remained continuously married, without interruption by divorce, up until the date of death of ROOSEVELT L. BROWN who died 01/31/2011.

(3) THAT Affiant gives this Affidavit for the purpose of inducing PREMIER REVERSE CLOSINGS to issue its policy or policies insuring the title to said property without exception(s) to encumbrance(s) which possibly could have arisen in the event of divorce and said Affiant does hereby agree to indemnify and hold PREMIER REVERSE CLOSINGS harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement. enforcement of its rights under this agreement.

FURTHER THE AFFIANT SAYETH NAUGHT. AUG 2 1 2014 PEGGY HOLINGA KATONA STATE OF ILLINOIS LAKE COUNTY AUDITO 014515 COUNTY OF Sworn to before me this Notary Public My Commission Expires: CASH _ CHARGE CHECK #. 10 25 OVERAGE. COPY_ NON-COM. ANGELA MANFRE Notary Public-State of Indiana CLERK _

My Comm. Exp. Aug. 2, 2020

INDIVIDUAL ACKNOWLEDGMENT

On this the	•	INDIANA SS. LAKE
personally known to me – OR – If proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated. Notary Public - Seal State of Indiana My Commission Expires Aug 2, 2020 This Document State State of Notary Public Signature of Notary Public Angela Manfre Other Required Information (Printed Name of Notary, Residence, etc) Place Notary Seal and/or Any Stamp Above OPTIONAL Although the information in this section is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document: Number of Pages: Number of Pages:	On this the day of Day me, Angela Manfre' Name of Notary F	Month Year , the undersigned Notary
to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated. Notary Public - Seal State of Indiana My Commission Expires Aug 2, 2020 OF UNITNESS my hand and official seal. DO WITNESS my hand and official seal. Signature of Notary Public the Lake County Recorder! Angela Manfre' Other Required Information (Printed Name of Notary, Residence, etc) Place Notary Seal and/or Any Stamp Above OPTIONAL Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document: Number of Pages:		Name(s) of Signer(s)
subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated. ANGELA MANFRE Notary Public - Seal State of Indiana My Commission Expires Aug 2, 2020 This Document Signature of Notary Public This Document Signature of Notary Public The Lake County Recorder! Angela Manfre' Other Required Information (Printed Name of Notary, Residence, etc) Place Notary Seal and/or Any Stamp Above OPTIONAL Although the information in this section is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document: Number of Pages:	i	proved to me on the basis of satisfactory
Title or Type of Document Document Date: Number of Pages: Angela Manfre' Other Required Information (Printed Name of Notary, Residence, etc) Place Notary Seal and/or Any Stamp Above OPTIONAL Although the information in this section is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Title or Type of Document: Number of Pages:	ANGELA MANFRE Notary Public - Seal State of Indiana	subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.
Although the information in this section is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document:		County Recorder! Angela Manfre'
It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document:		
	Although the information in this s It may prove valuable to persons could prevent fraudulent removal to another document. Description of Attached Docum Title or Type of Document: Document Date:	ection is not required by law, relying on the document and and reattachment of this form Right Thumbprint of Signer Top of thumb here

