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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAR 10 11 22 AM '86
RUDDOLPH CLAY
RECORDER

A F F I D A V I T

DOROTHY E. BERG, being first duly sworn upon her oath, deposes and says as follows:

1. That the affiant and Philip H. Berg were husband and wife and the owners as tenants by the entireties of the real estate described as follows:

Lot 4, Block 3, Turner's 1st Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 7, page 31, in Lake County, Indiana.

#36-243-3

2. That Philip H. Berg died a resident of Lake County, Indiana on July 24, 1984, as evidenced by the Medical Certificate of Death attached hereto and marked as Exhibit "A", and that no probate proceedings have been commenced nor are any contemplated.

3. That the affiant and Philip H. Berg lived as husband and wife until the time of his death.

4. That the total assets of Philip H. Berg were insufficient for Federal Estate Tax filing purposes.

FILED

MAR 6 1986

FURTHER AFFIANT SAITH NOT.

Leslie O. ...
AUDITOR LAKE COUNTY

Dorothy E. Berg
DOROTHY E. BERG

SUBSCRIBED AND SWORN To before me, a Notary Public, this 21 day of November, 1985.

My Commission Expires: 12/23/86

Kathleen L. Teeling
Kathleen L. Teeling, Notary Public

County of Residence: Lake

This instrument prepared by: WILLIAM J. MORAN, Attorney at Law, 9000 Indianapolis Boulevard, Highland, Indiana 46322

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUL 25 1984

Date Issued

Hammond Health Commissioner

36-243-3

EMBALMER'S NAME
Rod A. Ivy

LICENSE No. MA 1876

FUNERAL DIRECTOR'S SIGNATURE
Paul A. Day

FUNERAL DIRECTOR'S LICENSE No. 187886

FUNERAL HOME No. 285

Local No. 518

TYPE OR PRINT IN PERMANENT INK FROM INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS OF DEATH WITH CAUSE PRIOR TO IMMEDIATE CAUSE, THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME 1 Philip H. Berg		SEX Male	DATE OF DEATH MONTH DAY YEAR July 24, 1984
RACE - (1) White (2) Black American Indian (3) Spanish	AGE (1) Under 1 Year (2) 1-4 (3) 5-9 (4) 10-14 (5) 15-19 (6) 20-24 (7) 25-29 (8) 30-34 (9) 35-39 (10) 40-44 (11) 45-49 (12) 50-54 (13) 55-59 (14) 60-64 (15) 65-69 (16) 70-74 (17) 75-79 (18) 80-84 (19) 85-89 (20) 90-94 (21) 95-99	UNDER 1 YEAR MUS DAYS	UNDER 1 DAY MUS DAYS
4 White	50 89	5b	5c
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION 7c 5810 Erie Ave.	IS THIS OR INST UNDER THE JURISDICTION OF STATE HEALTH DEPT? 7d
STATE OF BIRTH (1) of nat in U.S.A (2) Foreign Country	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED SEPARATED 10 Married	SURVIVING SPOUSE (1) wife (2) husband (3) none 11 Dorothy Wilson
8 Sweden	9 USA		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (1) Yes (2) No 12 no
SOCIAL SECURITY NUMBER 13 708-01-9206	USUAL OCCUPATION (1) none (2) at work (3) during most of work (4) from retirement	KIND OF BUSINESS OR INDUSTRY 14b Monon Railroad	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond	
STREET AND NUMBER 15d 5810 Erie Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIAL CASES OR NOT) 15f yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST 16 Andrew Berg		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Emma Kalin	
INFORMANT - NAME (1) type or print (2) relationship 18a Dorothy Berg-Wife	RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 5810 Erie Ave. Hammond, Indiana 46320	
BURIAL, CREMATION, REMOVAL, OTHER (1) specify 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Elmwood Cemetery	LOCATION CITY OR TOWN STATE 19c Hammond, Indiana	
DATE (MONTH DAY YEAR) 20a July 26, 1984	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE ZIP) 20b C.J. Huber Funeral Home 722 165th St. Hammond, In. 46324		
To the best of my knowledge and belief, I signed this certificate as the attending physician. 21a Signature <i>D. J. Faulkner M.D.</i>		DATE SIGNED (MO DAY YR) 21b 7/24/84	HOUR OF DEATH 21c 11:45 AM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d D. J. Faulkner M.D.			
MAILING ADDRESS - PHYSICIAN 21e 7905 Calumet Ave. Munster, Indiana 46321			
HEALTH OFFICER - SIGNATURE 22a <i>Paul A. Day</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 25 1984	
PART I (1) IMMEDIATE CAUSE (2) UNDERLYING CAUSE (3) TO OR AS A CONSEQUENCE OF 23a Cardiac Arrhythmia		INTERVAL BETWEEN ONSET AND DEATH	
PART II (1) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported to cause given in PART I (2) 23b Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
PART III (1) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported to cause given in PART I (2) 23c		ADULTS? (Specify Age in Mo.) 24 No	