

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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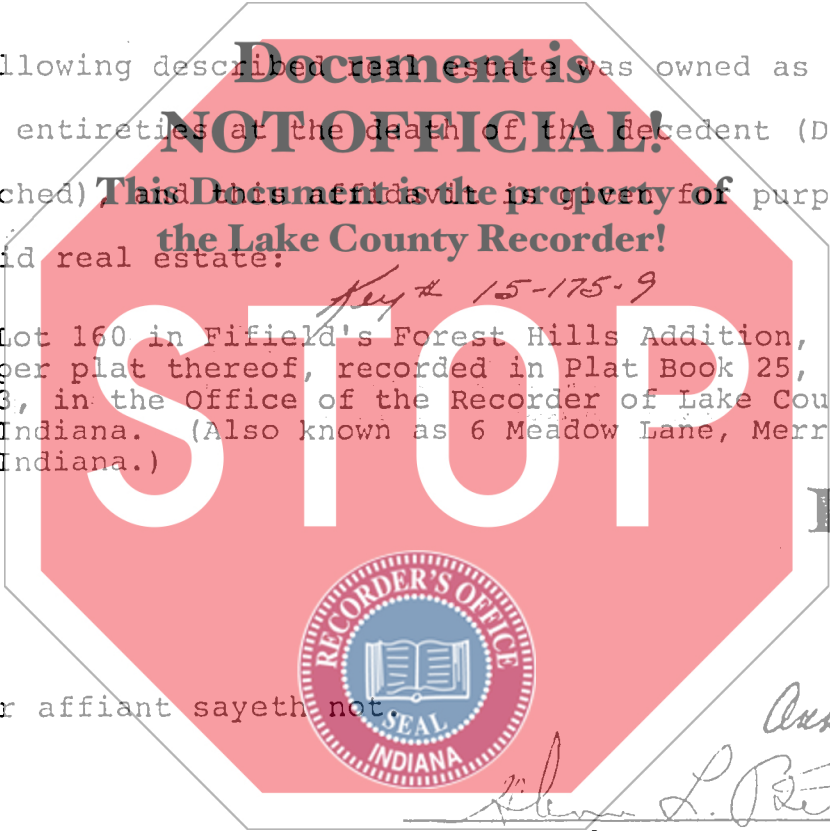
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SURVIVOR'S AFFIDAVIT

GLENN L. BETTENS of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that THERESA L. BETTENS died, intestate, a resident of Lake County, Indiana, on the 29th day of September, 1991; that she was his wife and he lived with her as husband and wife to the day of her death; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to her death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached) and this document is the property of the Lake County Recorder! purposes of clearing title to said real estate:

Key # 15-175-9
Lot 160 in Fifield's Forest Hills Addition, as per plat thereof, recorded in Plat Book 25, page 3, in the Office of the Recorder of Lake County, Indiana. (Also known as 6 Meadow Lane, Merrillville, Indiana.)



FILED

JAN 28 1992

Further affiant sayeth not.

Anna N. Anton
AUDITOR LAKE COUNTY

Glenn L. Bettens
Glenn L. Bettens

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in the County of Lake, State of Indiana, this 30th day of October, 1991.

My Commission expires:
January 2, 1994

Matthew P. Dogan
Matthew P. Dogan, Notary Public
Resident of Lake County

This instrument prepared by MATTHEW P. DOGAN, Attorney at Law.
626 West Ridge Road, Gary, Indiana 46408

