STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 FEB 24 PM 2:01

MORRIS W. CARTER
RECORDER

2000 012802

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Laura C. Recio, being first duly sworn upon oath, deposes and says:

1. That Phyllis E. Beyer died on October 8, 1994 at Munster, IN 46321.

2. That Irvin Joseph Beyer and Phyllis E. Beyer were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 23, Lawrence Monaldi's Sixth Addition to Munster, as per plat thereof, recorded in Plat Book 30 page 82, in the Office of the Recorder of Lake County, Indiana. 28-153-23

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 life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Laura C. Recio, Personal Representative of Irvin Beyer

Subscribed and sworn to before me, a Notary Public, this 15th day of February, ~~xxx~~ 2000.

Joyce L. Gurtatowski
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP MAR. 19,2000

Joyce L. Gurtatowski Notary Public

My Commission expires:

County of Residence:
Lake

FEB 24 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR 1330

This Instrument prepared by Laura C. Recio

Return: Lake Federal

TICOR TITLE INSURANCE
Crown Point, Indiana

92 0000 2/6

"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

Local No. 2449-94 State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Phyllis Beyer
2 SEX: Female
3a TIME OF DEATH: 7:35P M
3b DATE OF DEATH (Month Day Yr): October 8,1994
4 *SOCIAL SECURITY NUMBER: 316-18-6444B
5a AGE—Last Birthday (Years): 87
5b UNDER 1 YEAR: Months Days
5c UNDER 1 DAY: Hours Minutes
6 DATE OF BIRTH (Mo Day Yr): Oct. 26,1906
7 BIRTHPLACE (City and State or Foreign Country): LaPorte,IN
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: No
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 8252 Howard Avenue
9c CITY, TOWN, OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Irvin Beyer
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Home
13a RESIDENCE—STATE: IN
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Munster
13d STREET AND NUMBER: 8252 Howard Avenue
13e ZIP CODE: 46321
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):

920000216

PARENTS

18 FATHER'S NAME (First Middle Last): Maylan Crane
19 MOTHER'S NAME (First Middle Maiden Surname): Laura Koch

INFORMANT

20a INFORMANT'S NAME (Type/Print): Irvin Beyer
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8252 Howard Ave. Munster,IN 46321
20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): October 11,1994 Chapel Lawn Memorial Gardens
21c LOCATION—City or Town, State: Schererville,IN
22a EMBALMER'S NAME: Kevin W. Kish
22b EMBALMER'S LICENSE NO: 1021590
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 1021590
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home#300496? 8415 Calumet Munster,IN 46321

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Acute pneumonia	3 days
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. b. DUE TO (OR AS A CONSEQUENCE OF)	Cerebral vascular accident	6 mths
c. DUE TO (OR AS A CONSEQUENCE OF)	Gulyed [illegible]	15 yrs.
d. DUE TO (OR AS A CONSEQUENCE OF)		

PART II. Other significant conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 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): No

CERTIFIER

29a CERTIFIER (Check only one):
☒ 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: [signature]
29c MEDICAL LICENSE NO: 01014251
29d DATE SIGNED (Month Day Year): October 10,1994
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Fred Adler, M.D. 800 MacArthur Blvd Munster,IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams
32 DATE FILED (Month Day Year): October 11 1994

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month Day Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY OCCURRED:
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):
34g DATE PRONOUNCED DEAD (Month Day Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

7131

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

Return: Lake Federal

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
SEP 20 1999
Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

FILED
FEB 24 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

TICOR TITLE INSURANCE
Crown Point, Indiana

28-15 3-23