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00	ሀሪላወ		EDR No ()	000001	LANAC	<u>) </u>		State	=	- ath	A Date Of	Death (Month/Day/Year
cedent's Legal Name (First, Middle, La	() ()		1a. Mai	den Name (If fema	ele)		2. Sex	1	Time Of D			01/31/2011
SEVELT L BROWN			1 Month 6d. Under	1 Day 6e. Un	nder 1 Hour	7. Date o	MAL FBirth (Mont	E √DaynYear)	06:30 8. Birth	PM place (City	and State o	r Foreign Country)
cial Security Number 6a. Age - Yrs	6b. Under 1 Ye	ar 6c. Under		Minutes			07/09/19		1	EWAT!	ER, AL	
81	Months eath Occurred in A I	Days lospital:	Hours	10a. If	f Death Occur	red Some	where Other T	han A Hosp	ital		n Care Facili	tv
er in U.S. Armed Forces? 10. If Ones			utpatient 🔲 Dead o	Hos on Arrivel ☐ Oth	spice Facility ther (Specify)	LI De	cedent's Hom	e Live	IISKIY FIOLI	ercong tota		
manufactural China	reat and Number)											
LIAM J. RILEY MEMORIA Total Or Town, State, And Zip Code	AL RESIDEN	CE, HOSP	ICE		13. County C	of Death					itus At Time	Of Death ut Separated Divorc
•				l,	LAKE					Widowed	☐ Neve	er Married LI Unknown
NSTER, IN, 46321			15a. (II Wife)G	ive Malden Last Na		•	16. Decede	nt's Usual C	ecupation		17. Kind	Of Business/Industry
			DOWDEL	i			WELDE	3			LTV ST	FEEL COMPANY
A BROWN Residence - State		IBa. County	IDONIDEE	18b	b. City Or To	W/I						
DIANA	L	AKE		EA	ST CHIC	AGO	—Т	18d. Apt.	No.	18e. Zip	Code	18f. Inside City Limit
Street And Number							l			46	2010	☑ Yes ☐ No
8 CAREY STREET		1 80 8 10 4 1	Of Lifenonia Origin		21.	Decedents	Race			40	3312	<u></u>
Decedent's Education		ì	Ol Hispanic Origin		i		ican Ame	rican				
1 - 12TH GRADE; NO DII Father's Name (First, Middle, Last)	PLOMA	NOT HISE	PANIC	23. Mo	J Blac Jother's Name	(First, Mid	dle, Last)			23a.	. Mother's Ma	alden Last Name
					JE THON	/AS				BYF	RD	
ARENCE BROWN		24a. Rela	ationship To Deceder	nt 24b. N	Malling Addre	ss (Street	And Number,				•	•
A BROWN		WIFE				STRE	ET, EAS	T CHIC	AGO,	IN 4631	2	
Method Of Disposition	25	b. Place Of Dispo	osition (Name Of Ce	25. Place Of Di metery, Crematory	esposition y, Other Place	25c.	Location - City	, Town, And	Stale			
Burial 🗌 Cremation 🔲 Donation 🗀	Entombment		Doc	ume	nt	10						
Removal From State Other (Specify):	27. Name And Co	VERGREE	N MEMORIAL	LPARK		HO	BART, IN	<u> </u>			27a. Ft	neral Home License Nur
	97 Name And Ch											
Was Coroner Contacted?	HINTON & V	VILLIAMS F	FUNERAL HO	OME, INC. (L	LAKE), 4	859 AL	EXANDE	RAVE	, EAST		FH83	001520
J Yes ☑ No 5. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 18. Part I. Enter The Chain Of Events 18. Part I. Enter The Chain Of Events 18. Part I. Enter The State Respiratory	HINTON & V CHICAGO, I Licensee: BY ELECTE - Diseases, Injury Arrest, Or Ventrici	VILLIAMS F N 46312 RONIC SIG	NATURE C	nt is tl	he mi	d Exemp	est ty	7c. Licenso D08600	Number (Of Licenses		Approximate Interval: Ons To Death
J Yes ☑ No 5. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 18. Part I. Enter The <u>Chain Of Event</u> Such As Cardiac Arrest, Respiratory 1. Line. Add Additinal Lines if Neces	HINTON & V CHICAGO, I a Licensee: BY ELECTF a - Diseases, Inju Arrest, Or Ventrice sary.	VILLIAMS F N 46312 RONIC SIG ries, Or Complication Value Fibrillation Value In Death)	NATURE Cause of E ations - That Direc without Showing Ti	nt is tl	ructions And Death, Do No Not Abbrevia	d Example of Enter To te. Enter C	es) erminal Even	Pro. License D08600 hts use On	Number (Of Licenses		Approximate Interval: Ons To Death
. Was Coroner Contacted? ☐ Yes ☑ No b. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS . 28. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines If Neces Immediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last	HINTON & V CHICAGO, I s Licenses, BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The C Disease Or Injur	VILLIAMS F N 46312 RONIC SIG ries, Or Complication Value Fibrillation Value In Death)	NATURE Cause of E cations - That Direc Without Showing Ti A. END ST B. C.	Death (See Instruction Caused The Dine Ethology, Do N	ructions And Death, Do No Not Abbrevia	d Example of Enter Tree. Enter C	eminal Even Only One Cal	Proc. License D08600 Als use On	Number (Of Ucenses		Approximate Interval: Ons To Death LESS THAN 3
