

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY

COMES NOW the affiant, Charles Berry, who being ~~recent~~ sworn and upon his/her oath and under the penalties for perjury, solemnly swears and states that: 98045062 98 JUN 16 AM 11:52

1. He/She is the legal title owner of the real estate located at 712 45th Avenue, Gary, IN 46412, more particularly described as follows, to-wit:

SEE APPENDIX A

2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated March 13 1990, and recorded April 18 1990, Instrument No. 095815, in the Office of the Recorder of Lake County, Indiana.

3. He/She and his/her husband/wife Elizabeth Anderson Berry, held title by the entireties until the date of his/her death on September 10, 1996.

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

IN 14637

6-10-98
Date

Charles Berry
(Print Name)



STATE OF INDIANA)
COUNTY OF) SS:

Before me, a Notary Public, in and for said State and County, personally appeared the affiant herein, Charles Berry, who acknowledged the truthfulness of the contents herein.

Done this 10 day of June - 1998, ~~1995~~

My Commission Expires: 6-20-01 **FILED**

June 16 1998 Kristin R. Crum
Notary Public

Resident of Lake County

Prepared by:
Charles Berry

SAM ORLICH
INDIANAPOLIS
Kristin R. Crum
Notary Public
State of Indiana
My Commission Expires 6/29/2001
County: Lake

1400
→ Netco
333 N. Pennsylvania #601
Indianapolis IN 46204
001260
Netco
#26313

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

LOT 22 IN BLOCK 5 IN GREAT GARY REALTY COMPANY'S FIRST ADDITION TO GARY, AS
PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 8, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

STOP



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2775-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-103

11931
PE/PRINT
IN
PERMANENT
LACK INK

DECEDENT

ARENTS

FORMANT

POSITION

USE OF
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RTIFIER

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FICER

1 DECEASED—NAME (First, Middle, Last) Elizabeth Anderson Berry		2 SEX Female	3a TIME OF DEATH 11:45 A.	3b DATE OF DEATH (Month, Day, Year) September 10, 1996	
4 SOCIAL SECURITY NUMBER 415-42-0540	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Oct. 5, 1929	
7 BIRTHPLACE (City and State or Foreign Country) Marianna, Arkansas	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES?		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital South Lake Campus		9c CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Charlie Berry	12a DECEDENT'S USUAL OCCUPATION (Give kind of work and enough detail of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 712 E. 41st Avenue		
13e ZIP CODE 46409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th Grade College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) George Southern			
19 MOTHER'S NAME (First, Middle, Maiden Surname) James Anna Willis		20a INFORMANT'S NAME (Type/Print) Charlie Berry			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 712 E. 41st Avenue Gary, Indiana 46409		20c Relationship Husband			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) September 14, 1996 Paradise Garden		21c LOCATION—City or Town, State Edmondson, Arkansas	
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FD08600238	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Director) FD08600238	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home 83001520 4659 Alexander Avenue East Chicago, Indiana 46312		
26 PART I: Enter the physician's opinion of the conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (final phase or condition resulting in death): CARCINOMA OF COLON WITH LIVER METASTASES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PRECANT OR 85 DAYS POSTPARTUM? (Yes or no) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a 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 cause(s) as stated. <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 cause(s) as stated. <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 cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Frank Seccia</i>		29c MEDICAL LICENSE NO. C1C30107	29d DATE SIGNED (Month, Day, Year) 9-11-96		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B. Barai, M.D. 125 E. 89th Ave Merrillville, In. 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Alvin...</i>			32 DATE FILED (Month, Day, Year) September 13/96		
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"/> Could not be Determined		33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34c DATE PRONOUNCED DEAD (Month, Day, Year)		34d MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			