

2

094276 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE }

On this 3-23-90 before me personally appeared
(insert date)

JAMES L. BERRYMAN

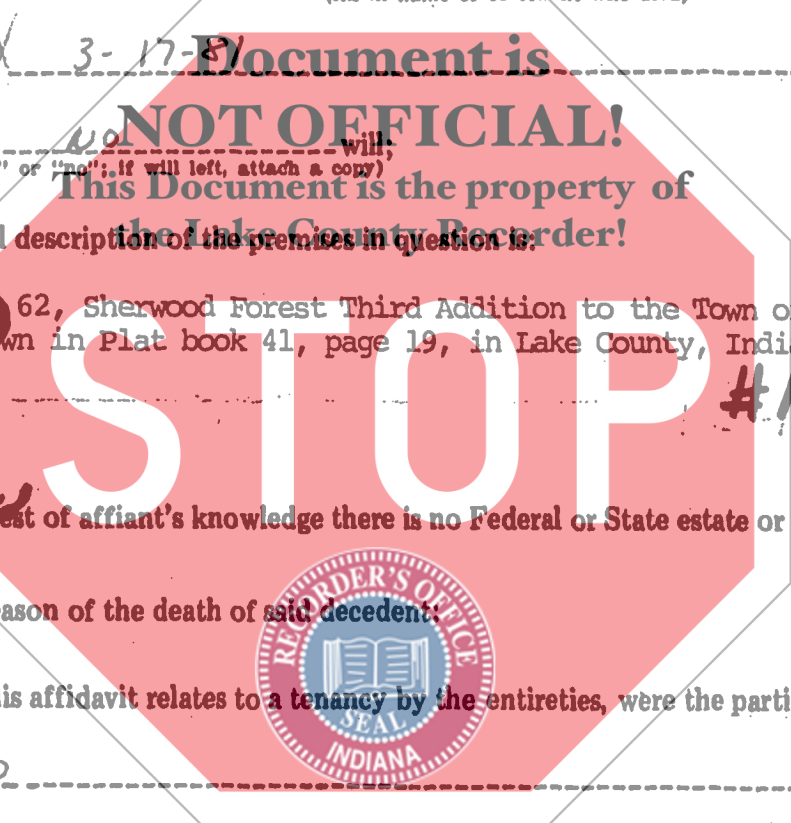
to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
2. Affiant is OWNER
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JAMES L. BERRYMAN and LUCY S. BERRYMAN
4. Said LUCY S. BERRYMAN

died on 3-17-81 leaving no will
(This Document is the property of the Lake County Recorder!)

- 5. The legal description of the premises in question is:
62, Sherwood Forest Third Addition to the Town of Schererville,
in Plat book 41, page 19, in Lake County, Indiana.

FILED APR 6 1990



#18-166-17

Under No. 26. Article 13 of the Constitution of the State of Indiana, the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
X no

(If answer is "Yes," identify the divorce proceedings:)

- 8. Affiant's relationship to the deceased was Husband

Signature: James L. Berryman
Address: 1911 Sir Richard Rd. Schererville, IN. 46375

Subscribed and sworn to before me by the affiant

this March 23, 1990
(insert date)