J Yes ☒ No b. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 18. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines if Neces Immediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last	HINTON & V CHICAGO, I s Licenses, BY ELECTE - Diseases, Inju Arrest, Or Ventrices sary. Condition Resultin Leading To The C (Disease Or Injur	VILLIAMS F N 46312 RONIC SIG Ides, Or Complication Village in Death) ag in Death)	NATURE Cause of It autons - That Direc without Showing Ti A. END ST B. C.	Death (See Instrict) Lity Caused The Death Eliology. Do N	ructions And Death, Do No Not Abbrevial	d Example of Enter Title. Enter Control of En	Fig. 1 Page 1 Pa	Proc. License Pr	e Number (Of Licenses	e):	Approximate Interval: Ons To Death LESS THAN 3 MONTHS
Yes No b. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS ge. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines if Necess mmediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last art II. Enter Other Significant Conditions	HINTON & V CHICAGO, I s Licenses, BY ELECTF - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The Co (Disease Or Injur	VILLIAMS F N 46312 RONIC SIG ries, Or Complicates, Or Complica	NATURE Cause of E cations - That Direct without Showing Ti A. END ST B. C. D.	Death (See Instrict) AGE CONGESTION TO Cause Givin In F	ructions Am Death, Do No Iot Abbrevial IVE HEART	d Example the Enter Tree. Enter Country Due to (Due to (23. V	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d?	Of Licenses	es 🗵 l	Approximate Interval: Ons To Death LESS THAN 3 MONTHS
J Yes ☑ No D. Signature Of Indiana Funeral Service ACY CHERI WILLIAMS 8. Part I. Enter The Chain Of Eventuch As Cardac Arrest, Respiratory Line. Add Additinal Lines if Neces minediate Cause (Final Disease Or Sequentially List Conditions, If Any, ine A. Enter The Underlying Cause The Events Resulting In Death) Last Int II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea	HINTON & V CHICAGO, I s Licenses, BY ELECTF - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The Co (Disease Or Injur Contributing to Das	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) Caused The Death Ethology, Do N AGE CONGESTI	ructions Am Death, Do No Not Abbrevial IVE HEART	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? lanner Of lanner Of later 1 1 1 1 1 1 1 1 1	Of Ucenses	es 💆 i le Cause Of	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death?
J Yes ☑ No . Signature Of Indiana Funeral Service IACY CHERI WILLIAMS 8. Part I. Enter The Chain Of Event uch As Cardiac Arrest, Respiratory Line. Add Additinal Lines If Neces mediate Cause (Final Disease Or Sequentially List Conditions, If Any, ine A. Enter The Underlying Cause The Events Resulting in Death) Last If II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☑ Unfor	HINTON & V CHICAGO, I is licenses, BY ELECTF	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direct without Showing Ti A. END ST B. C. D.	Death (See Instrict) Caused The Death Ethology, Do N AGE CONGESTI	ructions Am Death, Do No Not Abbrevial IVE HEART	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	tra. License Do Se Constant Co	d?	Of Ucenses	BS SI to Cause Of	Approximate Interval: Ons To Death LESS THAN 3 MONTHS No Death? Yes Death? Y
J Yes ☑ No D. Signature Of Indiana Funeral Service ACY CHERI WILLIAMS B. Part I. Enter The Chain Of Eventuch As Cardiac Arrest, Respiratory Line. Add Additinal Lines If Neces minediate Cause (Final Disease Or Sequentially List Conditions, If Any, ine A. Enter The Underlying Cause The Events Resulting in Death) Last art II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unfor	HINTON & V CHICAGO, I is licenses, BY ELECTF	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) The Effology, Do N AGE CONGESTI The Crime of Death N The Death N T	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	tra. License Do Se Constant Co	d?	Of Ucenses	es	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death?
