STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 058904

2017 AUG 30 PH 4: 09

MICHAEL B. DROW RECORDER

STATE OF INDIANA)
) s:
COUNTY OF LAKE	Ś

Tax ID No.: 45-08-32-129-004.000-001

AFFIDAVIT OF DEATH

I, GERALD BRUNN, being first duly sworn, in support of this Affidavit of Death, deposes and

states:

- 1. That Affiant is of lawful age and resides in Lake County, Indiana and the surviving beneficiary as designated in the Beneficiary Deed's of EVELYN BRUNN, now deceased;
- 2. That Evelyn Brufft new deceased a resident of Lake County, Inciana, died on 06/18/2017 as evidenced by the Certificate of Death which is attached and incorporated by reference;
- 3. That during the decedent's lifetime, the decedent on or about February 14, 2017 executed a Beneficiary Deed's, recorded in the Office of the Lake County Recorder on February 14, 2017 as document number 2017-009791, as the owner of a certain parcel of improved real estate situated in Lake County, Indiana with the following legal description:

The South One hundred Fifty-five (155) feet of the West half (W ½) of the North half (N ½) of the East half (E ½) of the East half (E ½) of the Northeast quarter (NE 1/4) of the Northwest quarter (NW 1/4) of Section 32, Township 36 North, Range 8 West of the 2nd P.M., more particularly described as follows:

Beginning at the Southwest corner of the said West half (W ½) of the North half (N ½) of the East half (E ½) of the Northeast quarter (NE) 4) of the Northwest quarter (NW 1/4), thence East parallel with the South line of the northwest quarter (NW 1/4) 165.73 feet; thence North parallel with the East line of the Northwest quarter (NW 1/4) of said section 155 feet; thence West parallel with the south line of the Northwest quarter to the West line of this tract; thence South on the West line of said tract 155 feet to the point of beginning, containing 0.59 acres more or less, with the express reservation that grantors now reserve to themselves, their heirs and assigns and to the general public, the right to use, as a public highway, the West 30 feet thereof, being part of the proposed Rutledge Street; also the right to use as a public highway the South 30 feet thereof being part of proposed 46th Avenue; also the right to use as a public alley the East 10 feet, being part of proposed West one-half (W ½) of alley; all of which is in the County of Lake, State of Indiana.

and with the following Parcel Number: 45-08-32-129-004.000-001

and more commonly known: 4575 Rutledge Street, Gary, Indiana 46408

4AUG 3 That Affiant, as the surviving designated beneficiary in the Beneficiary's Deed is now the

W W

JOHN E. PETALAS LAKE COUNTY AUDITOR 026768

owner in fee simple of the above described real estate;

5. That the purpose of this Affidavit is to establish clear title;

Gerald Brunn, Affiant

STATE OF INDIANA)
COUNTY OF LAKE) ss)

Before me, the Undersigned, a Notary Public in and for said County and State, personally appeared GERALD BRUNN, who is personally known to me, or who has produced a driver's license as identification, who, being first duty sworn upon his oath, executed same on this

30 day of 206, 201 OT OFFICIAL!

his Document is the property of

Public

My County of Residence: Lake County

My Commission Expires: May 27, 2018

COLUER'S OF THE PARTY OF THE PA

Prepared by: Mail To: George P. Galanos, Attorney at Law, 1301 North Main Street, Crown Point, Indiana 46307 George P. Galanos, Attorney at Law, 1301 North Main Street, Crown Point, Indiana 46307

