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COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

COMMUNITY TITLE COMPANY

FILE NO. L 7534

FILED

MAR 8 1994

David R. Anton
CLERK LAKE COUNTY

94018958

AFFIDAVIT

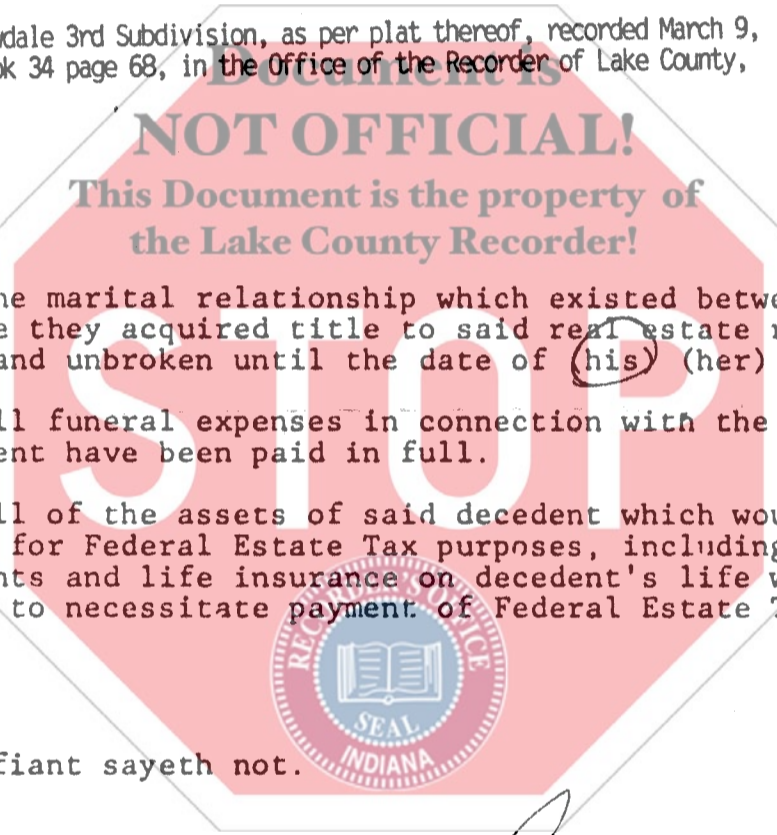
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Ruth H. Bergstrom, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Norman C. Bergstrom died (without leaving a will) (leaving a will) on June 2 1980 at Broadway Methodist Hospital

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 27 in Meadowdale 3rd Subdivision, as per plat thereof, recorded March 9, 1961 in Plat Book 34 page 68, in the Office of the Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said 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.

Ruth H. Bergstrom

Subscribed and sworn to before me, a Notary Public, this 3rd day of March, 1994.

Patricia Ludington
Notary Public

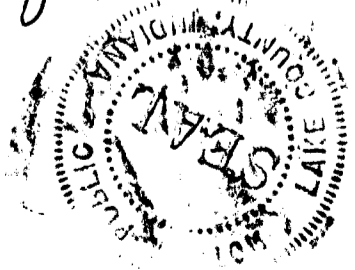
My Commission expires:
04-15-94

County of Residence:
Lake

This Instrument prepared by Ruth H. Bergstrom

STATE RECORDER
MAR 14 10 37 AM '94

STATE OF INDIANA
LAKE COUNTY
FILED 1994 MAR 14 10 37 AM



00479

800 cm

FOR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Offices Use

STATE OF INDIANA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPT.
LAKE COUNTY HEALTH DEPT.
JAN 13 1981
COMPLETE COPY OF THIS CERTIFICATE OF DEATH
TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME: Ronald J. Mesergh
FUNDAL HOME: 776
FUNDAL DIRECTOR'S SIGNATURE: Ronald J. Mesergh
LICENSE No. 591
FUNDAL DIRECTOR'S SIGNATURE: Ronald J. Mesergh
LICENSE No. 1261
LAKE COUNTY HEALTH DEPT.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUMENT SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.O.
OR
D.O.

CONDITIONS IF ANY WHICH LEAVE RISK TO IMMEDIATE CAUSE (A) IF ANY, THE UNDERLYING CAUSE (B) CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 831-80

1. DECEASED—NAME Norman C. Bergstrom		SEX Male	DATE OF DEATH (MONTH DAY YEAR) June 2, 1980
2. RACE White	3. AGE—Last Birthday 59	4. DATE OF BIRTH (MO DAY YEAR) Sept. 29, 1920	5. COUNTY OF DEATH Lake
6. CITY, TOWN OR LOCATION OF DEATH Merrillville	7. HOSPITAL OR OTHER INSTITUTION Broadway Methodist Hospital	8. IF HOSP OR INST (NAME OF HOSP OR INST)	
9. STATE OF BIRTH Mass.	10. CITIZEN OF WHAT COUNTRY USA	11. MARRIED NEVER MARRIED WIDOWED DIVORCED Married	12. SURVIVING SPOUSE (NAME) Ruth H. Hanson
13. SOCIAL SECURITY NUMBER 022-14-1913	14. USUAL OCCUPATION Quality Assurance Supervisor	15. KIND OF BUSINESS OR INDUSTRY United States Steel Co	
16. RESIDENCE—STATE Indiana	17. COUNTY Lake	18. CITY, TOWN OR LOCATION Merrillville	19. IS RESIDENCE ON A FARM? NO
20. STREET AND NUMBER 1621 W. 53rd. Place	21. IS RESIDENCE IN CITY LIMITS (SPECIFY YES OR NO) Yes	22. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO	
23. FATHER—NAME Gustaf L. Bergstrom	24. MOTHER—MAIDEN NAME Linnea Kallstrom	25. INFORMANT—NAME (Type or print) Ruth H. Bergstrom - Wife	
26. RELATIONSHIP Wife	27. MAILING ADDRESS 1621 W. 53rd. Place Merrillville, Indiana 46410	28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
29. DATE (MONTH DAY YEAR) June 4, 1980	30. CEMETERY, JIL CREMATORY—FUNERAL HOME Calumet Park Cemetery	31. LOCATION Merrillville, Indiana	32. FUNERAL HOME NAME AND ADDRESS Geisen Funeral Home Inc. 7905 Broadway Merrillville,
33. To the best of my knowledge death occurred at the time, date, place and cause stated	34. DATE SIGNED (MO DAY YEAR) 6/5/80	35. HOUR OF DEATH 8:50	36. SIGNATURE [Signature]
37. NAME OF ATTENDING PHYSICIAN (Type or Print)	38. HEALTH OFFICER—SIGNATURE [Signature]		
39. MAKING ADDRESS—PHYSICIAN	40. DATE RECEIVED BY LOCAL HEALTH OFFICER 6-5-80		
41. PART (a) IMMEDIATE CAUSE Coronary Heart Disease	42. PART (b) DUE TO OR AS A CONSEQUENCE OF		
43. PART (c) DUE TO OR AS A CONSEQUENCE OF	44. PART (d) OTHER SIGNIFICANT CONDITIONS		