J Yes ☑ No D. Signature Of Indiana Funeral Service ACY CHERI WILLIAMS B. Part I. Enter The Chain Of Event uch As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Of Sequentially List Conditions, II Any, ine A. Enter The Underlying Cause The Events Resulting in Death) Last Int II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☑ Unkn D. Oate Of Injury (Montit/Day/Year)	HINTON & V CHICAGO, I is licensee. BY ELECTF	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) Caused The Death Ethology, Do N AGE CONGESTI	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	tra. License Do Se Constant Co	d?	Tycomplete The Complete The Com	es	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes NO COMPLETE
J Yes ☑ No D. Signature Of Indiana Funeral Service ACCY CHERI WILLIAMS B. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last It II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Date Of Injury (Month/Day/Year) Date Of Injury (Month/Day/Year)	HINTON & V CHICAGO, I is licensee. BY ELECTF	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) The Effology, Do N AGE CONGESTI The Crime of Death N The Death N T	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. Licenset Pr	d? Ozas d? Ilanier of tanier of t	Of Ucensee	es	Approximate Interval: Ons To Death LESS THAN 3 MONTHS No Death? Yes □ Percent Investigation of the P
J Yes ☑ No . Signature Of Indiana Funeral Service ACY CHERI WILLIAMS 8. Part I. Enter The Chain Of Event such As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Or sequentially List Conditions, If Any, ine A. Enter The Underlying Cause the Events Resulting In Death) Last if II. Enter Other Significant Conditions . Did Tobacco Use Contribute To Dea I Yes ☐ Probably ☐ No ☑ Unkn . Date Of Injury (Month/Day/Year) 3. Location Of Injury - State	HINTON & V CHICAGO, I is licensee. BY ELECTF	VILLIAMS F N 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) The Effology, Do N AGE CONGESTI The Crime of Death N The Death N T	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	Partition of Death Consequence of As A Consequ	Pro. Ucense Po 8600 cts use On coo on: see on:	d? d? d? disable To C lanner of t lanner o	Of Ucenses Of Uce	es	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes NO COMPLETE
J Yes ☒ No Signature Of Indiana Funeral Service ACY CHERI WILLIAMS ACY CHERI WILLIAMS Use A Serdiac Arrest, Respiratory Line. Add Additinal Lines If Neces Interpretation of Event Use A Service (Final Disease Or Requentially List Conditions, If Any, Inter A. Enter The Underlying Cause The Events Resulting In Death) Last Intil. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☒ Unker Date Of Injury (Month/Day/Year) Location Of Injury - State	HINTON & V CHICAGO, I a Licensee, BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The C (Disease Or Injur Contributing to Das th? 32. 10040 35.	VILLIAMS FN 46312 RONIC SIG:	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) The Effology, Do N AGE CONGESTI The Crime of Death N The Death N T	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. Licenset Pr	d? d? d? liable To C lanner of I like E1 like	Of Ucenses Yes Complete The C	BS SI THE CAUSE OF	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes D PROXED Investigating The Completing Th
Yes ☒ No Signature Of Indiana Funeral Service ACY CHERI WILLIAMS 3. Part I. Enter The Chain Of Event Line. Add Additinal Lines If Neces namediate Cause (Final Disease Or equentially List Conditions, If Any, ine A. Enter The Underlying Cause he Events Resulting In Death) Last If II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☒ Unkn Date Of Injury (Month/Day/Year) Location Of Injury - State Describe How Injury Occurred Signature, Of Person Certifying Cause	HINTON & V CHICAGO, I a Licenses. BY ELECTF - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The Co to (Disease Or Injur Conditional to Des	VILLIAMS FN 46312 RONIC SIGNATURE RONIC SIGNATURE RONIC SIGNATURE	NATURE Cause of E cations - That Direc Writhout Showing Ti A. END ST B. C. D. Ting in The Underlyin	Death (See Instrict) The Effology, Do N AGE CONGESTI The Crime of Death N The Death N T	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? transport reside [1] Residurat UNITY HI Transport reck Only thysician 44. Licen	Tyre complete The	BS SI THE CAUSE OF	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Yes AND COMPLETE 1979 Musy NI Work? Yes No 38d. Zip Code Other (Specify) Heath Officer 45. Date Certified
