

159560

*Sue-Tarleton*

# TICOR TITLE INSURANCE

91024523

AFFIDAVIT

STATE OF INDIANA }  
COUNTY OF LAKE } SS:

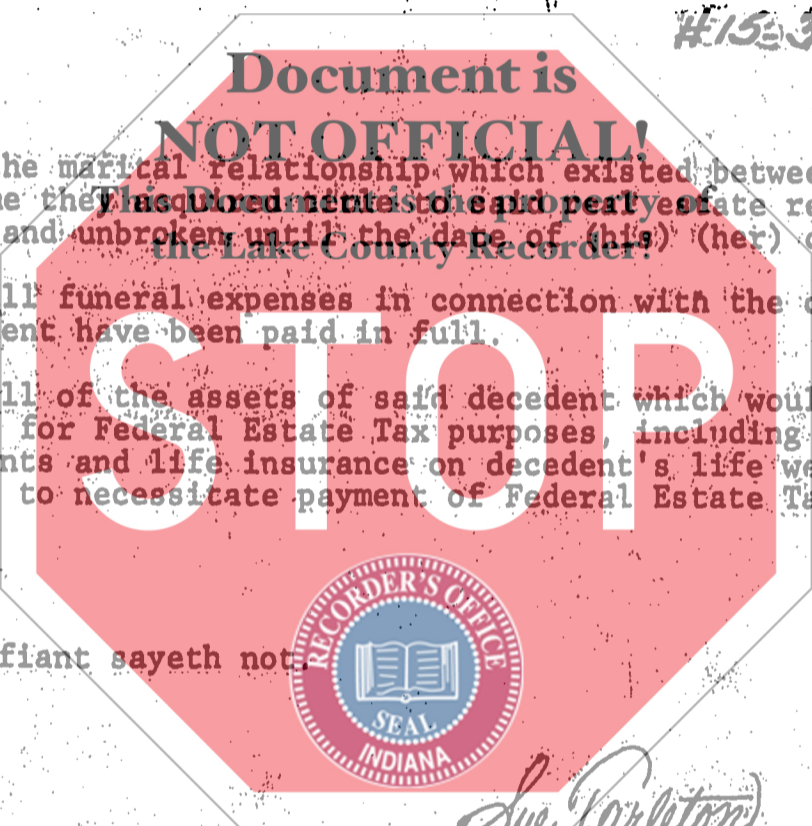
STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED  
MAY 22 '91 26 AM '91  
ROBERT "BOB" BELLAND  
RECORDER

Sue Tarlton, being first mother  
sworn upon oath, deposes and says:

1. That Affiant's ~~spouse~~ mother, Bernice I. Lietzan  
died (without leaving a will) (leaving a will) on January 11,  
1982 at Munster Med-In

Bernice I. Lietzan and Raymond Lietzan  
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 22, in Block 2, of "Corrected Plat" as of August 31, 1959, Wright  
Manor Addition to Gary, in the Town of Merrillville, as per plat thereof  
recorded in Plat Book 32, page 26, in the Office of the Recorder of Lake  
County, Indiana.

#15-314-22



- 3. That the ~~marital relationship which existed between them~~  
at the time they ~~acquired title to the real estate~~ remained  
in effect and ~~unbroken until the date of (his) (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 not  
sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Sue Tarlton*  
SUE TARLTON

Subscribed and sworn to before me, a Notary Public, this 2nd  
day of May, 1991.

*Linda J. McBride*  
Linda J. McBride, Notary Public

My Commission expires:  
1-26-95

County of Residence:  
Lake

**FILED**  
MAY 20 1991

This Instrument prepared by SUE TARLTON *Sue N. Anton*  
AUDITOR LAKE COUNTY

00810 *800*

159566

# LAKE COUNTY HEALTH DEPARTMENT

CROWN POINT, INDIANA

## Local Record of Death

### Document is

This Is to Certify, that our records show BERNICE T. LETZAN died

JANUARY 11, 1982 This Document is the property of MUNSTER, IND. IN.  
Date of Death Place of Death

Age 74 Sex FEMALE Color WHITE Marital Status MARRIED

Primary cause of death given was

PNEUMONIA

Signed by DR. GADDIPATI UNKNOWN MAY 20, 1991  
Address

THIS CERTIFIES THE ABOVE IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF  
DEATH FILED WITH THE LAKE COUNTY  
HEALTH DEPT.

Date of Burial JANUARY 14, 1982 C. J. HUBER FH HAMMOND IN  
or Removal APR 25 1991 Funeral Director Address



Signed Alexander S. Williams, M.D.  
Health Commissioner

LAKE COUNTY HEALTH COMMISSIONER

Date of Issue APRIL 25, 1991

Record was filed JANUARY 18 1982 Book No. 1982 Page No. 70

00811

Wright Manor to Burial  
h. 22 Bl 2 # 15-314-22