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## TICOR TITLE INSURANCE

ACCIDAVIT	1091086
AFFIDAVIT	£ 0
STATE OF INDIANA) ) SS:	04
COUNTY OF LAKE )	9
Betty Ann Weiler	hoing first duly
swarn upon oath, deposes and says:	, being first duly
1. That Brace A. Weiler	died,on/
JANUARY 13, 1998 at KROA	OWAY METHONIST
2. That Bruce A.Weiler and Betty A were duly and legally married at the time they acquire	nn Weitar S MISS and
wife to the following described real estate:	
See Attached Legal Description	
D&ci3ment is	S: 1
NOT OFFICIAL!	Mr. The state of t
This Document is the property of	
the Lake County Recorder!	
3. That the marital relationship which existed between acquired title to said real estate remained in effect date of (his) (NIGV) death.	
4. That all funeral expenses in connection with the chave been paid in full.	death of said decedent
5. That all of the assets of said decedent which woul Federal Estate Tax purposes, including joint bank account decedent's life were not sufficient to necessitate Tax.	ounts and life insurance 🎺
Further affiant sayeth not	
Molana Lutter	
Betty	Ann Weiler
Subscribed and sworn to before me, a Notary Public, th	nis <u>16th</u> day of
June , 19 98.	
SEL ZAWADA	
1/6/	Zawada Notary Public
My Commission avairable Exp.	zawada notary rubire
My Commission expires:	LELEVE
8/30/98 County of Residence:	N 18 1998
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OTION	R LAKE COI INIT
This Instrument prepared by Betty Ann Weiler	

## 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, Indianal Lake County



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POSTPARTUM?  (Yes or no)  29a. CERTIFIER  (Check only one)    HEALTH OFFICER   On the best of my knowledge deeth occurred at the time, date, and place and due to the cause(s) as stated.  (Check only one)    HEALTH OFFICER   On the best of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated.  29b. SIGNATURE NO TITLE OF CERTIFIER   29c. MEDICAL LICENSE NO   29d. DATE SIGNED (Month)    29c. MEDICAL LICENS		PART II. Other significant condition	na - Conditio	ne contributing to death	but not previously stated k		SEDENT 26 CWAS A		VERE AUTOPSY FINDINGS	
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296 SIGNATURE NO TITLE OF CERTIFIER  296 SIGNATURE NO TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print)  DOWN B. HOWN HAMD: SSYS BROAD UN ANY MERRILLUVILLE IN 46410  31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print)  DOWN B. HOWN HAMD: SSYS BROAD UN ANY MERRILLUVILLE IN 46410  32. DATE FILED (Month. Day. Vole)  33. MANNER OF DEATH  34a DATE OF INJURY  (Month. Day. Vole)  34b TIME OF 14 INJURY AT WORK?  (Yes or no)  15 COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFPT.  34a PLACE OF INJURY—At home farm, street factory, office  34f LOCATION (Street and Number or Rural Rouse Number. City or Town. Size				FICER On the basis of	examination and/or invest	igation, in my opinion, death o	occurred at the time, date, and place			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print)  DORNA B. HARMAND. SSYS BROATILL AY MERRI ILLVILLE, IN 46410  31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print)  DORNA B. HARMAND. SSYS BROATILL AY MERRI ILLVILLE, IN 46410  32. DATE FILED (Month DE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OF THE LAKE COUNTY HEALTH OF THE LAKE COUNTY HEALTH OF TOWN INJURY OF TOWN. SIE		(Check only one)			•			s to the cause(s) and mar	ATE SIGNED (Month: Day, Yo	
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U Suicide Could not be Determined Suiciding, etc. (Specify)  JAN 22 1998 0014	<b>H</b>	296 SIGNATURE AND TITLE OF  30. NAME AND ADDRESS OF PORN & B. H. P. W.  3 LEAST FIGURE AND TITLE OF DEATH    Natural   Pending Investigation	CORONER CERTIFIER LERSON WHO LURE LURE LURE LOOK	On the base of examine furnity is completed cause of examine to complete cause of examine the complete cause of examine cause	OF DEATH (ITEM 28) (7) AFT LU AY MEYE  RY 346 TIME OF INJURY	JAC INJURY AT WE	296. MEDICAL LICENSE OLOY/202  464/0  DRK7  344 PEROPERTIES COMPLETE CO DEATH ON FI HEALTH DEPT	NO. 29d D.  32. DA  MINIPRY OCCUMENT  DPY OF THE CERTIFIC  LE WITH THE LAKE	TE FILED (MONTE DES ANY)  LUE ANU CATE OF COUNTY	