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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 045752

2002 MAY 15 PM 2:39  
NORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

AFFIDAVIT OF MARTHA M. BERG

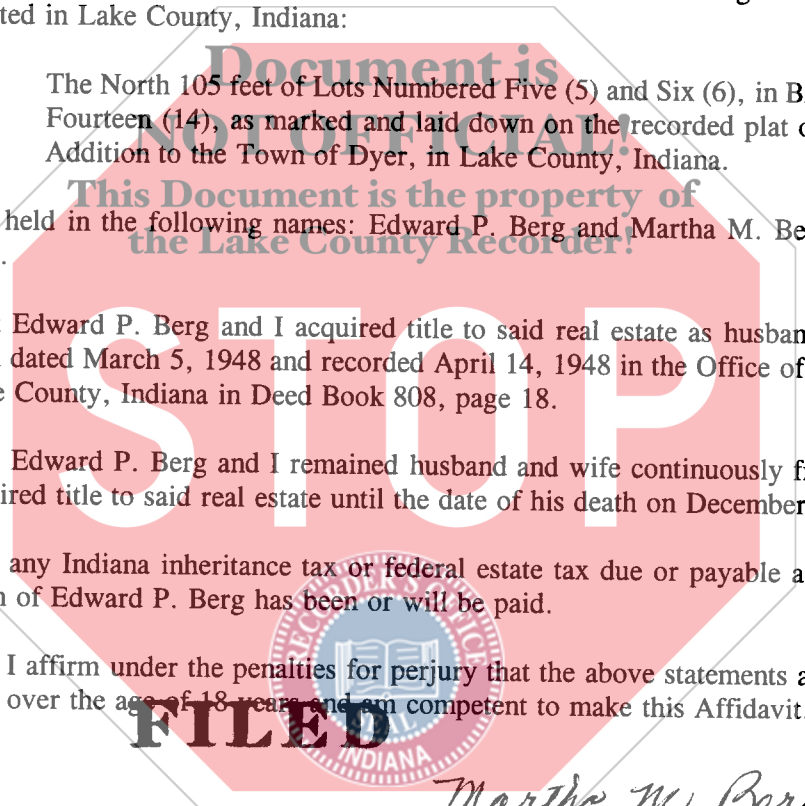
Martha M. Berg, being first duly sworn upon oath, deposes and says:

1. That I was the wife of Edward P. Berg who died on December 15, 1976.
2. That a certified copy of the Death Certificate of Edward P. Berg is attached to this Affidavit.
3. That at the time of Edward P. Berg's death, title to the following described real estate located in Lake County, Indiana:

The North 105 feet of Lots Numbered Five (5) and Six (6), in Block No. Fourteen (14), as marked and laid down on the recorded plat of Hart's Addition to the Town of Dyer, in Lake County, Indiana.

was held in the following names: Edward P. Berg and Martha M. Berg, husband and wife.

4. That Edward P. Berg and I acquired title to said real estate as husband and wife by a deed dated March 5, 1948 and recorded April 14, 1948 in the Office of the Recorder of Lake County, Indiana in Deed Book 808, page 18.
5. That Edward P. Berg and I remained husband and wife continuously from the date we acquired title to said real estate until the date of his death on December 15, 1976.
6. That any Indiana inheritance tax or federal estate tax due or payable as a result of the death of Edward P. Berg has been or will be paid.
7. That I affirm under the penalties for perjury that the above statements are true and that I am over the age of 18 years and am competent to make this Affidavit.



MAY 15 2002 Martha M Berg  
Martha M. Berg

PETER BENJAMIN  
LAKE COUNTY AUDITOR

042489

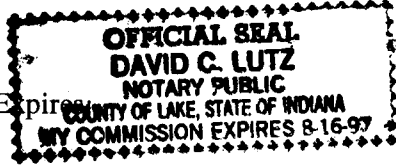
DAVID LUTZ  
927 MAXWELL COURT  
CROWN POINT, IN. 46307-5009

13.00  
CASH

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State,  
this 15<sup>th</sup> day of May, 1997

*David C. Lutz*

Notary Public



My Commission Expires \_\_\_\_\_

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

\_\_\_\_\_, Indiana

This document was prepared by: Mary P. Bottum, 328 N. Michigan St., South Bend, IN 46601



PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office Use

Local No. 1436-70

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY (MONTH, DAY, YEAR) COUNTY OF DEATH

4. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY

8. SOCIAL SECURITY NUMBER US. OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP)

17a. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF, (b) DUE TO, OR AS A CONSEQUENCE OF, (c) PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STARTING THE UNDERLYING CAUSE LAST

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

PHYSICIAN'S NAME (TYPE OR PRINT) TYPE OR PRINT M. D. OR D. O. SIGNATURE OF PHYSICIAN

22a. MALLING ADDRESS—PHYSICIAN CITY OR TOWN STATE ZIP

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

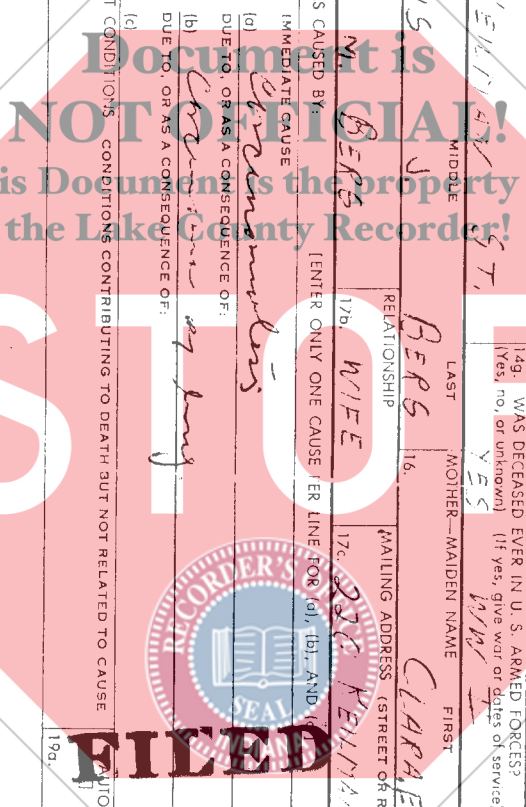
24b. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25b. HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

113-3

Disposition Permit Issued / Provisional Certificate Yes No

EMBALMER'S NAME ROBERT L. MILLER LICENSE No. 1136  
FUNERAL DIRECTOR'S SIGNATURE Robert L. Miller FUNERAL DIRECTOR'S LICENSE No. 2422 FUNERAL HOME No. 150



FILED MAY 15 2002 PETER BENJAMIN LAKE COUNTY AUDITOR