J Yes ☒ No Signature Of Indiana Funeral Service ACY CHERI WILLIAMS B. Part I, Enter The Chain Of Event uch As Cardiac Arrest, Respiratory Line. Add Additinal Lines If Neces namediate Cause (Final Disease Or equentially List Conditions, If Any, ine A. Enter The Underlying Cause the Events Resulting in Death) Last in II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☒ Unker Date Of Injury (Month/Day/Year) Location Of Injury - State D. Describe How Injury Occurred I. Signature, Of Person Certifying Car YLE R MUNN , BY ELEC J. Name, Address And Zip Code Of Per	HINTON & V CHICAGO, I a Licensee, BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The C (Disease Or Injur Contributing to Dea th? 35. 38a Jase Of Death: TRONIC SICerson Certifying Cau	VILLIAMS FN 46312 RONIC SIG:	FUNERAL HC NATURE Cause of I sations - That Direc without Showing Ti A. END ST B. C. D. Ting in The Underlyin set Year Programa 43 Days To 1 year Bel	Death (See Instrict) The Effology, Do N AGE CONGESTI To Cause Givin In P Titles of Death U 36b. Street 3	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? liable To C lanner of I like E1 like	TYCOMPLET THE CONTROL OF T	BS SI THE CAUSE OF	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes D PROXED Investigating The Completing Th
J Yes ☑ No 5. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 8. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory Value. Add Additinal Lines if Neces remediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last 1. Did Tobacco Use Contribute To Dea 1. Pola ☐ Probably ☐ No ☒ Unfor 1. Date Of Injury (Month/Day/Year) 3. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Cau YLE R MUNN, BY ELEC 3. Name, Address And Zip Code Of Put VI E R MILINN . 1190 NC	HINTON & V CHICAGO, I a Licensee, BY ELECTE - Diseases, Inju Arrest, Or Ventricesary. Condition Resultin Leading To The Co (Disease Or Injuri Contributing to Des	VILLIAMS FN 46312 RONIC SIG:	FUNERAL HC NATURE Cause of I sations - That Direc without Showing Ti A. END ST B. C. D. Ting in The Underlyin set Year Programma A Drays To 1 year Bel	Death (See Instrict) The Effology, Do N AGE CONGESTI To Cause Givin In P Time of Death U 36. Place Of 3	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? d? freshaurar Unity Hi Transport resk Only Trysical 44. Usen 010315	Tyre complete The	es S re Cause Of S re Cause Of S re Cause Of S recognition of S recognitio	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes No COMPLETE PAND COMPL
J Yes ☑ No Dissignature Of Indiana Funeral Service ACY CHERI WILLIAMS B. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last In II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn Did Tobacco Use Contribute To Dea J Yes ☐ Probably ☐ No ☑ Unkn J Yes ☐ Probably ☐ No ☑ U	HINTON & V CHICAGO, I is licensee; BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The O (Disease Or Injur Conditional Des	VILLIAMS F N 46312 RONIC SIGNIES, Or Complication V rigin Death) cause Listed On y That Initiated th But Not Result If Fernale: Not Prognant, But Prog Time Of Injury City Or Town ROAD 49,	FUNERAL HC NATURE Cause of E cause of E	Death (See Instrict) The Effology, Do N AGE CONGESTI To Cause Givin In P Time of Death U 36. Place Of 3	Part I Post I Program, Boll Indigning (E.G., Injury (E.G.	d Exemple of Enter Country of En	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? d? freshaurar Unity Hi Transport resk Only Trysical 44. Usen 010315	Of Ucenses Of Uce	BS SI THE CAUSE OF	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes No COMPLETE PAND COMPL
