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2006 015089

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

# TICOR TITLE INSURANCE

MIDDLEBURY TOWN  
AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Mary Brehmer, being first duly sworn upon oath, deposes and says:

1. That Frank W. C. Brehmer died on SEPT. 8, 1995 at LAKE County, IN.

2. That Frank W. C. Brehmer and Mary Brehmer were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The South 4 1/4 feet of Lot 79, all of Lot 80 and the North 8 1/4 feet of Lot 81 in Stafford and Trankle's 8th Addition to Hammond, as per plat thereof, recorded in Plat Book 9, page 8, in the Office of the Recorder of Lake County, Indiana. 36-127-30 (26)

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 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.

Mary Brehmer  
Mary Brehmer

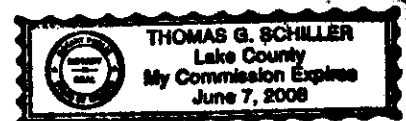
Subscribed and sworn to before me, a Notary Public, this 21st day of Feb., 10/2006

**FILED**

FEB 24 2006

Thomas G. Schiller  
Notary Public  
Thomas G. Schiller

My Commission expires: 6/7/08  
**PEGGY HOLINGA KATONA**  
**LAKE COUNTY AUDITOR**



County of Residence:  
Lake

This Instrument prepared by Mary Brehmer

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TS  
B  
**003937**

• 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept 11, 1995  
Date Issued

*Franklin D. Remuda, M.D.*  
Hammond Health Commissioner

Local No. 654

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Frank Brehmer		2 SEX Male	3a TIME OF DEATH 7:00 a. m	3b DATE OF DEATH (Month, Day, Yr) September 8, 1995
4 *SOCIAL SECURITY NUMBER [REDACTED]-4216	5a AGE—Last Birthday (Years) 84	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) FEB 26 - 1911
7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, IN.		8a WAS DECEDENT A U.S. VETERAN? NO		
8b YEAR LAST SERVED IN U.S. ARMED FORCES? —		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) ST MARGARET MERCY NORTH		9c CITY, TOWN OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) MARY WEBER	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) RET. TRUCK DRIVER	12b KIND OF BUSINESS/INDUSTRY TRUCKING BUSS.	
13a RESIDENCE—STATE IND.	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HAMMOND	13d STREET AND NUMBER 4913 ELM AVE	
13e ZIP CODE 46327	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) College (1-4 or 5 +) 12 —		18 FATHER'S NAME (First Middle, Last) CHARLES BREHMER		
19 MOTHER'S NAME (First Middle, Maiden Surname) LENA SCHMIDT			20a INFORMANT'S NAME (Type/Print) MARY BREHMER	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4913 ELM ST HAMMOND IN 46327		20c Relationship WIFE		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 11, 1995 CHAPEN LAWN		21c LOCATION—City or Town, State SCHEREVILLE, IN
22a EMBALMER'S NAME THOMAS J. BURNS		22b EMBALMER'S LICENSE NO. 1045184	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS-KISH FH. 300 2819 5840 HATTMAN AVE HAMMOND, IN.	
26 PART I Enter the diseases, 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. Cerebrovascular accident 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.				Approximate Interval Between Onset and Death —
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
				28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO
				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
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 checked="" 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. Bhagwat</i>		29c MEDICAL LICENSE NO. 35958
				29d DATE SIGNED (Month, Day, Year) September 11, 1995
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R. Bhagwat, M. D. 9122 Columbia Avenue, Munster, Indiana 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>				32 DATE FILED (Month, Day, Year) SEP 11 1995
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.		

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Chris Burk  
Signature of Declarant

Chris Burk  
Printed Name of Declarant

Verified for Recording by  
Ticor Title Insurance Company