3

TICOR TITLE INSURANCE

98046046

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Betty Ann Weiler, being first duly sworn upon oath, deposes and says:

1. That **Bruce A. Weiler** (BW.) died on JANUARY 13, 19 98 at BROADWAY Methodist.

2. That **Bruce A.Weiler** and **Betty Ann Weiler** were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See Attached Legal Description

54-13-17

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUN 9 AM 9:11
RECORDED
M. CARTER

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) (WW) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

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

Further affiant sayeth not.

Betty A Weiler
Betty Ann Weiler

Subscribed and sworn to before me, a Notary Public, this **16th** day of **June**, 19 **98**.

DENISE K. ZAWADA NOTARY Exp. 8/30/98 PUBLIC LAKE COUNTY, INDIANA

Denise K. Zawada Notary Public

My Commission expires:

8/30/98

FILED
JUN 18 1998
SAM ORLICH
AUDITOR LAKE COUNTY

County of Residence:

Lake

This Instrument prepared by **Betty Ann Weiler**

001401 1300 Km
TI

c No. CO 219792

LEGAL DESCRIPTION

PARCEL I:

Part of the West 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 20, Township 34 North, Range 7 West of the 2nd Principal Meridian, described as follows: Commencing at a point on the North line of said Section 20, 610 feet East of the Northwest corner thereof; thence South 190 feet; thence East 50 feet; thence North 190 feet to the North line of said Section; thence West 50 feet to the point of beginning, in Lake County, Indiana.

PARCEL II:

Part of the West 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 20, Township 34 North, Range 7 West of the 2nd Principal Meridian, described as follows: Commencing at a point on the North line of said Section 20, 600 feet East of the Northwest corner thereof; thence South 544.5 feet; thence East 60 feet; thence North 354.5 feet; thence West 50 feet; thence North 190 feet to the North line of said Section; thence West 10.0 feet to the point of beginning, in Lake County, Indiana.

END OF SCHEDULE A

10 of

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

Local No. 0131-98

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
BRICE A. WEILER	male	7:07P M	Jan. 13, 1998

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo. Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
308-32-3295	66			March 4,1931	Hammond, Ind.

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
Yes	1953	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Broadway Methodist	Merrillville	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
married	Betty Sowder	Truck Driver	Transportation

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Jasper	DeMotte	9042 W. Pheasant Tr.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46310	[X] No [ ] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	white	Elementary/Secondary (0-12): 12	College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Albert Weiler	Viola Phillips

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Betty Weiler	9042 W.Pheasant Tr., DeMotte,Ind.46310	wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)	Jan. 17, 1998 Salem Cemetery	Hebron, Ind.

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Julie A. Hay	FD29600027	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Julie A. Hay	FD29600027	Jackson Funeral ServiceFH89000009 PO Box 681, DeMotte, Ind. 46310

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hypertension	3days
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): Sepsis	3days
	c. DUE TO (OR AS A CONSEQUENCE OF): Chronic Liver Disease	5years
	d. 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 PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	N/A

FILED JUN 18 1998 SAM ORLICH JUNTOR LAKE COUNTY

CERTIFIER

29a. CERTIFIER (Check only one)

- [X] CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- [ ] 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.
- [ ] 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Daniel B. Hurwich MD	01041202	1/20/98

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DANIEL B. HURWICH, MD. 8595 BROADWAY, MERRILLVILLE, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.

32. DATE FILED (Month, Day, Year): 1/22/1998

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				THIS IS THE TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	JAN 22 1998 001402

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. LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1