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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 051434

2014 AUG 26 PM 3:56

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT OF HEIRSHIP

That your Affiant is the daughter of **Annie J. Brown-Durham A.K.A. Annie Lee Durham**  
**Annie J. Brown-Durham A.K.A. Annie Lee Durham** was the owner of the following  
property

**Property Number:** 45-08-09-178-029.000-004

**Address commonly known as:** 1140 Tyler Street Gary, In 46407

**Legal:**

Lot 14 in Block 7 in Gary Land Company's Eleventh (11) Subdivision in City of  
Gary, as per Plat thereof, recorded in Plat Book 13 Page 25, in the office of Recorder of  
Lake County, Indiana

**Annie J. Brown-Durham A.K.A. Annie Lee Durham** died on October 25, 2006, a resident of  
Lake County Indiana. And that no estate was ever opened nor is contemplated.

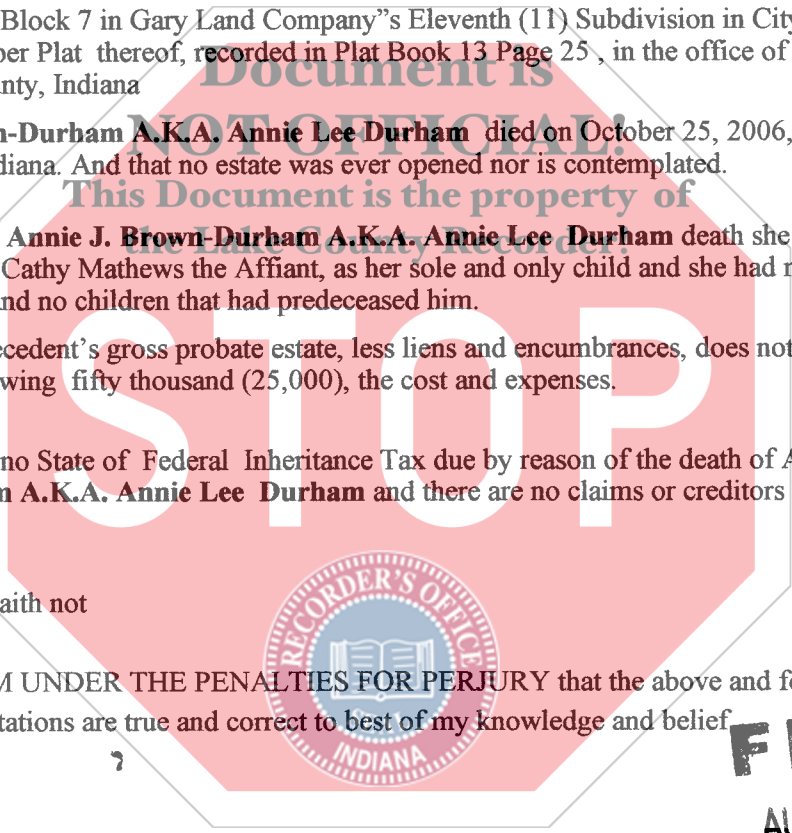
That on the date **Annie J. Brown-Durham A.K.A. Annie Lee Durham** death she was survived  
by her daughter Cathy Mathews the Affiant, as her sole and only child and she had no other  
children living and no children that had predeceased him.

It appears the decedent's gross probate estate, less liens and encumbrances, does not exceed the  
sum of the following fifty thousand (25,000), the cost and expenses.

That there were no State of Federal Inheritance Tax due by reason of the death of **Annie J.  
Brown-Durham A.K.A. Annie Lee Durham** and there are no claims or creditors by virtue of  
her death.

Further affiant saith not

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing  
Representations are true and correct to best of my knowledge and belief



**FILED**

AUG 26 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

SEE EXHIBIT A

03836

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Cathy Mathews  
(Print) Cathy Mathews

Cathy Mathews  
Cathy Mathews

S TATE OF Indiana )

