

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 AUG 29 AM 10:03

2000 062503

MODUS V. CARTER

2  
Mail To: Hilbrich, Cunningham & Schwert, 2637-45th Street, Highland, Indiana 46322

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT AS TO  
TENANCY BY ENTIRETIES**

FLORYNE M. BARTA, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving spouse of EDWARD T. BARTA, who died on July 12, 2000.

That she and the decedent were owners by the entireties of the following described real estate, to wit:

Lot 34, in Patterson's First Addition to the Town of Griffith, as shown in Plat Book 33, page 80, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 808 North Oakwood Avenue - Griffith, Indiana 46319

Key #  
26-27-34

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until his death, intestate, on the date above given.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

*Floryne M. Barta*  
FLORYNE M. BARTA, Affiant

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared FLORYNE M. BARTA and acknowledged the execution of the foregoing Affidavit as to Tenancy by Entireties.

Witness my hand and Notarial Seal this 28th day of August, 2000.

My Commission Expires:  
09/13/2001



*Jessica A. Pavlakis*  
Jessica A. Pavlakis - Notary Public  
Resident of Lake County

This Instrument Prepared By:  
Michael D. Dobosz, Esq. (#14539-45)  
HILBRICH, CUNNINGHAM & SCHWERT  
2637 - 45th Street  
Highland, Indiana 46322  
(219) 924-2427

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

AUG 29 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

02232

1100  
Ac

Key # 26-227-34

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 1030-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

35261  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Edward Theodore Barta		2 SEX Male	3a TIME OF DEATH 12:40 A.M.	3b DATE OF DEATH (Month, Day, Yr) July 12, 2000
4 SOCIAL SECURITY NUMBER 305-20-3149		5a AGE—Last Birthday (Years) 73	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo., Day, Yr) July 27, 1926		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	9a 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 type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 808 N. Oakwood Ave		9c CITY, TOWN OR LOCATION OF DEATH Griffith	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Floryne Fowler	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b KIND OF BUSINESS/INDUSTRY Steel Co	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Griffith	13d STREET AND NUMBER 808 N. Oakwood Ave	
13e ZIP CODE 46319	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 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+)		18 FATHER'S NAME (First, Middle, Last) Joseph Barta		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Barta		20 INFORMANT'S NAME (Type/Print) Michael Barta		
20a MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 732 Oakwood Griffith, Indiana 46319		20b Relationship Son		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) July 14, 2000 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN
22a EMBALMER'S NAME Henry Blake		22b EMBALMER'S LICENSE NO. FDO 1019406	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Jessie Miller</i>		24b LICENSE NUMBER (of Licensee) FDO 1006015	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Homes Inc 46319 242 N. Griffith Blvd. Griffith, IN	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		
a Carcinoma Lung		b Brain metastasis		
c Emphysema		d Hypertension		
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) No		28a LAKE COUNTY HEALTH COMMISSIONER 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>Sirajuddin Khaja MD</i>		29c MEDICAL LICENSE NO. 01032657	29d DATE SIGNED (Month, Day, Year) 7/12/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Sirajuddin S. Khaja MD 921 Fran Lin Parkway Munster IN 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>		32 DATE FILED (Month, Day, Year) AUG 29 2000		
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, City or Town, State, Zip Code) PETER BENJAMIN COUNTY AUDITOR		
34c DATE PRONOUNCED DEAD (Month, Day, Year)		34d MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED