

3

AFFIDAVIT OF HEIRSHIP

STATE OF Indiana  
COUNTY OF Lake

DATE 8-30-00  
FILE CHI 181778-1

Jane Tuskan BEING DULY SWORN,  
FOR THE PURPOSE OF INDUCING FIDELITY NATIONAL TITLE COMPANY TO ISSUE ITS TITLE  
INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED  
COMMITMENT, DEPOSES AND SAYS;

- 1. THAT HE/SHE RESIDES AT: 126 N. Gray Street Apt 46319
- 2. THAT HE/SHE WAS ACQUAINTED WITH,  
Edwin Keith Berry, WHO DIED ON April 11, 99.  
AS EVIDENCE BY THE ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE.
- 3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE  
CAPTIONED COMMITMENT.

4. THAT SAID DECEDENT DIED:  
 LEAVING NO LAST WILL AND TESTAMENT.

LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS  
ATTACHED.

- 5. THAT SAID DECEDENT HAD NO CHILDREN OUT OF WEDLOCK.
- 6. THAT THE HEIRS AND DISTRIBUTEES OF DECEDENTS ESTATE ARE AS FOLLOWS:

Bette Berry  
\_\_\_\_\_  
\_\_\_\_\_

6. THAT ALL DECEDENTS DEBTS INCLUDING PUBLIC OLD AGE ASSISTANCE ADVANCEMENTS,  
FUNERAL, DOCTOR AND HOSPITAL BILLS HAVE BEEN PAID IN FULL.

7. THAT THE TOTAL VALUE OF SAID DECEDENTS ESTATE FOR THE STATE OF INDIANA  
INHERITANCE TAX/ESTATE TAX AND FEDERAL ESTATE TAX DOES NOT EXCEED

\$ D

Jane Tuskan  
AFFIRANT'S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS

30

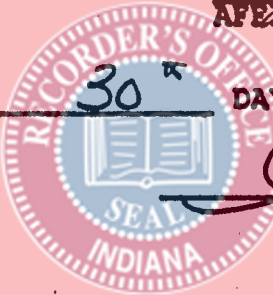
DAY OF

August

2000  
1998

(SEAL)

PREPARED BY: BETTE J. BERRY



[Signature]  
NOTARY PUBLIC Lake

FILED

SEP 22 2000

PETER BENJAMIN 1522  
LAKE COUNTY AUDITOR

MORRIS W. CARTER  
RECORDER

2000 SEP 22 AM 10:08

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 069425

14.00 AC  
NETCO  
6201 FOUNTAIN DRIVE  
SUITE C  
CROWN POINT, IN 46307  
#4990

25 x 10

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there shall be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

Local No. ....

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

15  
765 722  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>Edwin Berry</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:07 P.M.</b>	3b DATE OF DEATH (Month Day Yr) <b>April 11, 1999</b>
4 SOCIAL SECURITY NUMBER <b>333-34-9899</b>	5a AGE—Last Birthday (Years) <b>55</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) <b>Dec. 10, 1943</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Centralia, Illinois</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		8c PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not institution give street and number) <b>120 N. Jay Street</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Griffith</b>	9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Bette Funk</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Coordinator</b>		12b KIND OF BUSINESS/INDUSTRY <b>Construction</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Griffith</b>	13d STREET AND NUMBER <b>120 N. Jay Street</b>	
13e ZIP CODE <b>46319</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		18 FATHER'S NAME (First Middle Last) <b>Not Available</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Velda Berry</b>		20a INFORMANT'S NAME (Type/Print) <b>Bette Berry</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>120 N. Jay St., Griffith, Indiana 46319</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) <b>April 15, 1999 Chapel Lawn Cemetery</b>		21c LOCATION—City or Town, State <b>Schererville, Indiana</b>
22a EMBALMER'S NAME <b>Edgar C. Gleim</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1016173</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 Fh 83007500</b>	
26 PART I Enter the disease, 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. <b>Asphyxia due to hanging</b> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) <b>APR 13 1999</b>				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>FILED</b> <b>SEP 22 2000</b> 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b> 28 WAS AN AUTOPSY PERFORMED BY A LICENSED HEALTH OFFICER? (Yes or no) <b>Yes</b> 29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>				
29a CERTIFIER (Check any one) <input 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 of the body, death occurred at the time, date and place and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination of the body, death occurred at the time, date and place and due to the cause(s) and manner as stated. <b>Deputy PETER BENJAMIN LAKE COUNTY AUDITOR</b>				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Michelle Gibson</i>		29c MEDICAL LICENSE NO. <b>N/A</b>	29d DATE SIGNED (Month, Day, Year) <b>April 13, 1999</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Malyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>				
31 OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE (Month/Day/Year) <b>4/13/99</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) <b>Apr 11, 1999</b>	34b TIME OF INJURY <b>Unknown</b>	34c INJURY AT WORK? (Yes or no) <b>No</b>
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>Residence/Garage</b>		34e DESCRIBE HOW INJURY OCCURRED <b>Hanging 01522</b>		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>120 North Jay Street Griffith, Indiana</b>		34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>April 11, 1999</b>		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>No</b>				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

LOTS 13, 14, AND 15, BLOCK 14, ORIGINAL TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 2 PAGE 45,  
IN LAKE COUNTY INDIANA.