Doris S. Riley Notary Public

My Commission Expires August 16, 1991

County of Residence: LAKE

This instrument prepared by James L. Berryman

000162

STATE OF INDIANA/S.S. NO. LAKE COUNTY... FILED FOR RECORD... APR 9 1 17 PM 1990 ROBERT BAGG, FREELANCE RECORDER

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

550 OK

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

Below for State Office Use

FUNERAL HOME
No. 776

FUNERAL DIRECTOR'S
LICENSE No. 367

EMBALMER'S NAME Ronald J. Mesarch MAR 27 1981 LICENSE No. 591

FUNERAL DIRECTOR'S
SIGNATURE *Ronald J. Mesarch*

Local No. 476-81

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED—NAME FIRST MIDDLE LAST LUCY S. BERRYMAN		SEX Female	DATE OF DEATH (MONTH DAY YEAR) March 17, 1981
RACE—(See 10-12) White	AGE—(Last Birthday) 36	UNDER 1 YEAR MOB DAYS 5b	UNDER 1 DAY HOURS MIN 5c
CITY, TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c Our Lady of Mercy	IF HOSP OR INST Indicate 7d Emer.
STATE OF BIRTH Germany	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED 10 Married	SURVIVING SPOUSE (If wife give her last name) 11 James L. Berryman
SOCIAL SECURITY NUMBER 12 304-48-0261	USUAL OCCUPATION (Give kind of work done during most of working life even if sporadic) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At Home	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Schererville	
STREET AND NUMBER 18d 1911 Sir Richard Road		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES or NO) 16i 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 16 Bernard Nowakowski		MOTHER—MAIDEN NAME 17 Jannia Sliwicka	
INFORMANT—NAME (Specify relationship) 18a James L. Berryman - Husband		MAILING ADDRESS 18b 1911 Sir Richard Road	CITY OR TOWN STATE ZIP 18c Schererville, Indiana 46375
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b St. Michael Cemetery	LOCATION CITY OR TOWN STATE 19c Schererville, Indiana
DATE (MONTH, DAY, YEAR) 20a March 20, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46010	
21a. Signature <i>Albert J. Willardo, M.D.</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21i ALBERT J. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (Mo., Day Yr.) 21b 3-25-81	HOUR OF DEATH 21c M
HEALTH OFFICER—SIGNATURE <i>Albert J. Willardo, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-27-81	21d ON 3-17-81 21e AT 11:10 PM
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Myocardial infarction collapse due to</i> (b) <i>coronary artery disease</i> (c) OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a))		Interval between onset and death Interval between onset and death Interval between onset and death	
PART II ACC SURCIDE, HOM, UNDET, OR F UNING INVEST. (Specify) 23a NATURAL		23b PLACE OF INJURY (At home, in street, public place, etc. (Specify))	23c HOUR OF INJURY M
23d DESCRIBE HOW INJURY OCCURRED		23e LOCATION	23f CITY OR TOWN STATE
23g INJURY AT WORK (Specify Yes or No)		23h AUTOPSY (Specify Yes or No) 24 YES	

WHEREIN THE COUNTY OF LAKE AND THE CITY OF SCHERERVILLE, INDIANA, BEING THE PLACE WHERE THE DECEASED RESIDED AT THE TIME OF DEATH, THE HEALTH OFFICER HAS DETERMINED THAT THE DECEASED WAS A RESIDENT OF THE CITY OF SCHERERVILLE, INDIANA, AT THE TIME OF DEATH.



FILED
APR 6 1981
RMR

Albert J. Willardo

CHICAGO TITLE INSURANCE COMPANY

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

Below for State Office Use:

I have examined the above certificate and find it correct and true. I have also examined the body and find it consistent with the above certificate. I have also examined the records of the coroner's office and find them correct and true. I have also examined the records of the hospital and find them correct and true. I have also examined the records of the funeral home and find them correct and true. I have also examined the records of the police and find them correct and true. I have also examined the records of the coroner's office and find them correct and true. I have also examined the records of the hospital and find them correct and true. I have also examined the records of the funeral home and find them correct and true. I have also examined the records of the police and find them correct and true.