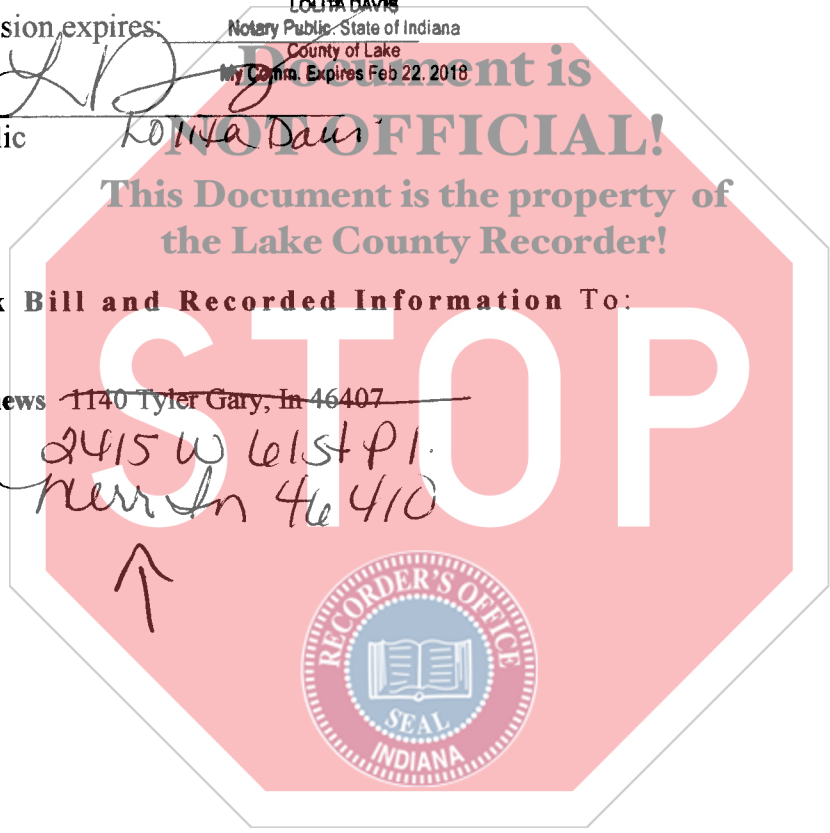
)SS

COUNTY OF Lake )

Be it remembered that on this 17 day of August, 2014, before me, the undersigned, a Notary Public in and for said County and State, **Cathy Mathews** came, who is personally known to me to be the same person who executed the within instrument of writing and such person does, acknowledge the execution of the same

My commission expires: <sup>LOLITA DAVIS</sup>  
Notary Public, State of Indiana  
County of Lake  
My Comm. Expires Feb 22, 2018

Lolita Davis  
Notary Public Lolita Davis



Send Tax Bill and Recorded Information To:

Cathy Mathews ~~1140 Tyler Gary, In 46407~~  
2415 W 61st Pl.  
New In 46410



**AFFIDAVIT OF HEIRSHIP**

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

Local No. 06-0570

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) Annie Lee Durham				2. SEX Female		3a. TIME OF DEATH 8:00 A M		3b. DATE OF DEATH (Month, Day, Yr.) October 25, 2006	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 67		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) February 5, 1939	
7. BIRTHPLACE (City and State or Foreign Country) Canton, Mississippi		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9b. FACILITY NAME (If not institution, give street and number) 2036 Van Buren Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b. KIND OF BUSINESS/INDUSTRY Gary Community School			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2036 Van Buren Street			
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. WHAT COUNTRY? U S A		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5+		18. FATHER'S NAME (First, Middle, Last) Nathaniel Jackson				19. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Shrivvers			
20a. INFORMANT'S NAME (Type/Print) Cathy Mathews				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2415 W. 6th Place Merrillville, Indiana 46410				20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input 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) October 30, 2006 Evergreen Cemetery				21c. LOCATION—City or Town, State Hobart, Indiana			
22a. EMBALMER'S NAME ReShanta Nichols		22b. EMBALMER'S LICENSE NO. #20600079		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Rosewald Allen Jr.</i>		24b. LICENSE NUMBER (of License) 29400047		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704					
26. PART I. Enter the diseases, 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. <u>carcinoma of lung</u> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last								Approximate Interval Between Onset and Death 9 years	
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)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input 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>Paul M. Shellen MD</i>						29c. MEDICAL LICENSE NO. 01020846 A		29d. DATE SIGNED (Month, Day, Year) 10/25/06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Donald M. Phillips MD 1356 S. Lake Park Ave Hobart IN 46342									
31. HEALTH OFFICER'S SIGNATURE <i>D.M.P.</i>								32. DATE FILED (Month, Day, Year) NOV 01 2006	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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.					