J.

Affidavit of Survivorship

State of Indiana

County of Lake

Tax mail

I Donald F Britain, residing at 703 Maple Avenue, Cleveland, Texas 77327, being of legal age, depose and say that:

1. On August 09, 2016, by Quit Claim Deed recorded in Book/Volume 19, Page 34, of the Lake County records as document number 2001017533 ('the Deed'), the Affiant and Carolyn Joyce Britain AKA CAROLYN J. BRITAIN become owners of the following legally described property:

   The West 36 feet of Lot 23 and the East 4 feet of Lot 22 in Block 2 in Turner Meyn Park Second Addition to Hammond , as plat thereof, recorded in Plat Book 19 page 34, in the offices of the recorder Lake County, Indiana.

   45-07-04-383-006.000-023

2. Affiant and Carolyn Joyce Britain own the property in joint tenancy with right of survivorship.

3. On January 19, 2014, Carolyn Joyce Britain, died, thereby terminating Carolyn Joyce Britains interest in the above-described real property. A certified copy of the death certificate of Carolyn Joyce Britain is attached hereto as Exhibit A.

Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Donald F Britain — Date 8/9/2016

Donald F Britain

1438

FILED

AUG 09 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

1 Ref
non-com
M-C
$15.00
CASH

STATE OF ARKANSAS

TYPE / PRINT IN PERMANENT BLACK INK. SEE INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

158 18 147

To Be Completed / Verified by FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Carolyn Joyce Britain			2. SEX: F	3a. DATE OF DEATH (Mo/Day/Yr): January 19, 2014	3b. TIME OF DEATH: 6:30 ☒ AM ☐ PM
4. SOCIAL SECURITY NO.: [redacted]	5a. AGE – Last Birthday (Years): 64	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo/Day/Yr): August 3, 1949	7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. [illegible]GN COUNTRY: Texas	8b. COUNTY: Liberty	8c. CITY OR TOWN: Cleveland			
8d. NUMBER AND STREET: 703 Maple Avenue		8e. APT. NO.	8f. ZIP CODE: 77327	8g. INSIDE CITY LIMITS? ☒ Yes ☐ No	
9. EVER IN US ARMED FORCES? ☒ Yes ☐ No	10. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed ☐ Never Married ☐ Married, but Separated ☐ Divorced ☐ Unknown			11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.): Donald Britain	
12a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival	12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Decedent's Home ☐ Hospice Facility ☐ Nursing Home / Long Term Care Facility ☐ Other (Specify)			12c. COUNTY OF DEATH: Sebastian	
12d. FACILITY NAME (If not institution, give number & street): Mercy Hospital Fort Smith	12e. CITY OR TOWN: Fort Smith	12f. ZIP CODE: 72903			
13. FATHER'S NAME (First, Middle, Last): Earl Crouse	14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Frances Fortsen				
15a. INFORMANT'S NAME: Donald Britain	15b. RELATIONSHIP TO DECEDENT: Husband	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code): 703 Maple Avenue, Cleveland, Texas 77327			
16a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)					
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Aaron Beasley Crematory Service	16c. LOCATION – CITY, TOWN, AND STATE: Fort Smith, Arkansas				
17a. EMBALMER'S NAME: ☒ Not Embalmed	17b. EMBALMER'S LICENSE #:	17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT): Randy A. Mathis			
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Ocker Funeral Home 700 Jefferson Street, Van Buren, Arkansas 72956				17e. LICENSE #: #12	
18a. DATE PRONOUNCED DEAD (Mo/Day/Yr): January 19, 2014	18b. TIME PRONOUNCED DEAD: 6:30 ☒ AM ☐ PM	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE): Dr Alam		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No	

To Be Completed / Verified by MEDICAL CERTIFIER

NAME OF DECEDENT
For use by Initiator of Death Certificate

CAUSE OF DEATH

20. 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.

		APPROXIMATE INTERVAL: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Intracranial Hemorrhage Due to (or as a consequence of):	day
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.	b. Claudication (L) leg Due to (or as a consequence of):	years
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

21a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

22. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

23. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

24. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within last year

25a. DATE OF INJURY (Mo/Day/Yr) | 25b. TIME OF INJURY ☐ AM ☐ PM | 25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | 25d. INJURY AT WORK? ☐ Yes ☐ No

25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)

25f. DESCRIBE HOW INJURY OCCURRED:

25g. IF TRANSPORTATION INJURY, SPECIFY. ☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

26a. CERTIFIER (Check only one):
☒ Certifying Physician – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner – 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 stated.
☐ 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 stated.
☐ Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE: Paul Blair MD | TITLE: MD | DATE: 1/20/14 (Mo/Day/Yr)

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING (TEM 26a) (Type / Print): DR Paul Blair 7 Physicians Plaza FA Smith, AR 72903 | 26c. LICENSE #: E1512

27a. SIGNATURE OF REGISTRAR: [illegible] | 27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr): Jan 24 2014

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

ARKANSAS DEPARTMENT OF HEALTH SEAL LITTLE ROCK, ARK.

Paul W. Johnson
State Registrar

JAN 24 2014

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