

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

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A F F I D A V I T

WILLIAM J. MORAN, being first duly sworn upon his oath, states as follows:

1. That he is the personal representative of the estate of Robert C. Heisterberg, Deceased, pursuant to Order of the Lake Superior Court under Estate No. 45D05-19301-ES-01 dated January 6, 1993.

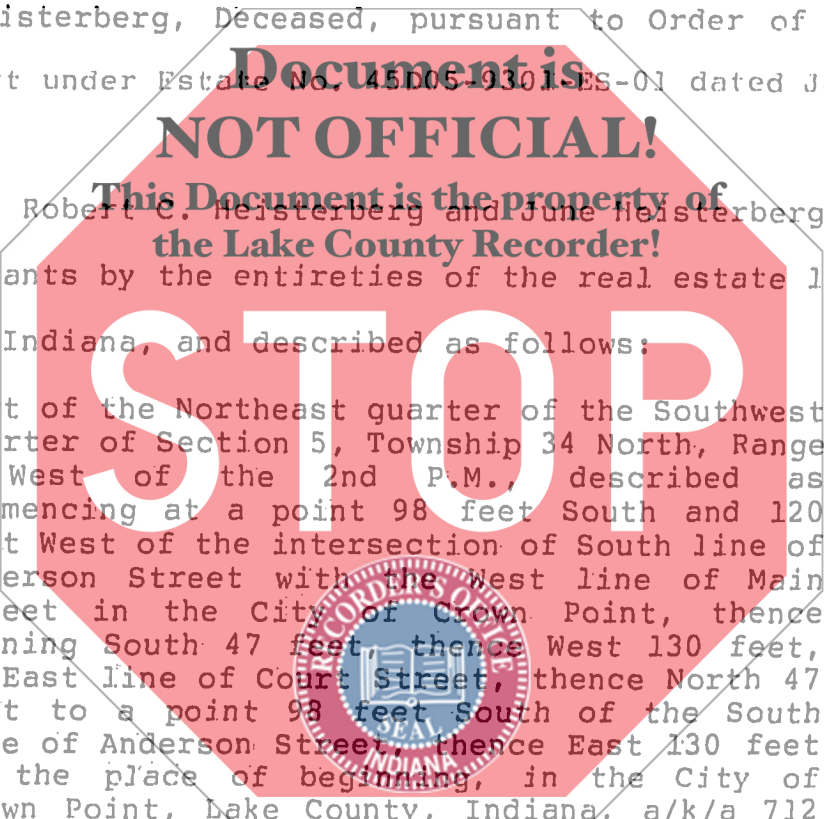
2. That Robert C. Heisterberg and June Heisterberg were the owners as tenants by the entireties of the real estate located in Lake County, Indiana, and described as follows:

Part of the Northeast quarter of the Southwest quarter of Section 5, Township 34 North, Range 8 West of the 2nd P.M., described as commencing at a point 98 feet South and 120 feet West of the intersection of South line of Anderson Street with the West line of Main Street in the City of Crown Point, thence running South 47 feet, thence West 130 feet, to East line of Court Street, thence North 47 feet to a point 98 feet South of the South line of Anderson Street, thence East 130 feet to the place of beginning, in the City of Crown Point, Lake County, Indiana, a/k/a 712 N. Court Street, Crown Point, IN 46307.

3. That June Heisterberg died a resident of Lake County, Indiana, on September 25, 1969, as evidenced by her Medical Certificate of Death which is attached hereto and marked as Exhibit "A".

4. That June Heisterberg and Robert C. Heisterberg were husband and wife and lived together continuously until the time of her death.

STATE OF INDIANA
LAKE COUNTY
RECORDED
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1993



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5. That the assets of neither June Heisterberg nor Robert C. Heisterberg as of the time of their deaths were sufficient to require the filing of Federal estate tax returns.

FURTHER AFFIANT SAITH NOT.


WILLIAM J. MORAN

SUBSCRIBED AND SWORN to before me, a Notary Public, this 24 day of March, 1993.

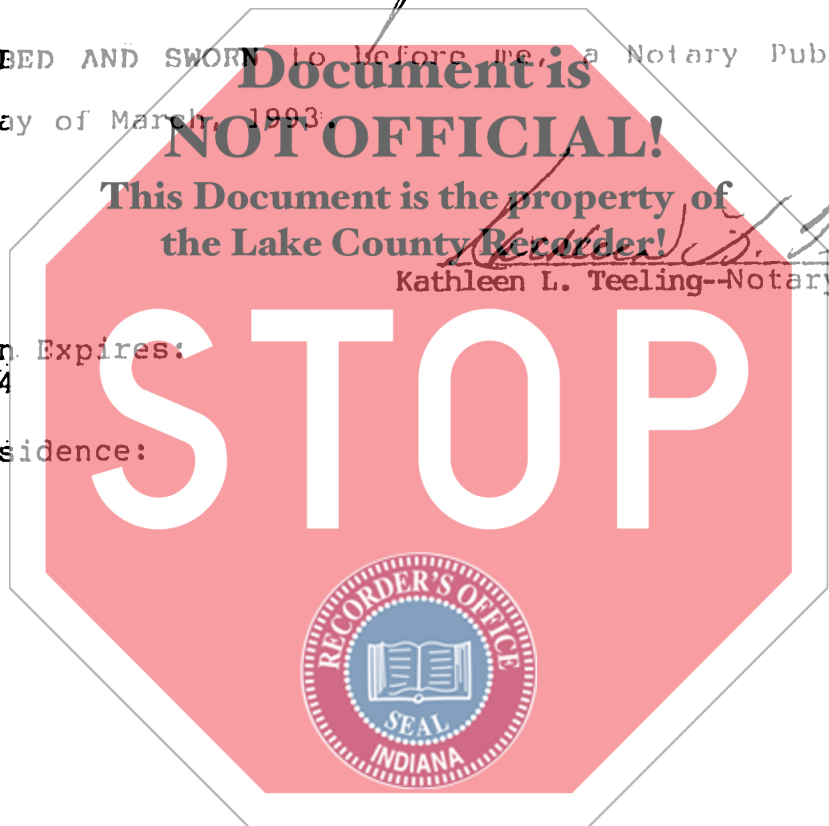
Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!


