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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
FILED
JUN 17 1998 8:45

JUN 20 1998
RECORDER

SAM ORLICH
AUDITOR LAKE COUNTY

7235 Montana
Hammond, IN

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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On the 15 day of June, 1998, before me personally appeared DOYLE W. BERKLEY, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 7129 Montana, Hammond, Indiana.
2. Affiant is the adult son of EMMIT W. BERKLEY AND ANNA MAE BERKLEY, the owners of the following described property:

Lot 12, Block 5, E. H. Lewis Grand Park
Subdivision, Hammond, Lake County, Indiana,
as recorded in the Office of the Lake County
Recorder, Lake County, Indiana.

(Commonly known as 7235 Montana, Hammond, Indiana)
3. Said premises were formerly owned as tenants by the entireties by EMMIT W. BERKLEY AND ANNA MAE BERKLEY, husband and wife.
4. Said ANNA MAE BERKLEY died on October 19, 1995, leaving no will. A certified copy of her death certificate is attached hereto as Exhibit A.
5. Said EMMIT W. BERKLEY died on May 24, 1998, leaving a Will, which has been admitted to probate. A certified copy of his death certificate is attached hereto as Exhibit B.
6. That to the best of the Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said ANNA MAE BERKLEY; and all funeral expenses and expenses of last illness have been paid in full.

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15.00
cm
Ch # 15027

7. That ANNA MAE BERKLEY AND EMMIT W. BERKLEY were never divorced, and EMMIT W. BERKLEY was the surviving spouse of ANNA MAE BERKLEY, and sole owner of the above property upon her death.

Doyle W. Berkley
DOYLE W. BERKLEY

SUBSCRIBED and SWORN to before me, by the Affiant, on the 1st day of June, 1998.

Judith A. Osinski
JUDITH A. OSINSKI, Notary Public

My Commission Expires:
3/20/00

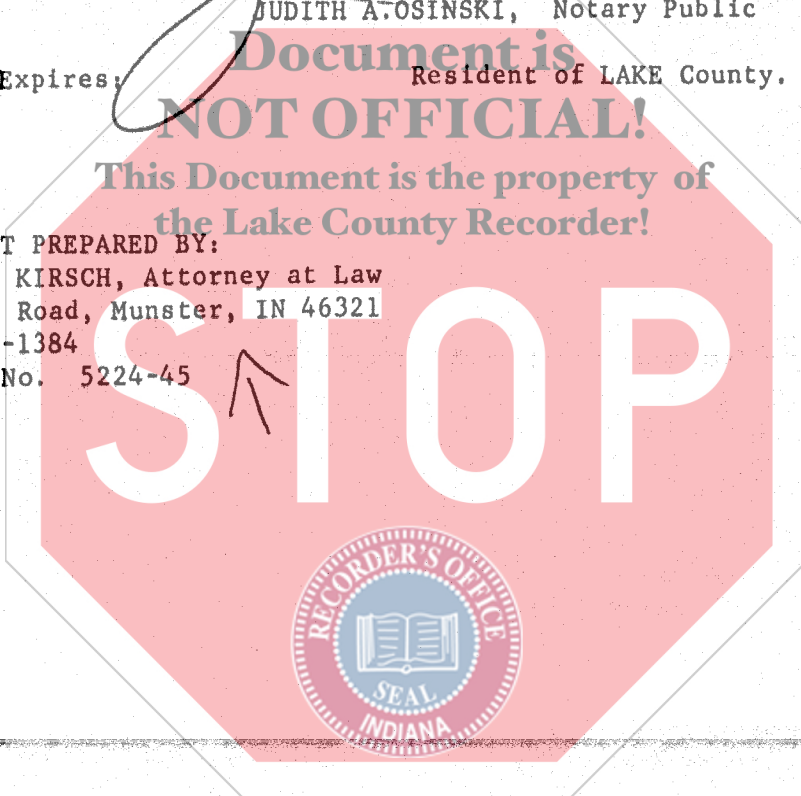
Resident of LAKE County.

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THIS INSTRUMENT PREPARED BY:

THOMAS L. KIRSCH, Attorney at Law
131 Ridge Road, Munster, IN 46321
(219) 836-1384
Attorney No. 5224-45



Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. LOWELL, INDIANA

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST ANNA MAE BERKLEY 2. SEX FEMALE 3. DATE OF DEATH (MONTH DAY YEAR) OCTOBER 19, 1995

4. COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YRS) 5a. 67 UNDER 1 YEAR 5b. MOS UNDER 1 DAY 5c. HOURS MIN DATE OF BIRTH (MONTH DAY YEAR) 5d. FEBRUARY 3, 1928

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISIO TOWNSHIP 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) FOSTER G. MCGAW HOSPITAL 6c. IF HOSP OR INST INDICATED DO A OP. EMER. RM. INPATIENT (SPECIFY) INPATIENT

8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) EMITT BERKLEY 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) NO

10. SOCIAL SECURITY NUMBER 308-28-7754 11a. USUAL OCCUPATION HOMEMAKER 11b. KIND OF BUSINESS OR INDUSTRY OWN HOME 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 11 College (14 or 5+)

13a. RESIDENCE (STREET AND NUMBER) 7235 MONTANA AVENUE 13b. CITY, TOWN, OR ROAD DISTRICT NO. HAMMOND 13c. INSIDE CITY (YES-NO) YES 13d. COUNTY LAKE

13e. STATE INDIANA 13f. ZIP CODE 46323 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

15. FATHER-NAME FIRST MIDDLE LAST NICHOLAS JAEGER 16. MOTHER-NAME FIRST MIDDLE LAST LOUISE SCHEISSER

17a. INFORMANT'S NAME (TYPE OR PRINT) ROSIE HARRIS 17b. RELATIONSHIP MEDICAL RECORDS 17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153

18. 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF 24 HRS

(b) INFARCTION VENTRICULAR SEPTAL DEFECT DUE TO, OR AS A CONSEQUENCE OF 48 HRS

(c) INFERIOR WALL MYOCARDIAL INFARCTION 4 DAYS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES-NO) NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES-NO)

20a. DATE OF OPERATION, IF ANY 10/18/95 20b. MAJOR FINDINGS OF OPERATION INFERIOR WALL MYOCARDIAL INFARCTION INFARCTION VENTRICULAR SEPTAL DEFECT 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. (I DID) (I DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) 10/19/95 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) YES 21c. HOUR OF DEATH 8:40 P.M.

