

FILED

STATE OF INDIANA
COUNTY OF LAKE

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) SS:
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MAR 30 1993

94002209

SURVIVORSHIP AFFIDAVIT

Lana N. Unton
CLERK LAKE COUNTY

ELIZABETH M. MERKLEY, being first duly sworn upon her oath,
deposes and says:

1. That Affiant's spouse, LAWRENCE M. MERKLEY, died on the
14th day of March, 1980, as more fully evidenced by the Certificate
of Death attached hereto as Exhibit A, made a part hereof and
incorporated herein by reference.

2. That LAWRENCE M. MERKLEY died leaving a Will dated May
27, 1959, which Will was not probated.

3. That Affiant and LAWRENCE M. MERKLEY were duly and
legally married at the time that they acquired title as husband and
wife to various parcels of real estate, true and correct, legal
descriptions of which are attached hereto as Exhibit B, made a part
hereof and incorporated herein by reference.

4. That the marital relationship which existed between
Affiant and LAWRENCE M. MERKLEY at the time they acquired title to
the aforescribed real estate remained in effect and unbroken
until the date of the death of Affiant's spouse.

5. That all funeral expenses in connection with the death of
said decedent have been paid in full.

6. That all of the assets of said decedent which would be
includable for federal estate taxes purposes, including joint bank
accounts and life insurance on decedent's life, were not sufficient



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LAKE COUNTY
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to necessitate payment of federal estate tax or Indiana Inheritance Tax.

7. That Affiant is an adult female, competent to make this Affidavit, who resides at 6808 Belshaw Road, Lowell, Lake County, Indiana 46356.

Further Affiant sayeth not.

Elizabeth Merkley
ELIZABETH M. MERKLEY Affiant

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 13th day of August, 1993.

My Commission Expires:
September 8, 1997
Lake County, Resident

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Thomas K. Hoffman
Notary Public
Thomas K. Hoffman
Printed Name



THIS INSTRUMENT PREPARED BY: THOMAS K. HOFFMAN #7731-45
One Professional Center, Suite 308
Crown Point, IN 46307

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

Below for State Office Use

- A _____
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Disposition Permit Issued / /
Provisional Certificate
 Yes No

S. 32 T. 32 R. 8 3.60 AC
Pt of lots 849
Key # 3-26-7; unit # 02
Local No. 1380

Pt SENE S of Belshaw Rd.
S. 35 T. 33 R. 9 11.496 AC Key # 3-80-14; unit # 02

Pt NE NW SE S. 35 T. 33 R. 9 11.50 AC
Nly of Cedar Creek
Key # 3-80-18
State unit # 02

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

FUNERAL HOME
No. 427

LICENSE No. 90
FUNERAL DIRECTOR'S
LICENSE No. 2258

EMBALMER'S NAME: James M. Love
FUNERAL DIRECTOR'S SIGNATURE: [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 Lawrence M. Merkley		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 3-14-1980
RACE - (See White, Black, American Indian, etc. (Specify)) White	AGE - (See Under 1 Year, 1 to 14, 15 to 64, 65 and over) (Specify) 70	DATE OF BIRTH (MONTH, DAY, YEAR) 3-27-1909	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Lowell	HOSPITAL OR OTHER INSTITUTION - (Name if not in either give street and number) 6808 Belshaw Road		IF HOSP OR INST, Indicate Dept. of Emer. Serv. Hospital Account
STATE OF BIRTH (If not in U.S. give country) Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Elizabeth Tyler	SURVIVING SPOUSE (If wife give maiden name)
SOCIAL SECURITY NUMBER 304-07-2366	USUAL OCCUPATION (Give kind of work done during most of preceding 12 months) Dentist	KIND OF BUSINESS OR INDUSTRY 	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION 6808 Belshaw Road	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
STREET AND NUMBER 6808 Belshaw Road		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) NO
IS DECEASED OF SPANISH DESCENT? - IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME Joseph Merkley	MOTHER - MAIDEN NAME Catherine Miller		
INFORMANT - NAME (Type or print) Elizabeth Merkley	MAILING ADDRESS (STREET OR R.F.D. NO.) 6808 Belshaw Road	CITY OR TOWN Lowell	STATE Indiana 46356
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY - FUNERAL HOME St. Edwards Cemetery	LOCATION - CITY OR TOWN Lowell, Indiana	
DATE (MONTH, DAY, YEAR) 3-17-1980	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Sheets Funeral Home 604 E. Commercial Ave. Lowell, In. 46356		
In the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21a (Signature) <u>[Signature]</u>		DATE SIGNED (MONTH, DAY, YEAR) 3/17/80	HOUR OF DEATH 9 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) David Templin, M.D.			
MAILING ADDRESS - PHYSICIAN 308 E. Commercial Ave. Lowell, Indiana 46356			
HEALTH OFFICER - SIGNATURE <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-17-80	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I (a) Cerebral vascular Accident 30 1993 2 days Interval between onset and death			
(b) Alzheimers disease 5 years Interval between onset and death			
(c) 			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to those given in PART I (a), (b), or (c) PART II		AUDITOR Wm N. Antone AUDITOR LAKE COUNTY	

1303B

EXHIBIT A

Tax Key No. 3-26-7

All that part lying North of the Marble Powers Ditch, known as the Kankakee River and South of the Ole Channel of the Kankakee River Bed in the Southeast 1/4 of Section 32, Township 32 North Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana.

Tax Key No. 3-80-14

A part of the Southeast 1/4 of the Northeast 1/4 of Section 35, Township 33 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Commencing at the Southeast corner of the Northeast 1/4 of said Section; thence West 1336 feet, more or less, along the South line of said Northeast 1/4 to the West line of the Southeast 1/4 of the Northeast 1/4; thence North along the West line of said Southeast 1/4 of the Northeast 1/4, 161.5 feet to the center of Belshaw Road; thence Northeast along the centerline of said road 1415.1 feet to the East line of said Section 35 (which is also the center line of Joe Martin Road); thence South along said Section line 679.1 feet to the point of beginning, excepting therefrom that part described as follows:

Commencing at the intersection of the Belshaw Road and the Joe Martin Road; thence Southwesterly along the center line of the Belshaw Road a distance of 225 feet, more or less; thence South 150 feet, more or less; thence due East to the center of Joe Martin Road; thence due North along the center of the Joe Martin Road a distance of 232 feet, more or less to the place of beginning.

Tax Key No. 3-80-18

A part of the West 1/2 of the Southeast 1/4 of Section 35, Township 33 North, Range 9 West of the 2nd Principal Meridian in Lake County, Indiana, described as follows: Commencing at the Northeast corner of the West 1/2 of the Southeast 1/4 of Section 35; thence 217.6 feet West to a point in the center of Old State Road; thence Southwesterly along the center line of said road, 113.25 feet to a point at the bridge over Cedar Creek; thence Southeasterly along the center line of said creek to the East line of said West 1/2 at a point on said East line which is 358.5 feet South of the place of beginning; thence North 358.5 feet to the place of beginning.