Kathleen L. Teeling-Notary Public

My Commission Expires:
12/12/94

County of Residence:
Lake



This instrument prepared by: William J. Moran, Attorney at Law,
9105-A Indianapolis Boulevard,
Highland, Indiana 46322



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

Below for State Office Use

Local No. **634**

FUNERAL HOME
No. **129**

LICENSE No. **1413**

FUNERAL DIRECTOR'S
No. **507**
LICENSE No.

EMBALLER'S NAME **Robert P. Gelsen**

FUNERAL DIRECTOR'S SIGNATURE
Robert P. Gelsen

Exhibit 'A'
Pt. NE SW 5.5 T. 34 R. 8 C. 14 AC (W7X130ft)
Key # 9# 314-35
Unit # 23

Disposition Permit
Issued
Provisional
Certificate
No. **129**

DECEASED

1. NAME **John**

2. CITY, TOWN, OR VILLAGE **East Chicago**

3. STATE OF BIRTH **Indiana** COUNTRY **USA**

4. SOCIAL SECURITY NUMBER **713 H 314-35**

5. USUAL RESIDENCE WHERE DECEASED GIVEN IF OTHER OCCURRED IN PREVIOUS RESIDENCE GIVE RESIDENCE BEFORE ADMISSION

6. RESIDENCE STATE **Indiana** COUNTY **Marion** TOWNSHIP **Green**

7a. FATHER NAME FIRST **Robert O. Halperberg** MIDDLE **Thompson** LAST **Thompson**

7b. MOTHER NAME FIRST **Theresa** MIDDLE **Thompson** LAST **Thompson**

8. IMMEDIATE CAUSE

9. CONCLUSIVE OPINION WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

10. DATE TIME OF DEATH MONTH **Sept** DAY **27** YEAR **1969** HOUR **10:00** DATE SIGNED **Sept 27 1969** COUNTY **Marion** STATE **Indiana**

11. D. O. OR D. O. PHYSICIAN'S NAME TYPE OF PRINT

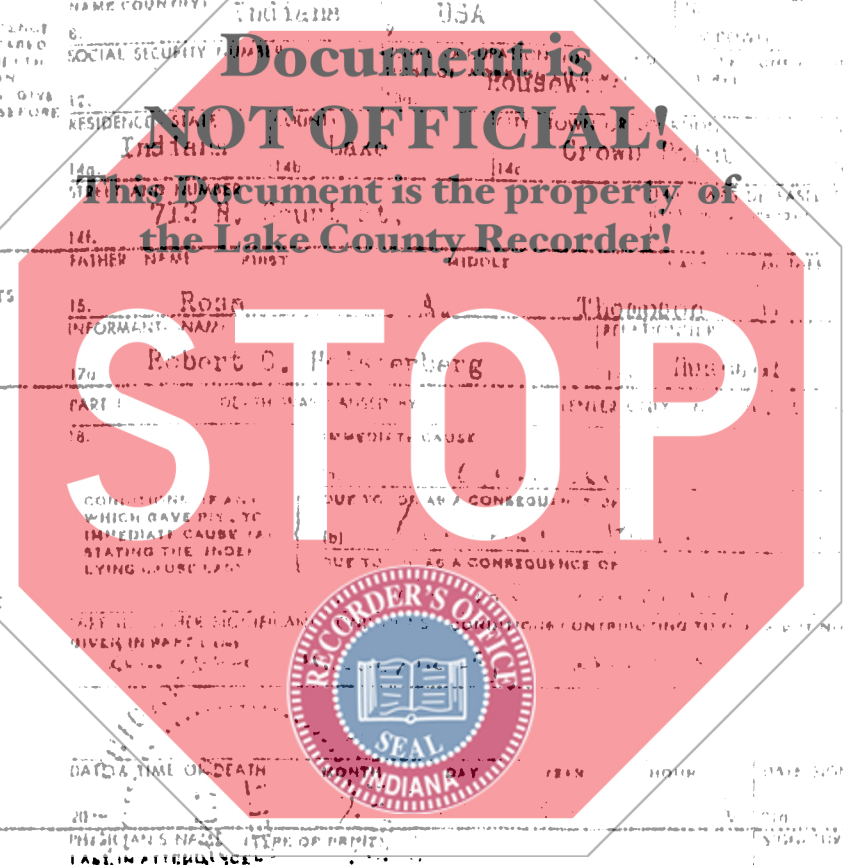
12. MAILING ADDRESS PHYSICIAN STREET OR R.F.D. NO. CITY STATE ZIP

13. HOSPITAL OR OTHER INSTITUTION (a) NAME **Explores & Cemetery** CITY OR VILLAGE **East Chicago** STATE **Indiana** ZIP **46312**

14. MONTH DAY YEAR **Sept. 27 1969** HOSPITAL NAME (b) ADDRESS

15. DISPOSITION

16. SIGNATURE **Robert P. Gelsen**



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