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2014 057044

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 SEP 19 AM 8:41

MICHAEL D. BROWN
RECORDER

*This is being re-recorded to remove the interest of Charles L. Brazil.

MARRIAGE AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

2014 083727

MICHAEL D. BRAZIL, being first duly sworn upon oath, deposes and says:

1. That DONNA J. BRAZIL died on 01/10/2013 in Lake Co., IN. *
2. That DONNA J. BRAZIL and CHARLES L. BRAZIL were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lots 13 and 14, in Block 2, in Chicago Road Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 18, page 18, in the Office of the Recorder of Lake County, Indiana.

Property Address: 1224 W. Old Ridge Rd., Hobart, Indiana 46342

Tax ID No.: 45-09-30-306-013.000-018

1. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
2. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

*who was preceded in death by her husband,, Charles L. Brazil
8/10/2000
Further affiant sayeth not.

Michael D. Brazil
MICHAEL D. BRAZIL

STOP

Subscribed and sworn to before me, a Notary Public, this 18 day of Sept, 2014.

CYNTHIA L. REED
Notary Public
Porter County
My Commission Expires
June 8, 2018

Prepared by: MICHAEL D. BRAZIL

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number on this document, unless required by law. Cynthia Reed

FILED

29247

FILED
SEP 19 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

DEC 30 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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R.A?

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local 2nd State

Local No. 1868-00

CERTIFICATE OF DEATH

State No.

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) CHARLES L. BRAZIL		2. SEX Male	3a. TIME OF DEATH 6:45AM	3b. DATE OF DEATH (Month Day Yr) August 10, 2000
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) 66	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) April 8, 1934
7. BIRTHPLACE (City and State or Foreign Country) Fulton, Mississippi	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1960	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 1279 Decatur Street		9c. CITY TOWN OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Donna Leonard	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		12b. KIND OF BUSINESS INDUSTRY Steel
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 1224 W. Old Ridge Road
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE - American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Albert L. Brazil		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Nancy E. Tollison		20. INFORMANT'S NAME (Type/Print) Donna Brazil		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1224 W Old Ridge Road, Hobart, IN 46342		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) August 14, 2000 Calvary Crematory		21c. LOCATION - City or Town State Portage, Indiana
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FDO1006463	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342	
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. <i>Centros of Liver</i> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. <i>Hepatitis C</i> DUE TO (OR AS A CONSEQUENCE OF)		
		c. <i>Coronary artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF)		
		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) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
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>Alexander Williams MD</i>		29c. MEDICAL LICENSE NO. 01030831		29d. DATE SIGNED (Month Day Year) 8-14-00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Peter G. Mavrelis MD, 8895 Broadway, Merrillville, IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>				32. DATE FILED (Month Day Year) August 14, 2000
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number City or Town State) AUG 14 2000		
34f. DATE PRONOUNCED DEAD (Month, Day, Year)		34g. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER		