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2019-083226

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Dec 3

3:43 PM

SURVIVORSHIP AFFIDAVIT

LAKE COUNTY, Indiana

STATE OF INDIANA, COUNTY OF LAKE, SS:

BARBARA J. BROWN, being first duly sworn, on oath

states that SHE is of lawful age and resides in the County of LAKE,

State of INDIANA. That SHE is the surviving SPOUSE

of PAUL J. BROWN who died on the 2ND day of

OCTOBER ²⁰ 15, and that as such surviving SPOUSE

is the owner of the following real estate situated in LAKE County,

Indiana: CRESTON BLK 8 LOTS 5, 6, 7, 8

Parcel No: 45-19-03-477-002.000-037

PLEASE SEE ATTACHED DEATH CERTIFICATE 054058

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

KYLE ANTHONY NAGY
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Sep 11, 2022

Barbara J. Brown
BARBARA J. BROWN

Sworn to before me and subscribed in my presence this 3 day of

Dec., 2019.

Resident of Lake County.

[Signature]
Notary Public

My Commission Expires: Sep 11, 2022

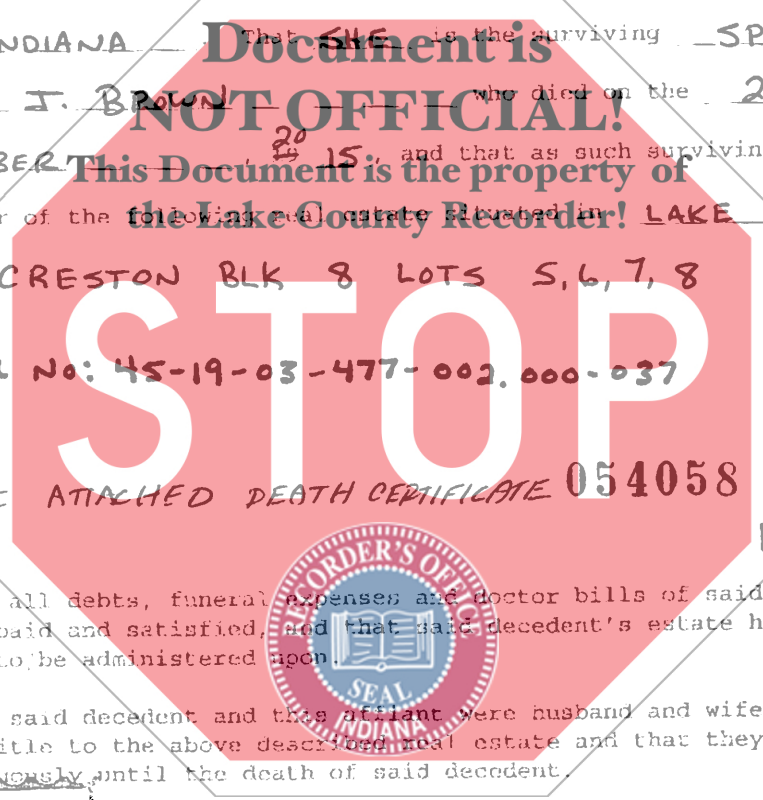
PREPARED BY: JASON TAYLOR 61 GOLDENROD DR. VALPARAISO, IN 46385

Note: Document to be recorded in the Office of the Recorder.

\$25.00

JTB

"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: [Signature]



FILED

DEC 03 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 66911



Local No 003299

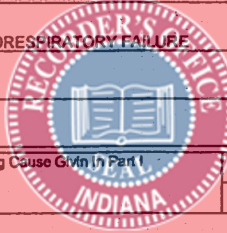
EDR No 00000472115

State No 047232

1. Decedent's Legal Name (First, Middle, Last) PAUL JAMES BROWN				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 10:18 PM	4. Date Of Death (Month/Day/Year) 10/02/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 83	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) 07/27/1932		8. Birthplace (City and State or Foreign Country) PADUCAH, KY
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) 8305 WEST 155TH AVENUE									
12. City Or Town, State, And Zip Code LOWELL, IN, 46356					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name BARBARA JUNE BROWN			15a. (If Wife) Give Maiden Last Name CLEMANS			16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry B AND B SERVICES	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LOWELL		18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18c. Street And Number 8305 WEST 155TH AVENUE									
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) HOMER H BROWN				23. Mother's Name (First, Middle, Last) LOUISE BARBARA BROWN			23a. Mother's Maiden Last Name STEPHENS		
24. Informant's Name BARBARA JUNE BROWN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8305 WEST 155TH AVENUE, LOWELL, IN 46356					
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) MEMORY LANE MEMORIAL PARK			25c. Place Of Disposition CROWN POINT, IN		25d. Location (City, Town, And State)		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MEMORY LANE CEMETERY AND FUNERAL HOME CHAPEL, 6305 W LINCOLN HIGHWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number FH11100003		
27b. Signature Of Indiana Funeral Service Licensee: ROBERT A. ACEVEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20200096			
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) A. <u>TERMINAL DEMENTIA</u> Due to (Or As A Consequence Of): 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. <u>CARDIORESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): 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						29. Was An Autopsy Performed? LAKE COUNTY HEALTH OFFICER			
29. Were Autopsy Findings Available To Determine 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 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"/> 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: ASHRAF ANANI, 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: ASHRAF ANANI, 8300 BROADWAY, MERRILLVILLE, IN 46410						44. License Number 01076231A		45. Date Certified 10/07/2015	
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) 10 OCT 08 2015			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT CHRONIC
OCT 08 2015 ACUTE



NOT VALID UNLESS