

613418

Return to: Harold J. Helbling, Attorney at Law, 2806 Highway Avenue, Highland, In 46322

STATE OF INDIANA)
COUNTY OF LAKE) SS:

JAN 7 9 13 AM '81
WILLIAM D. L. SOON
RECORDER

613418 AFFIDAVIT AS TO TENANCY BY ENTIRETY

Delbert J. Franz, being first duly sworn upon oath, deposes and says:

1. That affiant is over the age of 21 years, a son of Henry Franz and Agnes Franz, husband and wife.
2. That said Henry Franz and Agnes Franz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 5 in Block "A" in Country Club Addition to Gary, Unit "A", in the Town of Merrillville, as per plat thereof, recorded in Plat Book 24 page 59, in the Office of the Recorder of Lake County, Indiana.
#15-141-5

3. That he knows of his own knowledge that said Henry Franz died, intestate, on October 21, 1977, and that the marital relationship which existed between said Henry Franz and Agnes Franz at the time they acquired title to said real estate remained in effect and unbroken until the date of death of said Henry Franz.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

Further affiant sayeth not.
JAN 5 1981

Harold J. Helbling
Attorney at Law

Delbert J. Franz
Delbert J. Franz

Subscribed and sworn to before me, a Notary Public, this 10th day of December, 1980.

Mildred M. Poniplatz
Mildred M. Poniplatz, Notary Public



Prepared by: **Harold J. Helbling**
Attorney at Law
2806 Highway Avenue
Highland, Indiana 46322
County of Residence: **Lake**

18
JAN 5 1981

613448

Return to: Harold J. Helbling, Attorney at Law, 2806 Highway Avenue, Highland, Indiana 46322
 Local No. 1301-77
 INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH
 State No. Merrillville, Indiana

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED - NAME: Henry J. Franz, SEX: Male, DATE OF DEATH: Oct 21, 1977

RACE: White, AGE: 85, BIRTH: Feb 25, 1892, COUNTY OF DEATH: Lake

CITY, TOWN, OR LOCATION OF DEATH: Merrillville, INSIDE CITY LIMITS: YES, HOSPITAL OR OTHER INSTITUTION: Broadway Methodist hospital

STATE OF BIRTH: Indiana, CITIZEN OF WHAT COUNTRY: USA, MARRIED: NEVER MARRIED, SURVIVING SPOUSE: AGNES GRESNER

SOCIAL SECURITY NUMBER: 304-36-5594, USUAL OCCUPATION: Farmer-retired, KIND OF BUSINESS OR INDUSTRY: Self employed

RESIDENCE - STATE: Indiana, COUNTY: Lake, CITY, TOWN OR LOCATION: Merrillville, INSIDE CITY LIMITS: YES, TOWNSHIP: Ross

STREET AND NUMBER: 5701 Cleveland St, WAS DECEASED EVER IN U.S. ARMED FORCES: NO, IS RESIDENCE ON A FARM? NO

FATHER: Joseph Franz, MOTHER: CYLVENIA CYPIERS

INFORMANT: Agnes Franz, RELATIONSHIP: wife, MAILING ADDRESS: 5701 Cleveland St, Merrillville, Ind 46410

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Myocardial Infarction, (b) Coronary artery disease - acute, (c) OTHER SIGNIFICANT CONDITIONS: NONE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: acute, years

CAUSE OF DEATH: Myocardial Infarction

OTHER SIGNIFICANT CONDITIONS: NONE

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: NONE

AUTOPSY: YES NO

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: YES NO

DATE & TIME OF DEATH: Oct 21, 1977, 10:42 PM, DATE SIGNED: Oct 21, 1977

PHYSICIAN'S NAME: Raymond Doherty M.D., SIGNATURE OF PHYSICIAN: Raymond Doherty, PHY. CODE NO.

MAILING ADDRESS - PHYSICIAN: 8695 Conn. St, Merrillville, Indiana 46410

BURIAL, CREMATION, REMOVAL (SPECIFY): Burial, CEMETERY, CREMATORY, FUNERAL HOME: Calmet Park Cemetery, Merrillville, Indiana

DATE: Oct 24, 1977, FUNERAL HOME - NAME AND ADDRESS: Gelsen Funeral Home, Inc 7905 Broadway, Merrillville, In 46410

HEALTH OFFICER - SIGNATURE: Cecil Frey, M.D., DATE RECEIVED BY LOCAL HEALTH OFFICE: 10-21-77

311406-003

Country Club, Add to Henry Franz #15-141-5

Disposition Permit Issued
 Provisional Certificate
 Yes No

FUNERAL HOME No. 776
 LICENSE No. 591
 FUNDRAISERS LICENSE No. 367
 COUNTY HEALTH COMMISSIONER
 EMBALMER'S NAME: Ronald Herrick
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]