TICOR TITLE INSURANCE

2002 115991

2003 BEC 15 11 8: 52

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	AFFIDAVIT	The state of the s	
STATE OF INDIANA)		EEUR WER	
COUNTY OF LAKE)			
COUNTY OF LAKE)			
John L. Brza			
swarn upon oath, deposes and	SAVS:	, being first duly	/
	says.		
1. That Delores C. Brza May 26	, 19 98	died on	
	, 19 <u>98</u>	at Crown Point, IN	•
2. That John L. Brza	and	Delores C. Brza	
wife to the following describe	at the time t ed real estate	hey acquired title as husband a	nd
	cument		
See attached T	OFFIC	IAL!	
Key No. 7-15-37. This Docum			
	e County Re		
	· ·		
3. That the marital relations	hip which exis	ted between them at the time th	16 V
date of (h/i/s/) (her) death.	tate remained	in effect and unbroken until th	ie
have been paid in full.	in connection	with the death of said decedent	
5. That all of the assets of s Federal Estate Tax purposes, in			
on decedent's life were not suf	ficient to ne	pank accounts and life insuran cessitate payment of Federal Es	ce tata
		reduced of reactar Es	tate
Further affiant sayeth not.	SFAL		
	WOIANA HILLI		
ubcomibad		John J. Burn	
ubscribed and sworn to before makes	me, a Notary P	John L. Brza Public, this <u>11th</u> day c)f
, WA	2002	-	
		Jan Under	<u>~</u> _
/ Commission expires:		Jean Henderson Notary Public	
CAPITCS.		9	

Му

12-3-09

DEC 13 2002

County of Residence: Lake

PETER BENJAMIN LAKE COUNTY AUDITOR

This Instrument prepared by John L. Brza

001002

LEGAL DESCRIPTION

Part of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section 19, Township 34 North, Range 8 West of the 2nd Principal Meridian, described as: Beginning at a point on the East line of said quarter quarter Section, 23 rods South of the Northwest corner thereof, thence South on said West line 14.6 rods, thence East 18.6 chains, more or less, to the center line of the Crown Point to Cedar Lake Concrete highway, thence Northeasterly along the center line of said highway to a point due East of the place of beginning, thence West to the place of beginning, in Lake County, Indiana.



LEGAL 6/98 SB

	(2)				
e Folkoso erikar	(12)				
 ATTENTION ES being requested to pursue its statute voluntary and ther 	by this state ac	gency in order tv. Disclosure	rto is		STATE DEP
Local No	/././/	/ <i>Y</i> ./	<i>Y</i>		CERTIFICAT
200573	THE RECO	RDS IN THIS SE	RIESA	ARE CONFIDENTIAL P	ER IC 16-1-19-3
TYPE/PRINT	1	-NAME (First, M			
IN		elores	C.	Brza	
PERMANENT BLACK INK	4. *social sec 463-40	-1365		Se. AGE—Last Birthday (Years) 68	Sb. UNDER 1 YEAR Months Days
	8a. WAS DECEL			AR LAST SERVED IN	
	No			N/A	HOSPITAL Inpet
DECEDENT			ion, give	street and number)	☐ ER/C
DEGLIDEN	12932	Cedar I	_a ke	Rd.	
	10. MARITAL ST (Specify) Marrie		{# :	JAVIVING SPOUSE Wife give maiden name) John Brza	
	13a. RESIDENCE			OUNTY	13c. CITY, TOWN, OR I
	Indian	a	L	ake	Crown Po
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMIT: Yes	S 14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT
		13g. ON A FARI	M?		Mexican, Puerto Ri
	46307		Yes	USA	
PARENTS	18. FATHER'S NA	AME (First Middle, LVVVVVVV			
	XXXX	3004000		. L. Burle	
INFORMANT	John Bi	CZa	Print)		12932
į	21a. METHOD OF	_	_	tombment	216 DATE AND PLACE
	Donation	Cremation Other (Specify		moval from State	Calumet P
DISPOSITION	22a. EMBALMER	S NAME:			22b. EMBALMER'S

CERTIFIER

HEALTH OFFICER

NDIANA STATE DEPARTMENT OF	F HEALTH
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THE RECORDS IN THIS S		ON IDENTIAL C	N IC 10-1-19-3							
Delores	_	rza			2. SEX	1.	3a. TIME OF DE			ATH (Month, Day, Yr)
4. *SOCIAL SECURITY NUMBER		GE—Last Birthday	5b. UNDER 1 YEAR	T Se LINDI	Fema Fema		01:30A		May 26.	
463-40-1365	(Yeers) 68	Months Days				19, 1930		•	v and State or Foreign Cour
Ba. WAS DECEDENT A U.S. VETERAN?		AST SERVED IN					DEATH (Check only o		Campo, (.0
No.		/A	HOSPITAL Inpe	tient		i	Nursing Home			
b. FACILITY NAME (If not institu	1		☐ ER/	Outpatient		Way OB L	Residence			
12932 Cedar					Crown				lake	FDEATH
O. MARITAL STATUS	11. SURVIVI	NG SPOUSE		12a. DECED	ENT'S USUAL C	CCUPATI	ION (Give kind of war	k 1		SINESS/INDUSTRY
Married	Joh	n Brza		aone au	memaker	king life. Di	o not use retired)	` `	Own Ho	
3. RESIDENCE—STATE	13b COUNT		13c. CITY, TOWN, OR	LOCATION			13d. STREET AND N	UMBER		, iiic
Indiana	Lak		Crown Po	<u>int</u>			12932 (Ceda	ar Lake	Rd.
3e. ZIP CODE 13f. INSIDE CI □ No 1	TY LIMITS 14	CITIZEN OF WHAT COUNTRYS	15 WAS DECEDENT		ORIGIN? s. specify Cuban.		E-American Indian, ck. White, etc.		17. DECE	DENT'S EDUCATION
13g. ON A FAF	RM?		Mexican, Puerto F	,	s. specify Cuben.		ecify)	Elen	(Specify only nentary/Secondary	r highest grade completed) (0-12) College (1-4 or
46307 X No 0		USA				Wh	ite		11	
8. FATHER'S NAME (First Middle		ъ 1			19. MOTHE	R'S NAME	(First Middle, Marden	Surnan	ne)	· · · · · · · · · · · · · · · · · · ·
rry bystes		. Burles			Ire	ne_	<u>Parker</u>			
om informant's name (type) John Brza	/Print)		20b. MAILING	S ADDRESS (S Cedar	Street and Numbe D בעב!	or Aural	Route Number, City or rown Poir	Town.	State Zip Code)	20c. Relationship
METHOD OF DISPOSITION	☐ Entombre							ll,	IN 46307	Husband
Buriel Cremation	Removal	1	21b. DATE AND PLACE other place)	eof disposi May 27	TION (Name of c	emetery, c	rematory, or	21c. LC	OCATION—City of	r Town, State
Donation Other (Speci		nom state	Calumet 1					Me	errillvi	110 IN
2. EMBALMER'S NAME:			22b. EMBALMER'S							116, 11
Larry Geiden			FD090000		4	23	WAS DEATH REPOR		O CORONER?	
X. J.	RECTOR LA COMPANIE OF COMPANIES OF COMPANIE	NO'	TO FD(OLS ICENSE NUMB of Licensee)	$\mathbf{H} \mathbf{A} \mathbf{I}$	Ge i 109 i	ADDRESS AND LIC Sen Funer N. East S	a 1	Home F	RAL HOME H83001253 oint, IN 46
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