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# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

THERESE M. KOEHLER, being first duly sworn upon oath, deposes and says:

1. That WILBUR D. KOEHLER died on AUGUST 2, 1995, 19   at ST. ANTHONY MEDICAL CENTER.
2. That WILBUR D. KOEHLER and TERESE M. KOEHLER were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE LEGAL ATTACHED

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*X# 24-15-20*

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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 of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and ~~if insurance~~ on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

**FILED**

APR 13 1998

**SAM ORLICH  
AUDITOR LAKE COUNTY**

Further affiant sayeth not.



*Therese M Koehler*

Subscribed and sworn to before me, a Notary Public, this 3RD THERESE M. KOEHLER day of APRIL, 19 98.

*Karen Kane*  
KAREN KANE Notary Public

My Commission expires: 09-12-99  
RESIDING IN PORTER COUNTY

County of Residence:

This Instrument prepared by THERESE M. KOEHLER

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3/12  
TI*

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217144 CP  
H4111E

**LEGAL DESCRIPTION**

Part of the Southwest 1/4 of the Northwest 1/4 of Section 28, Township 34 North, Range 9 West of the 2nd Principal Meridian, described as follows: Commencing at a point on the West line of said tract, 201.50 feet North of the Southwest corner thereof; thence North 00 degrees 00 minutes 00 seconds East, along the West line of said Section, 130.42 feet; thence South 89 degrees 28 minutes 04 seconds East, parallel to the South line of said Southwest 1/4 of the Northwest 1/4, 271.80 feet to the centerline of a 25 foot perpetual sewer easement; thence South 12 degrees 19 minutes 55 seconds East, along said centerline, 133.77 feet; thence North 89 degrees 28 minutes 04 seconds West, 300.37 feet to the point of beginning, in the Town of Cedar Lake, Lake County, Indiana.

Document is

END OF SCHEDULE A

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**STOP**



ATTENTION ESTATE: Disclosure of the fact that we need to pursue our responsibilities in your country and there will be no penalty for filing.

INDIANA STATE DEPARTMENT OF HEALTH

Case No. 1777-95

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 10-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

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1 DECEASED—NAME (First, Middle, Last) <b>Wilbur D. Koehler</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>4:25 p.m.</b>	3b DATE OF DEATH (Month, Day, Year) <b>August 2, 1995</b>
4 SOCIAL SECURITY NUMBER <b>327-20-9516</b>		5a AGE—Last Birthday (Years) <b>65</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month, Day, Year) <b>Aug. 23, 1929</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Forest Park, Illinois</b>		
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>Unknown</b>	9a PLACE OF DEATH (Check only one box and complete) <b>HOSPITAL</b> <input type="checkbox"/> <b>Home</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>Other (Specify)</b> <input type="checkbox"/>		
9b FACILITY NAME (If not residence, give street and number) <b>St. Anthony Medical Center</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If male, give maiden name) <b>Therese Puttner</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Police Officer</b>		12b KIND OF BUSINESS/INDUSTRY <b>Chicago Police Dept.</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Cedar Lake</b>		13d STREET AND NUMBER <b>13647 Wicker Ave.</b>
13e ZIP CODE <b>46303</b>	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16 FATHER'S NAME (First, Middle, Last) <b>Jacob Koehler</b>		17 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ruth Koehler</b>		
18 INFORMANT'S NAME (Type/Print) <b>Therese Koehler</b>		19a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>13647 Wicker Avenue, Cedar LK, IN 46303</b>		19b Relationship <b>Wife</b>
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 7, 1995 Forest Home Cemetery</b>		20c LOCATION—City or Town, State <b>Forest Park, Illinois</b>
21a FATHER'S NAME (First, Middle, Last) <b>Jacob Koehler</b>		21b MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ruth Koehler</b>		
22a EMBALMER'S NAME <b>William A. Burdan</b>		22b EMBALMER'S LICENSE NO. <b>FD01007697</b>		22c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23a SIGNATURE OF FUNERAL DIRECTOR <i>William A. Burdan</i>		23b LICENSE NUMBER (of Licensee) <b>FD01007697</b>		23c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>BURDAN FUNERAL HOME, INC FH83002461 12901 Wicker Ave., Cedar LK, IN 46303</b>
24 PART I Enter the diseases, injuries, or conditions that caused the death. Do not enter non-causal terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>acute myocardial infarction</b> <b>arteriosclerotic heart disease</b>				
25 IMMEDIATE CAUSE (From disease or condition resulting in death) <b>acute myocardial infarction</b>				
26 Conditions if any which gave rise to the immediate cause during the underlying cause last <b>arteriosclerotic heart disease</b>				
27 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Diabetes, Hypertension</b>				
28 CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated above. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the causes stated above. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the causes stated above. <b>Uwepe...</b>				
29a SIGNATURE AND TITLE OF CERTIFIER <i>Uwepe...</i>		29b MEDICAL LICENSE NO. <b>01026051</b>		29c DATE SIGNED (Month, Day, Year) <b>8/10/95</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 50) (Type/Print) <b>202 E. 36th Place, Merrillville, Indiana 46410</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Uwepe...</i>				32 DATE FILED (Month, Day, Year) <b>August 10, 1995</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Cause not determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED		
35a DATE PRONOUNCED DEAD (Month, Day, Year)		35b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

03/25 '98 15:15