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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**AFFIDAVIT**

STATE OF IN 2017 083264  
COUNTY OF Lake

2017 DEC -8 AM 10:11  
File No.: FNW1702288-SM  
MICHAEL B. BROWN  
RECORDER

On this November 30, 2017 before me personally appeared Donna S Burton to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- That Donald E. Brown held a life estate interest in the following described land;  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
- Donald E. Brown died on August 27, 2017;
- Is there Federal 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
- Affiant's relationship to the deceased was daughter.



IN WITNESS WHEREOF, the undersigned have executed this document on November 30, 2017.

Donna S. Burton  
Donna S Burton

Address: 385 E. SOON.  
Valparaiso, IN 46383

State of Indiana  
County of Lake

Before me, a Notary Public in and for said County and State, personally appeared Donna S Burton, as, Trustee, or his/her successor in trust, under the Donald E Brown and Susie A Brown Revocable Trust, dated the 5th of October, 2004 who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 30th day of November, 2017

Signature: Susan Miedema

Printed: Susan Miedema

Resident of: Lake County

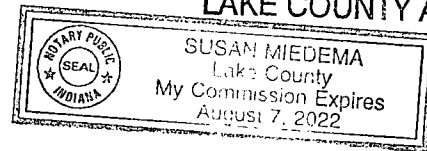
State of: INDIANA

My Commission expires: August 7, 2022

**FILED**

DEC 6 2017

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR



*Handwritten initials: JSW*

**FIDELITY NATIONAL**  
**TITLE COMPANY LC**

43427

*Handwritten initials: JS*

**AFFIDAVIT**  
(continued)

This instrument prepared by: Timothy R. Kuiper  
Austgen Kuiper Jasaitis P.C.  
130 North Main Street, Crown Point, IN 46307



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): 45-07-28-431-009.000-026**

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LOT 31 IN BLOCK 6 IN, ELLENDALE FIRST ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 134508

Local No 003043

EDR No 00000595607

State No 043316

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD E BROWN</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>10:56 PM</b>	4. Date Of Death (Month/Day/Year) <b>08/27/2017</b>				
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>80</b>	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) <b>05/22/1937</b>		8. Birthplace (City and State or Foreign Country) <b>NORTH JUDSON, IN</b>			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>9339 SARIC DRIVE</b>										12. City Or Town, State, And Zip Code <b>HIGHLAND, IN, 46322</b>		
13. County Of Death <b>LAKE</b>				14. Marital Status At Time Of Death <input checked="" 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. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>IHB RAILROAD</b>				17. Kind Of Business/Industry <b>RAILROAD</b>				
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HIGHLAND</b>			18c. Apt. No.		18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>EARL BROWN</b>		23. Parent's Name (First, Middle, Last) <b>MARIE BROWN</b>		23a. Parent's Last Name Before First Marriage <b>BORN</b>		
24. Informant's Name <b>DONNA BURTON</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>385 EAST 500 STREET NORTH, VALPARAISO, IN 46383</b>								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HILLSIDE FUNERAL HOME &amp; CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322</b>				27a. Funeral Home License Number: <b>FH11700003</b>						
27b. Signature Of Indiana Funeral Service Licensee <b>CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01014511</b>						
28. 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. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. SMALL CELL CARCINOMA OF LUNG WITH BONE METASTASIS</b> Due to (or As A Consequence Of): B. _____ C. _____ D. _____ 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										Approximate Interval: Onset To Death <b>MONTHS</b>		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. <b>STAGE 4 CHRONIC KIDNEY DISEASE, CONGESTIVE HEART FAILURE</b>										28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> Not Pregnant, But 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 <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>										40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Not Valid Unless		
41. Signature, Of Person Certifying Cause Of Death: <b>HERBERT ALAN JONES, BY ELECTRONIC SIGNATURE SEP 06 2017</b>						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: <b>HERBERT ALAN JONES, 929 RIDGE ROAD SUITE 7, MUNSTER, IN 46321</b>						44. License Number: <b>02000640A</b>		45. Date Certified <b>09/06/2017</b>				
46. Additional Funeral Service Provider:						47. *Fax:						
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 06 2017</b>						

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