

3



TICOR TITLE INSURANCE

2002 115991

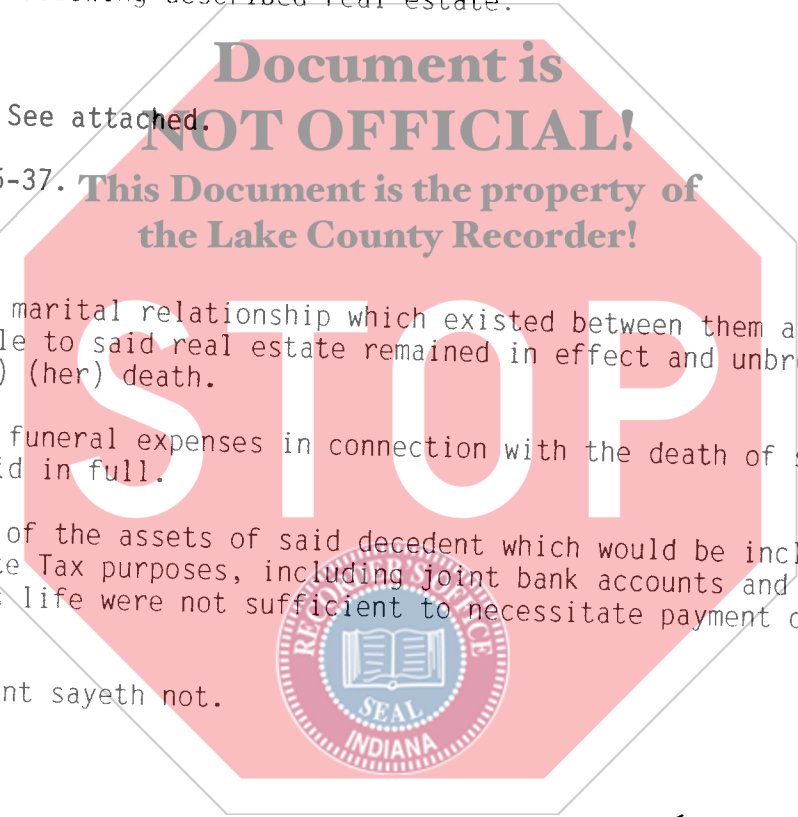
2002 DEC 16 10:08:52

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

John L. Brza, being first duly sworn upon oath, deposes and says:

1. That Delores C. Brza died on May 26, 19 98 at Crown Point, IN.
2. That John L. Brza and Delores C. Brza were duly and legally married at the time they acquired title as husband and wife to the following described real estate:



See attached.

Key No. 7-15-37. **This Document is the property of the Lake County Recorder!**

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 funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

John L. Brza

Subscribed and sworn to before me, a Notary Public, this 11th day of December, ~~19~~ 2002.

Jean Henderson Notary Public

My Commission expires:
12-3-09

County of Residence:
Lake

This Instrument prepared by John L. Brza

FILED

DEC 13 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

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.



12

* 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. 1211-98

200573
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

1 DECEASED—NAME (First, Middle, Last) Delores C. Brza		2 SEX Female		3a TIME OF DEATH 01:30A M		3b DATE OF DEATH (Month, Day, Yr) May 26, 1998	
4 *SOCIAL SECURITY NUMBER 463-40-1365		5a AGE—Last Birthday (Years) 68		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) March 19, 1930		7. BIRTHPLACE (City and State or Foreign Country) Campo, CO					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 12932 Cedar Lake Rd.				9c. CITY, TOWN OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) John Brza		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 Own Home	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Crown Point		13d. STREET AND NUMBER 12932 Cedar Lake Rd.	
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) 11 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) R. L. Burleson				19. MOTHER'S NAME (First, Middle, Maiden Surname) Irene Parker			
20a. INFORMANT'S NAME (Type/Print) John Brza				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12932 Cedar Lake Rd., Crown Point, IN 46307		20c. Relationship Husband	
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) May 27, 1998 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN			
22a. EMBALMER'S NAME Larry Geisen		22b. EMBALMER'S LICENSE NO. FD09000013		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry Geisen</i>		24b. LICENSE NUMBER (of Licensee) FD09000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH83001253 109 N. East St., Crown Point, IN 46307			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <input checked="" type="checkbox"/> Lung Cancer DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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		28. WAS AN AUTOPSY PERFORMED WITH COMMISSIONER'S PERMISSION? (Yes or no) NO		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
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>R. S. Drasga</i>		29c. MEDICAL LICENSE NO. 01031484		29d. DATE SIGNED (Month, Day, Year) 5-26-98			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Raymond E. Drasga M.D. 8127 Merrillville Rd. Merrillville, IN 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Raymond E. Drasga</i>						32. DATE FILED (Month, Day, Year) May 27, 1998	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> 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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

T.I.-M.O.
920027936
7-15-37

CERTIFIER

HEALTH OFFICER

