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2014 080197

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 DEC 17 AM 10:17

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

On this December 10, 2014 before me personally appeared Robert G. Brasher

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Son of Owner

3. Said Frances J. Brasher died on April 30, 2012

4. The legal description of the premises in question is:
Lot 8, in Block 14, in Highland Terrace 6th Addition, to the Town of Highland, as per Plat thereof, recorded in Plat Book 30 page 15, in the Office of the Recorder of Lake County, Indiana.

2936 Grand Blvd, Highland, IN 46322

45-07-21-255-008.000-02

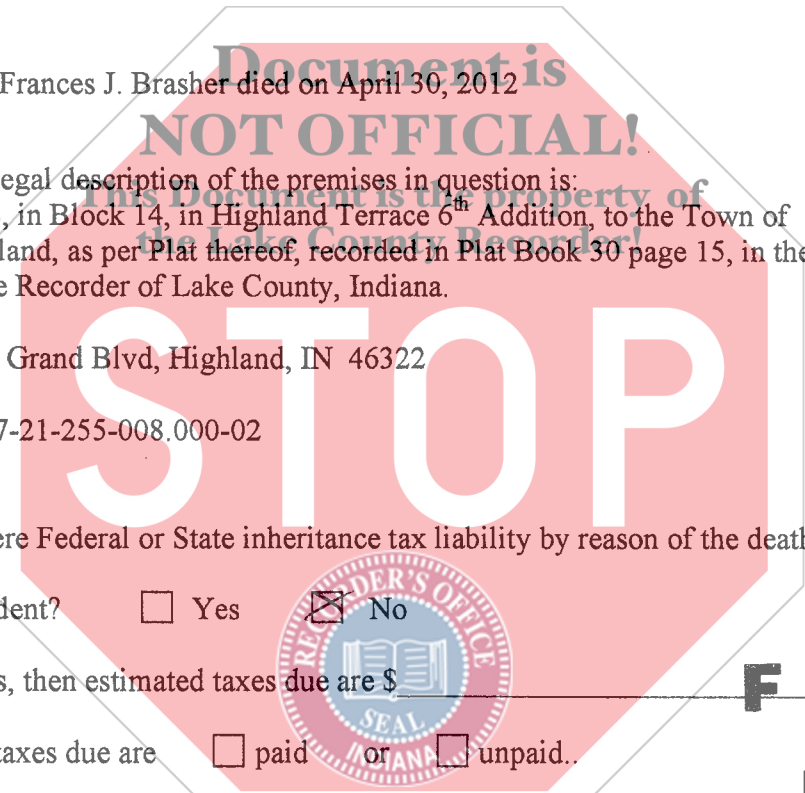
5. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$

The taxes due are paid or unpaid.

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was Son of owner



FILED

DEC 17 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FIDELITY NATIONAL
TITLE COMPANY

FIDELITY - HIGHLAND 920143641

92014-3641

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F 12
M

28797

Signature: 

Printed Name Robert G. Brasher

Address: 440 Coyote Trail
Kouts, IN 46347

Subscribed and sworn to before me by the affiant

This December 10, 2014



Notary Public

Printed Name Dawn Stanley

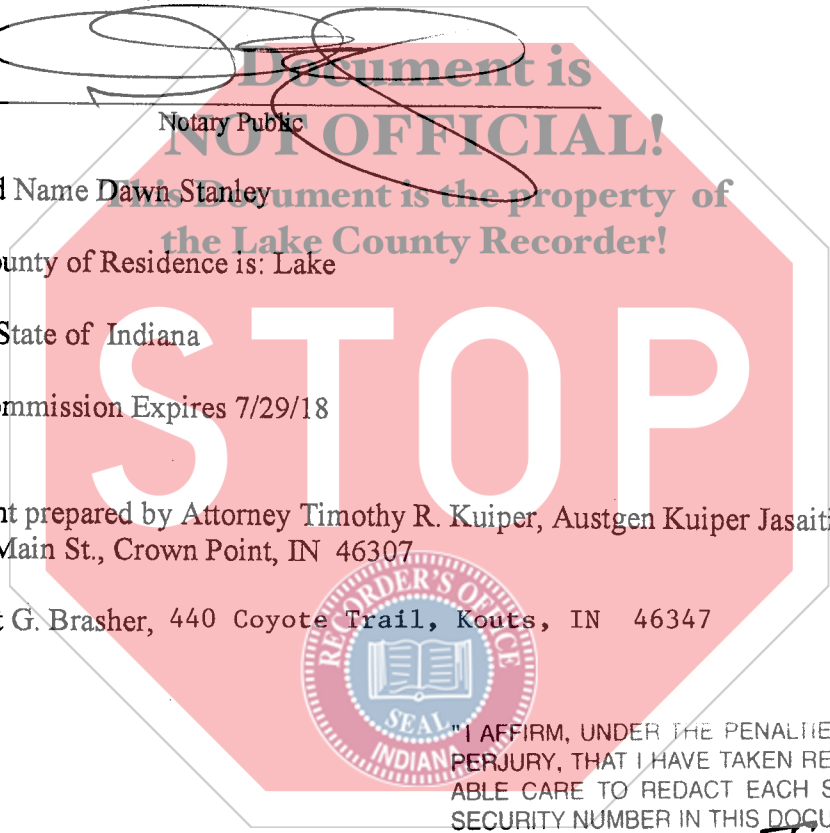
My County of Residence is: Lake


In the State of Indiana

My Commission Expires 7/29/18

This instrument prepared by Attorney Timothy R. Kuiper, Austgen Kuiper Jasaitis
P.C. , 130 N. Main St., Crown Point, IN 46307

Mail to Robert G. Brasher, 440 Coyote Trail, Kouts, IN 46347



"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."
PREPARED BY: 



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 001314

EDR No 00000258049

State No 019315

1. Decedent's Legal Name (First, Middle, Last) FRANCES J BRASHER				1a. Maiden Name (if female) FOGARTY		2. Sex FEMALE	3. Time Of Death 03:10 PM	4. Date Of Death (Month/Day/Year) 04/30/2012	
5. Social Security Number [REDACTED]	6a. Age - Yrs 78	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) 04/05/1934		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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) 2936 GRAND BOULEVARD									
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322					13. County Of Death LAKE			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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry MANUFACTURING	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND					
18c. Street And Number 2936 GRAND BOULEVARD						18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ARTHUR FOGARTY				23. Mother's Name (First, Middle, Last) MARY FOGARTY			23a. Mother's Maiden Last Name HELMS		
24. Informant's Name MICHELE A KIENZYSKI		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1965 WEST 400 SOUTH, NORTH JUDSON, IN 46366					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) WOODLAWN CREMATORY			25c. Location - City, Town, And State FOREST PARK, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800305			
28. Part I. Enter The <u>Chain Of Events</u> - 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)				A. <u>METASTATIC BREAST CANCER</u> <small>Due to (Or As A Consequence Of)</small>		Approximate Interval: Onset To Death YEAR		B. _____ <small>Due to (Or As A Consequence Of)</small>	
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				C. _____ <small>Due to (Or As A Consequence Of)</small>		MAY 02 2012		D. _____ <small>Due to (Or As A Consequence Of)</small>	
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: CHERYL ANTHONY-WORIX, BY ELECTRONIC SIGNATURE						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: CHERYL ANTHONY-WORIX, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01048045B		45. Date Certified 05/01/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 02 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									