J Yes ☒ No 5. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 18. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory I. Line. Add Additinal Lines if Neces Immediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last	HINTON & V CHICAGO, I is licensee; BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The O (Disease Or Injur Conditional Des	VILLIAMS FN 46312 RONIC SIGNATURE SIGNATURE SROAD 49,	NATURE Cause Off	Death (See Instrict) The Ellology. Do N AGE CONGESTI To Cause Givin In P ATTIME Of Death U 36. Place Of 38b. Street 3	Part I Post I Not Program, Brit Underward, Bright Not Program, Brit Underward, Brit 3. Number	be Example to Enter Title. Enter Title. Enter Title. Enter Courte (courte for the total and the tota	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? d? freshaurar Unity Hi Transport resk Only Trysical 44. Usen 010315	Of Ucenses Of Uce	es 💆 i ve Cause Of life Cause	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes No COMPLETE PAND COMPL
J Yes ☑ No 5. Signature Of Indiana Funeral Service RACY CHERI WILLIAMS 8. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Or Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting In Death) Last 1. Did Tobacco Use Contribute To Dea 1. Did Tobacco Use Contribute To Dea 1. Oate Of Injury (Month/Oay/Year) 5. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Cau YLE R MUNN , BY ELEC 3. Name, Address And Zip Code Of Provider 1. Signature of Local Health Officer. 1. Signature of Local Health Officer.	HINTON & V CHICAGO, I is licensee; BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The O (Disease Or Injur Conditional Des	VILLIAMS FN 46312 RONIC SIGNATURE SIGNATURE SROAD 49,	FUNERAL HC NATURE Cause of E cause of E	Death (See Instrict) The Ellology. Do N AGE CONGESTI To Cause Givin In P ATTIME Of Death U 36. Place Of 38b. Street 3	Part I Post I Not Program, Brit Underward, Bright Not Program, Brit Underward, Brit 3. Number	be Example to Enter Title. Enter Title. Enter Title. Enter Courte (courte for the total and the tota	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? d? freshaurar Unity Hi Transport resk Only Trysical 44. Usen 010315	Of Ucenses Of Uce	es 💆 i ve Cause Of life Cause	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes No COMPLETE PAND COMPL
I Yes INO I. Signature Of Indiana Funeral Service ACY CHERI WILLIAMS B. Part I. Enter The Chain Of Event such As Cardiac Arrest, Respiratory Line. Add Additinal Lines if Neces mediate Cause (Final Disease Or Sequentially List Conditions, If Any, ine A. Enter The Underlying Cause The Events Resulting In Death) Last II. Enter Other Significant Conditions Did Tobacco Use Contribute To Dea Yes ☐ Probably ☐ No ☑ Unkn Date Of Injury (Month/Day/Year) Location Of Injury - State Describe How Injury Occurred S. Describe How Injury Occurred S. Signature, Of Person Certifying Cay YLE R MUNN , BY ELEC Name, Address And Zip Code Of Provider YLE R MUNN , 1190 NC B. Additional Funeral Service Provider C. Signature of Local Health Officer:	HINTON & V CHICAGO, I is licensee; BY ELECTE - Diseases, Inju Arrest, Or Ventrice sary. Condition Resultin Leading To The O (Disease Or Injur Conditional Des	VILLIAMS FN 46312 RONIC SIGNATURE SIGNATURE SROAD 49,	NATURE Cause Off	Death (See Instrict) The Ellology. Do N AGE CONGESTI To Cause Givin In P ATTIME Of Death U 36. Place Of 38b. Street 3	Part I Post I Not Program, Brit Underward, Bright Not Program, Brit Underward, Brit 3. Number	be Example to Enter Title. Enter Title. Enter Title. Enter Courte (courte for the total and the tota	F F F F F F F F F F F F F F F F F F F	Pro. License Pro.	d? d? d? d? d? d? freshaurar Unity Hi Transport resk Only Trysical 44. Usen 010315	Of Ucenses Of Uce	es 💆 i ve Cause Of life Cause	Approximate Interval: Ons To Death LESS THAN 3 MONTHS NO Death? Yes Death? Yes Death? Yes No COMPLETE PAND COMPL

Order Number: 2301-202718

EXHIBIT "A" LEGAL DESCRIPTION

The property in this report is situated in the State of Indiana, County of Lake, described as follows:

The North 5 feet of Lot Twenty-seven (27), all of Lot Twenty-eight (28), and the South 10 feet of Lot Twenty-nine (29), Block Twenty-five (25), Calumet Addition to East Chicago, as shown in book 8, page 32, in Lake County, Indiana.

APN: 45-03-33-204-025.000-024

Property commonly known as: 4928 Carey Street, East Chicago, IN 46312

NOT OFFICIAL!

Document is

This Document is the property of the Lake County Recorder!

STOP

Note:

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 <u>Sylvia Flake</u>.