

FILED

DEC 15 1997

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SAMORLIC 97086160
AUDITOR LAKE COUNTY

97 DEC 16 AM 9:59

MORRIS W. CARTER
RECORDER

MAIL TAX BILLS TO: Mrs. Karen Gehling
350 Little John Drive, Schererville, IN 46375

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

KEY NUMBER: 13-231-1

AFFIDAVIT

Karen L. Gehling, being first duly sworn upon her oath, deposes and says as follows:

1. That the affiant was the wife of the decedent, Robert J. Gehling, and the owner in fee simple of the following described real estate, to-wit:

Lot 1, Sherwood Forest 18th Addition to the town of Schererville, Lake County, Indiana, as recorded on November 3, 1977, Plat Book 47, Page 152, document 437379.

Better known as 350 Little John Drive, Schererville, IN 46375

2. That the affiant, and the decedent, Robert J. Gehling, were married on the 28th day of May, 1960. That the decedent and Karen Gehling 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 21st day of August, 1978, and recorded in the Office of the Lake County Recorder on March 15, 1979.

3. That the marital relationship which existed between the decedent, Robert J. Gehling, and Karen L. Gehling continued unbroken from the time they so acquired title to said real estate until the death of Robert J. Gehling on the 3rd day of July, 1993, at which time Karen L. Gehling acquired title to the real estate as surviving tenant by entireties.

4. That the gross value of the estate of the decedent, Robert J. Gehling, 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.

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5. That the decedent's estate was not subject to Indiana Inheritance Taxes as a result of this change of ownership, the surviving owner being the decedent's spouse, and therefore, fully exempt from Indiana Inheritance Tax.

Karen L. Gehling
Karen L. Gehling

SUBSCRIBED AND SWORN to before me, a Notary Public, this 9th day of December, 1997.

Michael S. Vass
Michael S. Vass, Notary Public

My Commission Expires: 06/14/00
County of Residence: Lake

Prepared by: Michael S. Vass, Attorney at Law
2850 45th Street, Highland, IN 46322
Telephone: (219) 922-3264

STATE OF MICHIGAN)
COUNTY OF BERRIEN) SS

I, M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County,

the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 7th day of July A.D. 1993

M. LOUISE STINE
COUNTY CLERK

Daniela Liska
DEPUTY CLERK

LF 778

CF _____



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

0672310

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PHYSICIAN OR INSTITUTION

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) ROBERT J. GEHLING				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 3, 1993
4a. AGE - Last Birthday (Years) 58	4b. UNDER 1 YEAR MONTHS DAYS	4c. UNDER 1 DAY HOURS MINUTES	5. DATE OF BIRTH (Month, Day, Year) January 28, 1935	6. COUNTY OF DEATH Berrien	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Mercy-Memorial Medical Center			7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify) Emergency Room	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH St. Joseph City	
8. SOCIAL SECURITY NUMBER 390-34-2632		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Plant Manager		9b. KIND OF BUSINESS OR INDUSTRY Pump and Machine Manufacturer	
10a. CURRENT RESIDENCE - STATE Indiana	10b. COUNTY Lake	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF St. John		10d. STREET AND NUMBER 350 Little John Road	
10e. ZIP CODE 46375	11. BIRTHPLACE (City and State or Foreign Country) Milwaukee Wisconsin	12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13. SURVIVING SPOUSE (If wife, give name before first married) Karen Pierce	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) yes	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) German		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 4	
18. FATHER'S NAME (First, Middle, Last) Lindie Gehling			19. MOTHER'S NAME (First, Middle, Surname before first married) Gladys Burdick		
20a. INFORMANT'S NAME (Type/Print) Mrs. Karen Gehling		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 350 Little John Road, Schererville, Indiana 46375			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Chapel Lawn Memorial Gardens		22b. LOCATION - City or Village, State Schererville, Indiana	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		24. LICENSE NUMBER (of Licensee) 6298	25. NAME AND ADDRESS OF FACILITY Day-Florin Chapel: Florin Fuenral Serivce, Inc. 2506 Niles Avenue: St. Joseph, Michigan 49085		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				Approximate Interval Between Onset and Death	
a. <u>Arteriosclerotic Heart Disease</u> KILLED DUE TO (OR AS A CONSEQUENCE OF)				Unknown	
b. _____ DUE TO (OR AS A CONSEQUENCE OF)				JUL 15 1997	
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				S.M. ORLICH DITORIA	
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital ER		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a. <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) _____		30b. DATE SIGNED (Mo., Day, Yr.) _____		30c. TIME OF DEATH _____ M	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b. DATE SIGNED (Mo., Day, Yr.) JULY 6, 1993		31c. CASE NUMBER -	
31d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31e. PRONOUNCED DEAD (Mo., Day, Yr.) ON JULY 3, 1993		31f. TIME OF DEATH 6:55 P.M.	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) Paul Tam M.D., 1234 E. Napier Ave., St. Joseph, Mi. 49085				32b. LICENSE NUMBER 035266	
33a. ACC SUICIDE, HOM. NATURAL OR PENDING INVEST (Specify) Natural		33b. DATE OF INJURY (Mo., Day, Yr.)	33c. TIME OF INJURY M	33d. DESCRIBE HOW INJURY OCCURRED	
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		33g. LOCATION - Street or RFD No. City, Village or Twp State	
34a. REGISTRAR'S SIGNATURE <i>M Louise Stine /PS</i>				34b. DATE FILED (Month, Day, Year) July 7, 1993	