SPD

INDIANA STATE BOARD OF HEALTH

Local No. 1987-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

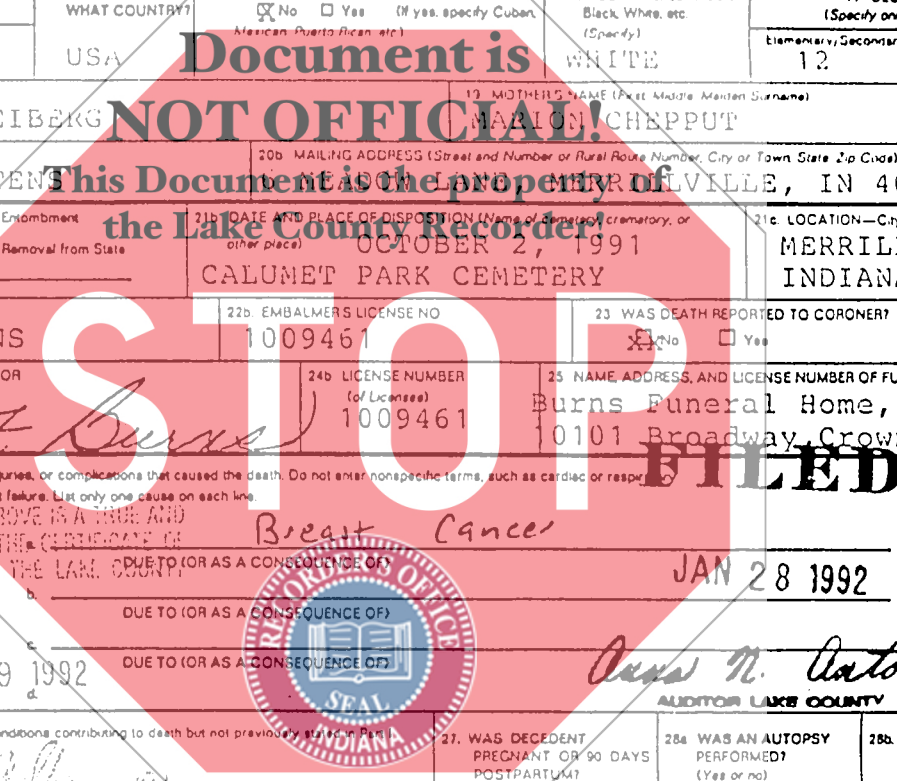
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) THERESA L BETTENS			2 SEX FEMALE		3a TIME OF DEATH *:45 A	3b DATE OF DEATH (Month, Day, Year) SEPT. 29, 1991
4 SOCIAL SECURITY NUMBER 384-28-8993		5a AGE—Last Birthday (Years) 61	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) JANUARY 26, 1930	
7 BIRTHPLACE (City and State or Foreign Country) HUBBEL, MICHIGAN		8a WAS DECEDENT A US VETERAN? NO				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1957		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) ST. ANTHONY HOSPITAL			9c CITY, TOWN OR LOCATION OF DEATH CROWN POINT		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) GLENN L. BETTENS		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY AT HOME
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION MERRILLVILLE		13d STREET AND NUMBER 6 MEADOW LANE
13e ZIP CODE 46410		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (0-12) 12 College (14 or 16)				
18 FATHER'S NAME (First, Middle, Last) NICHOLAS FREIBERG			19 MOTHER'S NAME (First, Middle, Maiden Surname) MARION CHEPPUT			
20a INFORMANT'S NAME (Type/Print) GLENN L. BETTENS			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15 MEADOW LANE, MERRILLVILLE, IN 46410		20c Relationship HUSBAND	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) OCTOBER 2, 1991 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE INDIANA		
22a EMBALMER'S NAME JAMES F. BURNS		22b EMBALMER'S LICENSE NO. 1009461		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		24b LICENSE NUMBER (of Licensee) 1009461		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home, FDH83002445 10101 Broadway Crown Point, Ind.		
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Breast Cancer APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4630						
26 PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I. HEALTH DEPT. JAN 09 1992 Alexander S. Williams, MD AUDITOR LAKE COUNTY						
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>R. S. Dray</i>		29c MEDICAL LICENSE NO. 01031484		
29d DATE SIGNED (Month, Day, Year) September 30, 1991		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RAY E. DRASGA, 8127 MERRILLVILLE RD, CROWN POINT, IN 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>		32 DATE FILED (Month, Day, Year) SEP 30 1991				
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		
34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g DATE PRONOUNCED DEAD (Month, Day, Year)				
34h MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify date, time, location, and other pertinent information.		01310				



Key #15-175-9 Fifield's Forest Hills Add. 1.160