EMBALMER'S NAME: Ronald J. Mesarch MAR 27 1981 LICENSE No. 591

FUNERAL DIRECTOR'S SIGNATURE: *Ronald J. Mesarch* FUNERAL DIRECTOR'S LICENSE No. 367

FUNERAL HOME No. 776

Local No. 476-81

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

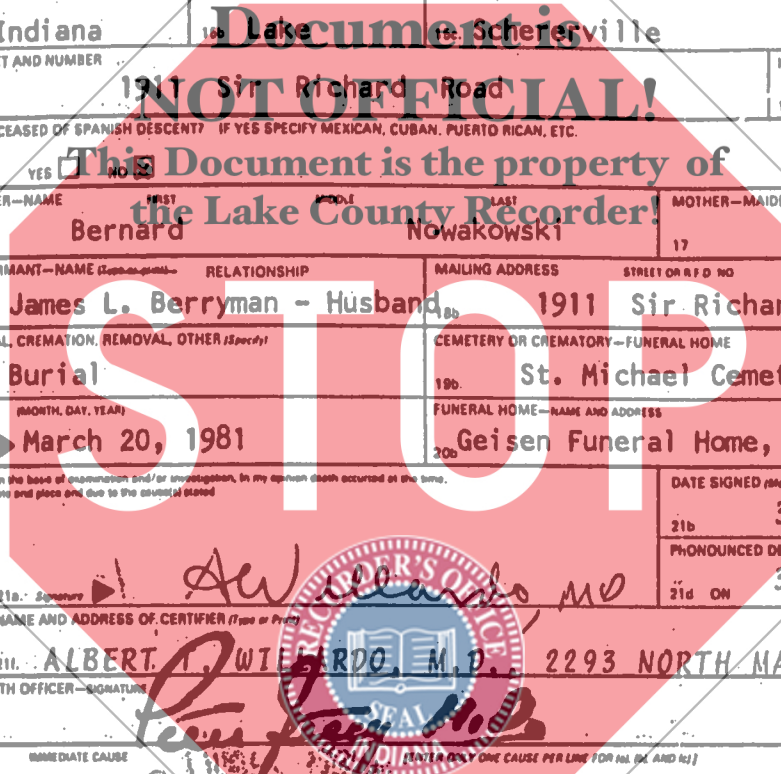
DISPOSITION

CERTIFIER

REASON WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		LUCY	S.	BERRYMAN	Female	March 17, 1981	
RACE—(to g. When Black American Indian etc. (Specify))	AGE—(Last Birthday (Yr.))	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
4 White	6a 36	5b MOS	DAYS	5c HOURS	6 June 5, 1944	7a Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number)		IF HOSP OR INST. Indicate OP Emer. Rm. Inpatient (Specify)	
7b Dyer				7c Our Lady of Mercy		7d Emer.	
STATE OF BIRTH (If not in U.S. A name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN ARMED FORCES? (Specify Yrs or Mo)	
8 Germany	9 U.S.A.		10 Married	11 James L. Berryman		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if remote)			KIND OF BUSINESS OR INDUSTRY		
13 304-48-0261		14a Housewife			14b At Home		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yrs or Mo)
16a Indiana		16b Lake	16c Schererville		16d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16e Yes
STREET AND NUMBER		17 1911 Sir Richard Road					181
18 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
19g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
16' Bernard				Nowakowski	17 Jannia		Sliwicka
INFORMANT—NAME (Specify relationship)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	
18a James L. Berryman - Husband		18b		1911 Sir Richard Road		Schererville, Indiana 46375	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN	
19a Burial		19b St. Michael Cemetery		19c		Schererville, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
20a March 20, 1981		20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46010					
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place indicated on this certificate.				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a Signature: <i>Albert T. Wierardo</i>				21b 3-25-81		21c M	
NAME AND ADDRESS OF CERTIFIER (Firm or Print)				21d ON 3-17-81		21e AT 11:10 PM	
21i ALBERT T. WIERARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307				DATE RECEIVED BY LOCAL HEALTH OFFICER		22b 3-27-81	
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a				22b			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1(a) AND 1(b))							
PART I (a) Vasodilation collapse due to							
(b) coronary artery disease							
(c) Interval between onset and death							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions need relate to death but related to cause given in PART I (a))							
A-5C SUICIDE, HON. UNDETERMINED OR LINGERING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
27a NATURAL		27b		27c M		27d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(As home is or street location infer housing etc. (Specify))		LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE	
28a		28b		28c		28d	
29							



FILED

APR 6 1981

Dana R. Latona

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CHICAGO TITLE INSURANCE COMPANY