


7. That the estate of Hubert E. Nelson did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Bettie L. Nelson
BETTIE L. NELSON, Surviving Spouse of Hubert E. Nelson

STATE OF INDIANA)
COUNT OF LAKE) SS:
)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 19
day of JUNE, 2007.

My commission expires August 18, 2011
 Julie Shrader
Notary Public

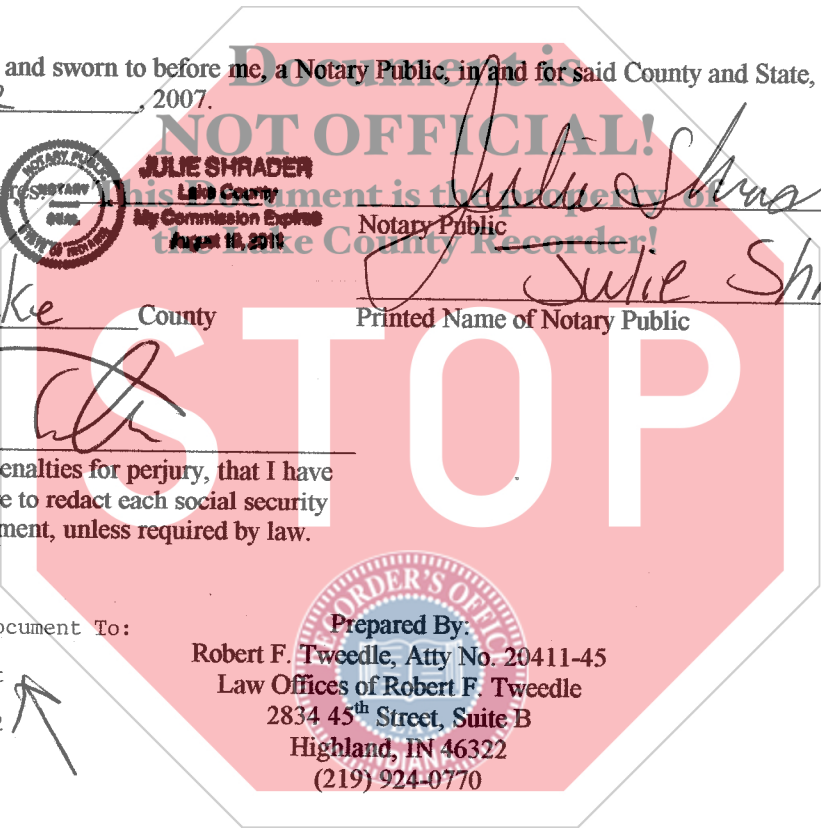
Resident of Lake County Printed Name of Notary Public Julie Shrader

Robert F. Tweedle
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.
Robert F. Tweedle

Return Recorded Document To:
Robert F. Tweedle
2834 - 45th Street
Suite B
Highland, IN 46322

Prepared By:
Robert F. Tweedle, Atty No. 20411-45
Law Offices of Robert F. Tweedle
2834 45th Street, Suite B
Highland, IN 46322
(219) 924-0770

Return Tax Bills To:
7136 Bell Street
Schererville, IN 46375



CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS
DISTRICT 16.34

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.34	REGISTERED NUMBER	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. Hubert Eugene Nelson	SEX 2. Male
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 4. Cook		AGE-LAST BIRTH(DAY (MOS. YRS.) 5a. 76	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 26, 2007
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Harvey		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Hospital Hospice	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 15, 1930
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) East Chicago, Indiana		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Betty Wyatt
SOCIAL SECURITY NUMBER 10.		USUAL OCCUPATION 11a. Contractor	KIND OF BUSINESS OR INDUSTRY 11b. Construction
RESIDENCE (STREET AND NUMBER) 13a. 7136 Bell Street		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Schererville	INSIDE CITY (YES/NO) 13c. Yes
STATE 13e. Indiana		ZIP CODE 13f. 46375	COUNTY 13d. Lake
FATHER-NAME FIRST MIDDLE LAST 15. Erwin L. Nelson		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Goldie N. Hamilton	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. High School
INFORMANT'S NAME (TYPE OR PRINT) 17a. Betty Nelson		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7136 Bell St. Schererville, IN 46409
18. PART I. Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, 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) <u>Hered Heart Aneur</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Year	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>Document is NOT OFFICIAL!</u>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No	
DATE OF OPERATION, IF ANY 20a.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. April 25, 2007		HOUR OF DEATH 21c. 8:27 AM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22c. April 26, 2007	
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Alexander Starr, MD, 71 West 156th Street, Harvey, Illinois 60426		ILLINOIS LICENSE NUMBER 22d. 036-096343	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. GraceLand	
FUNERAL HOME 25a. Panozzo Bros. Funeral Home, 530 W. 14th Street Chicago Heights, IL 60411		LOCATION CITY OR TOWN STATE 24c. Valparaiso, Indiana	
FUNERAL DIRECTOR'S SIGNATURE 25b. Phillip J. Panozzo		DATE (MONTH, DAY, YEAR) 24d. May 1, 2007	
LOCAL REGISTRAR'S SIGNATURE 26a. Gwendolyn L. Davis		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014612	
VR200 (Rev. 5/89)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 27 2007	

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D45378

DATE ISSUED APR 27 2007

ISSUED AT:
CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

Gwendolyn L. Davis
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.