

4

Mail tax statement to:

RECORD AND RETURN TO:  
LULA P. BROWN  
7928 CAREY STREET  
EAST CHICAGO, IN 46312  
File No. 2301-202718

2014 050593

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 22 AM 9:09

MICHAEL B. BROWN  
RECORDER

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

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

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF <sup>IL</sup> ~~ILLINOIS~~ *Indiana*  
COUNTY OF LAKE, TO-WIT:

BEFORE ME, the undersigned authority duly authorized in the State and City/County aforesaid to take acknowledgements, on this 8 day of Aug, 2014, 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, ~~ILLINOIS~~, to-wit:  
SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION. IN

(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.

FURTHER THE AFFIANT SAYETH NAUGHT.

*Lula P. Brown*  
LULA P. BROWN

FILED

AUG 21 2014

STATE OF <sup>IL</sup> ~~ILLINOIS~~ *Indiana*  
COUNTY OF Lake

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

014515

Sworn to before me this 8 day of August, 2014.

*Angela Manfre*  
Notary Public  
My Commission Expires: 08/02/2020

AMOUNT \$ 18-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 102398  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM  \_\_\_\_\_  
CLERK RM

ANGELA MANFRE  
Notary Public- State of Indiana  
My Comm. Exp. Aug. 2, 2020

E

**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of: INDIANA } SS.  
County of: LAKE }

On this the 8 day of August 2014, before  
me, Angela Manfre, the undersigned Notary  
Name of Notary Public

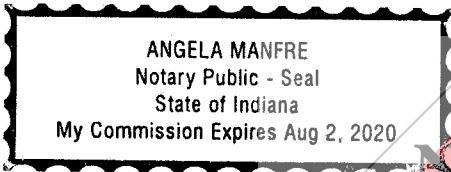
Public, personally appeared Lula P. Brown  
Name(s) of Signer(s)

personally known to me – OR –

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.

WITNESS my hand and official seal.



**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!  
Angela Manfre  
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**

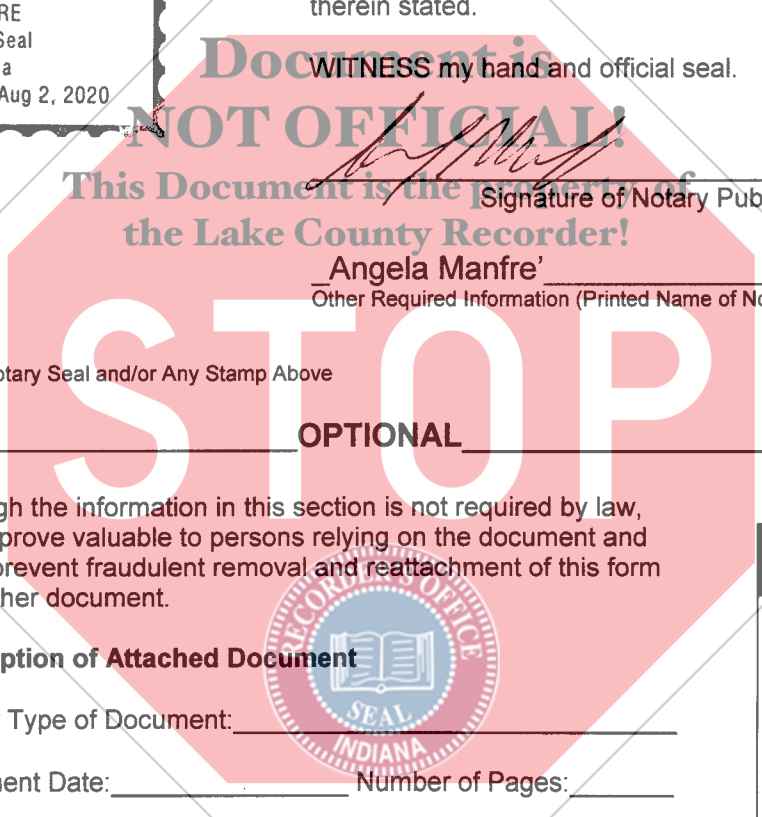
Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Names Above: \_\_\_\_\_

Right Thumbprint of Signer

Top of thumb here





# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000349

EDR No 00000180869

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ROOSEVELT L BROWN</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:30 PM</b>		4. Date Of Death (Month/Day/Year) <b>01/31/2011</b>			
5. Social Security Number		6a. Age - Yrs <b>81</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>07/09/1929</b>		8. Birthplace (City and State or Foreign Country) <b>EDGEWATER, AL</b>											
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</b>										13. County Of Death <b>LAKE</b>			
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</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>LULA BROWN</b>				15a. (If Wife) Give Maiden Last Name <b>DOWDELL</b>				16. Decedent's Usual Occupation <b>WELDER</b>		17. Kind Of Business/Industry <b>LTV STEEL COMPANY</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>		18c. Street And Number <b>4928 CAREY STREET</b>		18d. Apt. No.		18e. Zip Code <b>46312</b>			
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>							
22. Father's Name (First, Middle, Last) <b>CLARENCE BROWN</b>				23. Mother's Name (First, Middle, Last) <b>OLLIE THOMAS</b>				23a. Mother's Maiden Last Name <b>BYRD</b>					
24. Informant's Name <b>LULA BROWN</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4928 CAREY STREET, EAST CHICAGO, IN 46312</b>									
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>EVERGREEN MEMORIAL PARK</b>				25c. Location - City, Town, And State <b>HOBART, IN</b>		27a. Funeral Home License Number: <b>FH83001520</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HINTON &amp; WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312</b>				27c. License Number (Of Licensee): <b>FD08600238</b>							
27b. Signature Of Indiana Funeral Service Licensee: <b>TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE</b>										27c. License Number (Of Licensee): <b>FD08600238</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. Approximate Interval: Onset To Death <b>LESS THAN 3 MONTHS</b>													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>END STAGE CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of):													
B. _____ Due to (Or As A Consequence Of):													
C. _____ Due to (Or As A Consequence Of):													
D. _____ Due to (Or As A Consequence Of):													
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													
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		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area, etc.) <b>LAKE COUNTY HEALTH DEPARTMENT</b>				36. Location Of Injury - State		38c. Apt. No.		38d. Zip Code	
36. 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, 1190 NORTH STATE ROAD 49, PORTER, IN 46304</b>										44. License Number: <b>01031582A</b>		45. Date Certified: <b>02/04/2011</b>	
46. Additional Funeral Service Provider:										47. *Alcas:		49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 07 2011</b>	
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 07 2011</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	

State Form 53395 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.

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



**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 Sylvia Flake.