

**FILED**

JUN 7 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

2004 048268

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 JUN -9 AM 9:00

MORRIS W. ...  
RECORDER

7116 Howard Avenue, Hammond, Indiana 46324

**SURVIVORSHIP AFFIDAVIT**

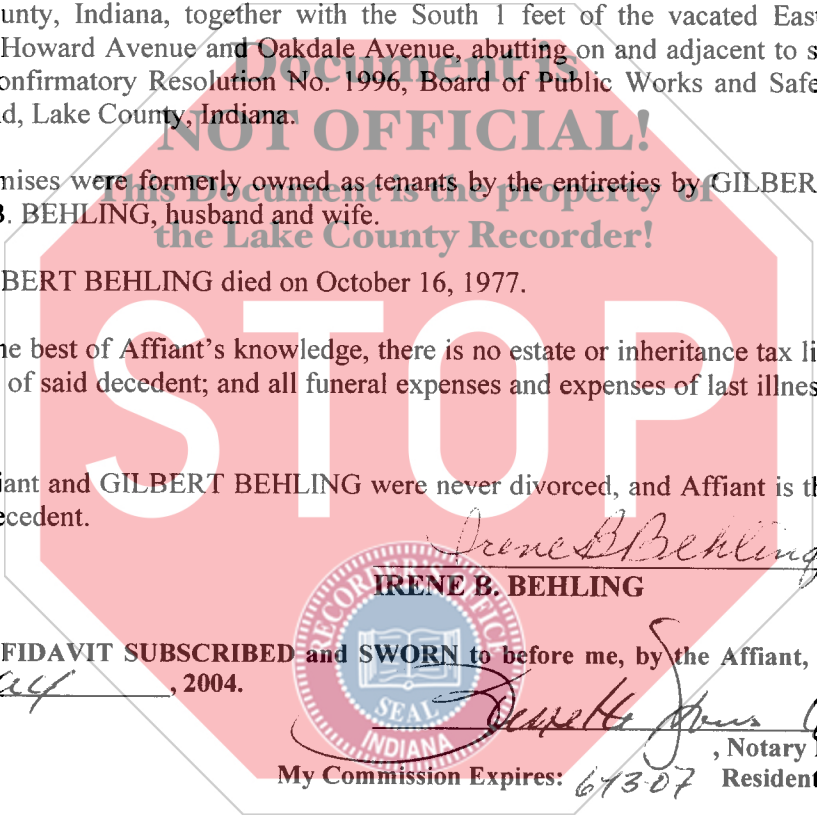
STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

On the 11th day of May, 2004, before me personally appeared IRENE B. BEHLING, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 7116 Howard Avenue, Hammond, Indiana 46324.
2. Affiant is the owner of the following described property:

Lot 25 and the North 15 feet of Lot 26, Block 2 Buena Vista Addition to the City of Hammond, Lake County, Indiana, together with the South 1 feet of the vacated East and West alley between Howard Avenue and Oakdale Avenue, abutting on and adjacent to said Lot 25, as set out in Confirmatory Resolution No. 1996, Board of Public Works and Safety of the City of Hammond, Lake County, Indiana.

3. Said premises were formerly owned as tenants by the entireties by GILBERT BEHLING AND IRENE B. BEHLING, husband and wife.
4. Said GILBERT BEHLING died on October 16, 1977.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That Affiant and GILBERT BEHLING were never divorced, and Affiant is the surviving spouse of said decedent.

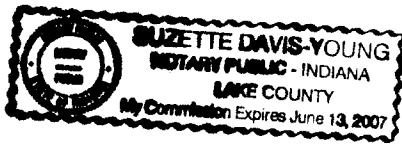


*Irene B. Behling*  
IRENE B. BEHLING

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 11 day of May, 2004.

*Suzette Davis Young*  
Suzette Davis Young, Notary Public  
My Commission Expires: 6/30/07 Resident of LAKE County.

SEAL:



THIS INSTRUMENT PREPARED BY:  
THOMAS L. KIRSCH, 5224-45  
131 Ridge Road, Munster, IN 46321  
219-836-1384

000552  
11.00  
RP  
2/164

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE INDIANA HEALTH DEPT.

*10-18-77*  
Date issued *10-18-77* *Remond*  
INDIANA HEALTH COMMISSIONER

Disposition Permit Issued	/
Provisional Certificate	/
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

EMBALMER'S NAME *Elden B. LaHayne* LICENSE No. *85*

FUNERAL DIRECTOR'S SIGNATURE *Alan V. LaHayne* FUNERAL DIRECTOR'S LICENSE No. *2013*

FUNERAL HOME No. *288*

Local No. *813*

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. *Gilbert J. Behling* 2. *Male* 3. *October 16, 1977*

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

4. *White* 5a. *37* 5b. *37* 5c. *37* 6. *October 16, 1977* 7a. *Lake*

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. *Hammond* 7c. *yes* 7d. *St. Margaret Hospital*

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

7e. *USA* 7f. *USA* 7g. *Shrene B. Paluch*

USUAL RESIDENCE LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

8. *Indiana* 9. *12304-14-6321* 10. *Hammond* 11. *Shrene B. Paluch*

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

12. *Indiana* 13a. *Lake* 13b. *Hammond* 13c. *Behling & Sons, Inc.*

STREET AND NUMBER 14a. *7116 Howard Ave.* 14b. *14b. Lake* 14c. *Hammond* 14d. *yes* 14e. *North*

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

14f. *Edward Behling* 14g. *Elaine M. Galinsky*

PARENTS INFORMANT—NAME RELATIONSHIP 15. *Mrs. Shrene B. Behling* 16. *Wife*

17a. *7116 Howard Ave., Hammond, Indiana 46324* 17b. *Wife* 17c. *7116 Howard Ave., Hammond, Indiana 46324*

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) IMMEDIATE CAUSE (a) *Heart Failure* (b) *Myocardial Infarction* (c) *Arteriosclerosis*

18. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), (B), OR (C) AS A CONSEQUENCE OF: (a) *Arteriosclerosis* (b) *Myocardial Infarction* (c) *Heart Failure*

19. DUE TO, OR AS A CONSEQUENCE OF: (a) *Arteriosclerosis* (b) *Myocardial Infarction* (c) *Heart Failure*

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

20. *Oct 16 1977* 21a. *10:07 PM* 21b. *10-18-77*

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. *V.J. Santare* 22b. *V.J. Santare M.D.* 22c. *1170 W. State St. N.I.*

WAITING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

22d. *513 Ridge Road* 22e. *Munster* 22f. *Ind.* 22g. *46321*

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

23. *Rural* 23a. *Elmwood Cemetery* 23b. *Hammond, Indiana*

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

24. *October 19, 1977* 24a. *Snyder-Lorraine Funeral Home, 5746 Holman Ave., Hammond, Indiana 46329*

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICE

25a. *[Signature]* 25b. *10-18-77*

25c. *10-18-77*

25d. *10-18-77*

25e. *10-18-77*

25f. *10-18-77*

25g. *10-18-77*

25h. *10-18-77*

25i. *10-18-77*

25j. *10-18-77*

25k. *10-18-77*

