

729713

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Frederick Willard Ehlen, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Lois M. Ehlen a/k/a Lois Margaret Ehlen died ~~(without leaving a will)~~ (leaving a will) on November 26, 19 81 at ST. MARY MEDICAL CENTER, HOBART, INDIANA 46342

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 26 in Block 5 in Aetna Manor Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 28 page 39, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~(her)~~ death.

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 sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Frederick Willard Ehlen
Frederick Willard Ehlen

Subscribed and sworn to before me, a Notary Public, this 13th day of October, 1983.

Linda F. Clark
Linda F. Clark Notary Public

My Commission expires:
5-16-86

County of Residence: Porter

FILED

OCT 14 1983

This Instrument prepared by Frederick Willard Ehlen

546
550

com 116690-83

Key # 41-269-26

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD IN
OCT 17 10 45 AM '83
WILLIAM BIEBSKI JR
RECORDER

permit-10 c.c.-1-vet.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
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- 11 _____
- 12 _____

EMBALMER'S NAME... Barbara M. Lach-
LICENSE No. 1267

FUNERAL DIRECTOR'S
SIGNATURE... Barbara M. Lach
LICENSE No. 2379

FUNERAL HOME
No. 252

Local No. 1804-81

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TICOR TITLE INSURANCE
Crown Point, Indiana

State No. _____

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

1. DECEASED - NAME FIRST MIDDLE LAST LOIS MARGARET EHLEN			2. SEX female		3. DATE OF DEATH (MONTH, DAY, YEAR) November 26, 1981		
4. RACE - In U.S. (Specify) white		5. AGE - Last Birthday (Yrs) 63		6. DATE OF BIRTH (Mo., Day, Yr.) June 2, 1918		7. COUNTY OF DEATH Lake	
8. CITY, TOWN OR LOCATION OF DEATH Hobart			9. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) St. Mary Medical Center-Hobart			10. IF HOSP. OR INST. Indicate DOA OP / Empr. Rem. / Institution (Specify) inpt.	
11. STATE OF BIRTH (If not in U.S.A. name country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		14. SURVIVING SPOUSE (If wife, give maiden name) Fred	
15. SOCIAL SECURITY NUMBER 307-20-4342			16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired owner			17. KIND OF BUSINESS OR INDUSTRY hardware	
18. RESIDENCE - STATE Indiana		19. COUNTY Lake		20. CITY, TOWN OR LOCATION Gary		21. INSIDE CITY LIMITS (Specify YES OR NO) yes	
22. STREET AND NUMBER 1012 Aetna Street			23. IS RESIDENCE ON A FARM? NO		24. INSIDE CITY LIMITS (Specify YES OR NO) yes		
25. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO							
26. FATHER - NAME FIRST MIDDLE LAST Franz Maurice O'BERG				27. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Signe Ella JerkBlodt			
28. INFORMANT - NAME (Type or Print) RELATIONSHIP Fred Ehlen- husband			29. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1012 Aetna Street Gary, Indiana 46403				
30. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			31. CEMETERY OR CREMATORY - FUNERAL HOME Calvary Cemetery			32. LOCATION CITY OR TOWN STATE Portage, Indiana	
33. DATE (MONTH, DAY, YEAR) November 30, 1981			34. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Lach Funeral Home, 6121 Miller Ave., Gary, Ind. 46403				
35. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>Adel H. Ayoub</i>			36. DATE SIGNED (Mo., Day, Yr.)		37. HOUR OF DEATH		
38. NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Adel H. Ayoub			39. MAILING ADDRESS - PHYSICIAN 1500 S. Lake Park Ave., Hobart, IN 46342				
40. HEALTH OFFICER - SIGNATURE <i>Paul J. H. D.</i>			41. DATE RECEIVED BY LOCAL HEALTH OFFICE 11-30-81				
42. IMMEDIATE CAUSE (List ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) Cardio-Respiratory Arrest							
DUE TO OR AS A CONSEQUENCE OF							
(b) Chronic Obstructive Pulmonary Disease							
DUE TO OR AS A CONSEQUENCE OF							
(c) Congestive Heart Failure							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)							
43. AUTOPSY (Specify Yes or No) NO							

FILED
NOV 14 1981
AUDITOR LAKE COUNTY

Aetna Manor Ind. Lach
all S. 26 Bl. 5
Key # 44-269-26
08-0089911