

96 SEP 16 AM 11:15

MARGARETTE CLAYTON
RECORDER

FILED

SEP 13 1996

SAM OHLICH
ALTON LAKE COUNT

96061692

STATE OF INDIANA
COUNTY OF LAKE

} SS

AFFIDAVIT OF SURVIVORSHIP

Comes now, Timothy J. Behary, being duly sworn upon his oath, and states as follows:

That the affiant is the Personal Representative in the Estate of Elizabeth Behary, pending in the Lake Superior Court, Room Number Five under Cause No. 45DO5-9604-ES-110, and one of the assets in the estate is the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot two (2) in Block five (5) in Schilling's Edgewood Addition to the Town of Schererville, Lake County, Indiana, as marked and laid down on the recorded plat, as the same appears of record in Plat Book 28, Page 5, in the Recorder's Office of Lake County, Indiana.

Commonly known as 2114 Bluff Avenue, Schererville, Indiana.

That the affiant's parents, John Behary and Elizabeth Behary, were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 10th day of May, 1951, and recorded in the Office of the Lake County Recorder.

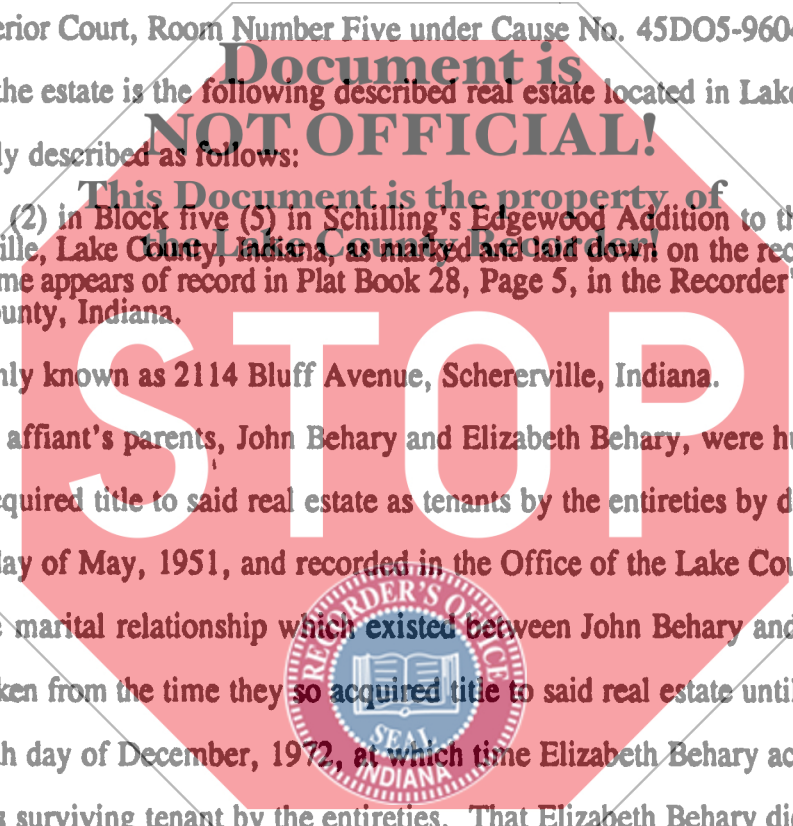
That the marital relationship which existed between John Behary and Elizabeth Behary continued unbroken from the time they so acquired title to said real estate until the death of John Behary on the 5th day of December, 1972, at which time Elizabeth Behary acquired sole title to the real estate as surviving tenant by the entireties. That Elizabeth Behary died on the 20th day of March, 1996.

That the gross value of the Estate of John Behary, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

That the gross value of the estate of Elizabeth Behary, as determined for the purpose of Federal Estate Taxes does not require the filing of a Federal Estate Tax Return.

That John Behary's estate was not subject to Indiana Inheritance Taxes.

COMMUNITY TITLE COMPANY
FILE NO. 13719



000752

1300
Su

That Elizabeth Behary's estate was subject to Indiana Inheritance Tax and the Inheritance Tax will be paid to the Treasurer of Lake County by the Affiant herein as the Personal Representative of the Estate of Elizabeth Behary.