		yaya)			₩ CER	TIFIC	ATE OF DE	ATH 🕅								
	→			INDIAN			PARTMENT TE OF DEA		EALTH							
Loc	cal No 00	0771		E	DR No ()	000	0058402	27		State No	0321	88				
1. Decedent's Legal Name	(First, Middle, Las	il)			1a. Mai	iden Name	(If female)		2. Sex	3. Time C	of Death	4. Date C	Of Death (Month/Day/Year)			
EVELYN MARY B 5. Social Security Number		6b. Under	1 Vane I B	ic. Under 1 Mon	WESTI			7 Date of	FEMALE Birth (Month/Day		7 AM	and State	06/18/2017 or Foreign Country)			
5. Social Security Number								939 (11)								
9. Ever in U.S. Armed Ford	87 ;es? 10. If De	Months ath Occurred in		Days d:	Hours		Minutes 10a, If Death Occur		9/27/1929 here Other Than /		NEW CHICAGO, IN					
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☑ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)																
11. Facility Name (If Not Institution, Give Street and Number) REGENCY HOSPITAL																
12. City Or Town, State, A							13. County C	f Death			14. Marital Sta					
PORTAGE, IN, 46	368							PORTER Married Married, But Separated Div					er Married Unknown			
15. Surviving Spouse's Na	me			1	5a. Last Name	Before Fir	st Marriage		16. Decedent's U	sual Occupation	on A		Of Business/Industry COMMUNITY OLS			
18. Residence - State			18a, Co	ounty	174		18b. City Or Tow		LACITEIX	4		00110	<u> </u>			
INDIANA		1.69	LAKE	į	100		GARY	d ·		v j (i			lla			
18c. Street And Number	7 4	1.					The second	7 - 11	18d.	Apt. No.	18e, Zip	Code ,	18f. Inside City Limits? ☑ Yes ☐ No			
4575 RUTLEDGE	STREET							1 1 5			464	408	Д 169 Д 160			
19. Decedent's Education MASTER'S DEGR		S, MENG,	.	Decedent Of His	1)0	cu	meni	ecedent's R	ace		1.5					
MED, MSW, MBA 22. Parent's Namo (First, N			INO	N	OT		23. Parent's Name (F	irst, Middle,	, Last)		23a, P	arent's Last	Name Before First Marriage			
EARL WESTERM	IAN			1	O I	U		ERMAN			BRO	DA	1.1			
24. Informant's Name			/ /	4a Relationshi		nen			d Number, City, S			00				
SANDRA DRUMN	IOND			DAUGHTE	Lake		3617 WEST E			PARAIS	U. IN 463	83	political de la companya de la compa			
25a. Method Of Disposition ☐ Burlal ☑ Cremation ☐ Removal From State ☐ Other (Specify):		Entombment		Of Disposition			matory, Other Place)		ation - City, Town				* ; · · · · · · · · · · · · · · · ·			
26. Was Coroner Contacte	d? 2			ddress Of Fune								27a. Fu	neral Home License Number:			
☐ Yes 🏻 No	R	ENDINA	FUNER	AL HOME	INC, 510	O CLE	VELAND STR	EET, G	ARY, IN 46	408			007819			
27b. Signature Of Indiana TAYLOR R WISE			SIGNAT	TURE						ense Number 400038	(Of Licensee):					
28. Part I. Enter The C Such As Cardiac Arres A Line. Add Additional	hain Of Events It, Respiratory An I Lines If Necess	- Diseases, Inj rest, Or Ventri ary.	uries, Or cular Fibri		That Directly Showing The	Caused Etiology.							Approximate Interval: Onset To Death			
Immediate Cause (Fina	al Disease Or Co	ndition Result	ing In Dea	ith) A.	SQUAMOL	JS CELL	LUNG CANCER	Due to (Or As	A Consequence Of):				NA			
Sequentially List Cond Line A. Enter The Und The Events Resulting !	lertying Cause (D	ading To The Disease Or Inju	Cause Lis	ited On B. itiated C.	É		RY DISEASE	Due to (Or As	A Consequence On:				NA NA			
			`	D.	DIABETES	MELLIT	uş	7					NA			
Part II. Enter Other Stoniffo	ent Conditions Co	ntributing to De	eth But No	t Resulting In T	ne Underlying C	ause Give	NOIANA	1	An Autopsy Performance Autopsy Finding		Yes	⊠ No	anth?			
NA 31. Did Tobacco Use Con	tribute To Death?	32	if Female			· ·		30. Vvere	33	, Manner Of E	Death:					
Yes Probably			Not Pregnan	Within Past Year			Not Pregnant, But Pregn Unknown II Pregnant W			_	tomicide Could Not Be D		Pending Investigation			
34. Date Of Injury (Month)	. 9/5 [* p. R.5]		Not Pregnan	i, But Pregnant 43 Cay Injury	ys to 1 year Belore C	38. Place	e Of Injury (E.G., Dec	edent's Hon					37. Injury At Work? ☐ Yes ☐ No			
					18 12						38c Ant I	Ja 3	38d. Zin Code			

ONG ONE OF THE STATE OF THE STATE OF THE SET OF THE SED SECTION OF THE SED SECTION OF THE SECTI

40. If Transportation Injury, Specify:

Drive:/Operator Pessenger Pedestr

41. Signature, Of Porson Certifying Cause Of Death:
ABDUS SAMAD LAKHANI, BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:

42. Certifier (Check Only One)

☐ Certifying Physician ☐ Coroner Health Officer
45. Date Certified

ABDUS SAMAD LAKHANI , 2701 LEONARD DR STE A, VALPARAISO, IN 46383
48. Additional Funeral Service Provider: 01044934A

06/27/2017

4 4

IF ALTERED OR ERASED);;(FEE) SEE THE ALTERED OR ERASED);(FEE) SEE THE ALTERED OR ERASED SEE THE ALTERED OR ERASED SEE THE ALTERED OR ERASED SEE THE ALTERED SEE THE AL

- Date Filed (Month/Day/Year):

48. Signature of Local Health Officer. MARIA L STAMP, VIA ELECTRONIC SIGNATURE

39. Describe How Injury Occurred

² JUN 29 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OF 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.