22a. SIGNATURE [Signature] 22b. DATE SIGNED 10/20/95 22c. NAME AND ADDRESS OF CERTIFIER 2160 SOUTH FIRST AVENUE 2 MAYWOOD, ILLINOIS 60153 22d. ILLINOIS LICENSE NUMBER 036-080124

23. VASSYL LONCHINA M SAM ORLICH

24a. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL 24b. CEMETERY OR CREMATORY-NAME MEMORII LANE MEM. PARK 24c. LOCATION CITY OR TOWN STATE SCHERERVILLE, ILLINOIS 24d. DATE (MONTH DAY YEAR) OCT. 24, 1995

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60612

25b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-8487

26a. LOCAL REGISTRAR'S SIGNATURE [Signature] Broadview, Illinois 60153 26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) OCTOBER 23, 1995

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE OCT 23 1995 SIGNED [Signature] RICHARD J. BELLIE

AT BROADVIEW, ILLINOIS 60153, Illinois. OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 1223-98
42934
 TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

PARENTS

INFORMANT

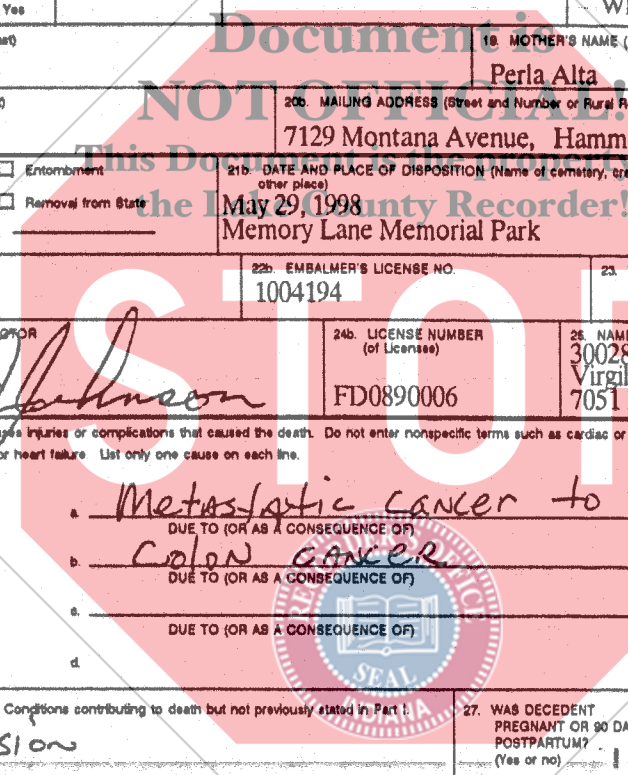
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) Emmit William Berkley		2. SEX Male		3a. TIME OF DEATH 10:30AM		3b. DATE OF DEATH (Month Day Yr) May 24, 1998	
4. SOCIAL SECURITY NUMBER 115-05-6204		5a. AGE - Last Birthday (Years) 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) February 28, 1915		7. BIRTHPLACE (City and State or Foreign Country) Grayson County, Kentucky					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1945		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) Hospice Home <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) Wm J. Riley Memorial Residence				9b. CITY TOWN OR LOCATION OF DEATH Munster		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Power house Engr.		12b. KIND OF BUSINESS INDUSTRY Amoco Oil refinery	
13a. RESIDENCE - STATE INDIANA		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 7235 Montana Avenue	
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) John Berkley		17. MOTHER'S NAME (First, Middle, Maiden Surname) Perla Alta		18. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 03 College (1-4 or 5+)	
20a. INFORMANT'S NAME (Type/Print) Doyle Berkley				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7129 Montana Avenue, Hammond, IN 46323		20c. Relationship Son	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input 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) May 29, 1998 Memory Lane Memorial Park		21c. LOCATION - City or Town State Schererville, Indiana			
22a. EMBALMER'S NAME James W. Gholston		22b. EMBALMER'S LICENSE NO. 1004194		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ray Johnson</i>		24b. LICENSE NUMBER (of Licensee) FD0890006		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323			
PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last		a. Metastatic cancer to Liver DUE TO (OR AS A CONSEQUENCE OF) b. COLON CANCER DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____				Approximate Interval Between Onset and Death 1 Month 4 yrs	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. hypertension		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>Daniel Clark M.D.</i>		29c. MEDICAL LICENSE NO. 02001314		29d. DATE SIGNED (Month Day Year) 5/26/98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dan Clark, M.D., 8437 Kennedy Avenue, Highland, IN 46322							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32. DATE FILED (Month Day Year) May 26, 1998	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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. If death occurred on a highway, include date, time, location, and direction of travel. LEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.			
		34f. LOCATION (Street and Number or Rural Route Number City or Town State) MAY 27 1998		34g. DATE PRONOUNCED DEAD (Month, Day, Year)			
		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. Alexander S. Williams, M.D.		34i. _____			



FILED
JUN 12 1998

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