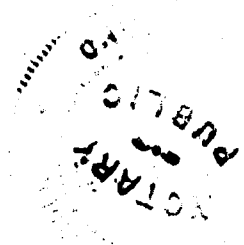
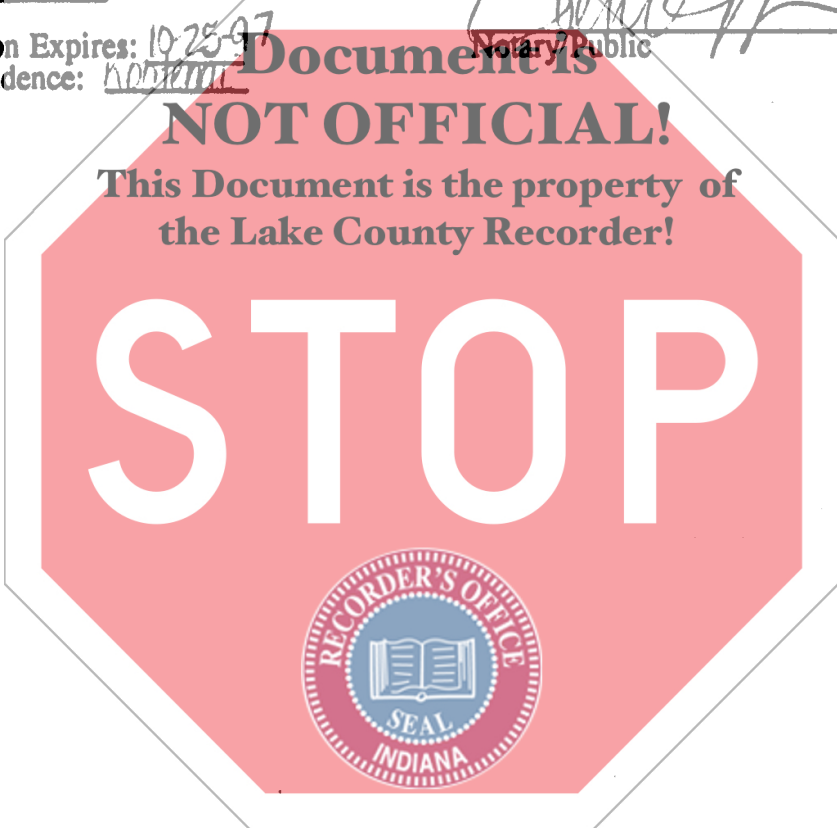
Timothy J. Behary
TIMOTHY J. BEHARY, Affiant

STATE OF Idaho
COUNTY OF Monteiri }

Subscribed and sworn to before me, a Notary Public, this 23rd day of AUGUST, 1996.

My Commission Expires: 10-25-97
County of Residence: Monteiri

[Signature]
Notary Public



**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

Local No. 644-72

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST John Behary			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 12/5/72
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 52	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 3/10/20	COUNTY OF DEATH 7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH 7b. Dyer			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Our Lady of Mercy Hospital Dyer, Ind. U.S.#30		
DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana USA		CITIZEN OF WHAT COUNTRY 9. USA		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Elizabeth Toth		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. 314-05-0297		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Carpenter		KIND OF BUSINESS OR INDUSTRY 13b. Components Inc.
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. St. John
14a. Indiana		14b. Lake	14c. Schererville		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
14f. 2114 Huff Ave.		14h. YES <input type="checkbox"/> NO <input type="checkbox"/>		15. IS RESIDENCE ON A FARM?		
PARENTS FATHER—NAME FIRST MIDDLE LAST 15. Steve Behary		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Esther Rosa		INFORMANT—NAME RELATIONSHIP 17a. Elizabeth Behary wife		
17b. wife		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 2114 Huff Ave., Schererville				
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE						
(a) <i>Myocardial infarct</i>						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <i>coronary artery disease</i>						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
CAUSE						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)				CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<i>severe pains or carcinoma</i>						19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>						
DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR						
12/5/72 12:10AM						
M. D. OR D. O.		PHYSICIAN'S NAME (TYPE OR PRINT) LAST INITIAL ATTENDANCE 22a. R Rees			SIGNATURE OF PHYSICIAN 22b. <i>[Signature]</i>	
22c. 2450 169		STREET OR R.F.D. NO		CITY OR TOWN Hammond	STATE Ind	ZIP 46325
DISPOSITION 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. St. Michaels		LOCATION CITY OR TOWN STATE Schererville, Indiana		
DATE (MONTH, DAY, YEAR) 24c. Dec. 7, 1972		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Burns Funeral Homes, Inc. Munster, Indiana				
HEALTH OFFICER—SIGNATURE 25b. <i>[Signature]</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. Dec. 7, 1972		

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

EMBALMER'S NAME George A. Burns LICENSE No. 2989

FUNERAL HOME 496
FUNERAL DIRECTOR'S 906
LICENSE No. 906
SIGNATURE *[Signature]*

Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No



FILED
SEP 13 1972
STATE OFFICE

000-33