

2

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 012073

2010 MAR -5 AM 9:17

AFFIDAVIT

MICHELLE R. FAJMAN
RECORDER

620100277
STATE OF INDIANA)
COUNTY OF LAKE) SS:
PORTER

Nathan S Gale

sworn upon oath, deposes and says:

1. That Robert E Wertz
March 30, 2006, at 8:02 PM died on

2. That Robert E Wertz and Halina Wertz
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Lot 63 in Imperial Heights Second Subdivision, in the City of Crown Point,
as per plat thereof, recorded in Plat Book 36, page 86, in the Office of
the Recorder of Lake County, Indiana.

Commonly known as: 111 Magnolia Drive, Crown Point IN 46307

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.

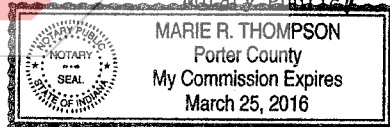
Further affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this Nathan S Gale 26th day of
February, 2010.



Marie R. Thompson
Notary Public

My Commission expires:



County of Residence:

I affirm, under the penalties for perjury, that I have taken reasonable care to redact
Social Security number in this document, unless required by law. Marie Thompson

This Instrument prepared by Nathan S Gale

Mailed to: Nathan S. Gale, 2151 Lennox Lane, Valparaiso, In. 46385

620100277

MAR 04 2010

051249

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Chicago Fire Insurance Company

dt
B
ps

(6)

* 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

Local No. 796-06
442472

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | | |
|--|--|--|--|--|-----------------------------------|
| 1. DECEASED - NAME (First, Middle, Last) Robert E. Wertz | | 2. SEX Male | 3a. TIME OF DEATH 8:02 PM | 3b. DATE OF DEATH (Month, Day, Yr.) March 30, 2006 | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | 5a. AGE - Last Birthday (Years) 73 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo., Day, Yr.) July 30, 1932 | |
| 7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana | 8a. WAS DECEASED A U.S. VETERAN? No | | | | |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | | PLACE OF DEATH (Check only one - See instructions) | | | |
| 9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospice | | 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) Halina Ulrych | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Certified Public Account | | 12b. KIND OF BUSINESS/INDUSTRY Accounting | |
| 13a. RESIDENCE - STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN OR LOCATION Crown Point | | 13d. STREET AND NUMBER 111 Magnolia Dr. | |
| 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) | | | |
| 18. FATHER'S NAME (First, Middle, Last) Franklin J. Wertz | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Roberta P. Bierbauer | | | |
| 20a. INFORMANT'S NAME (Type/Print) Halina Wertz | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 111 Magnolia Dr. Crown Point, IN 46307 | | 20c. Relationship Wife | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) April 3, 2006 Kelly-Carroll Cremation Services Gary, Indiana | | 21c. LOCATION - City or Town, State Gary, Indiana | |
| 22a. EMBALMER'S NAME Not Applicable | | 22b. EMBALMER'S LICENSE NO. Not Applicable | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Kern Knaza</i> | | 24b. LICENSE NUMBER (of Licensee) FD20400005 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home 109 N. East St. Crown Point, Indiana 46307- FH19900060 | | |
| 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. Pancreatic Cancer | | | | Approximate Interval Between Onset and Death One year | |
| IMMEDIATE CAUSE (Final disease or condition) CERTIFIES THE ABOVE IS A TRUE AND COMPLETE STATEMENT OF THE CAUSE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Conditions, if any, which gave rise to the immediate cause stating the underlying cause last MARK 31 2006 | | | | | |
| 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 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>[Signature]</i> | | 29c. MEDICAL LICENSE NO. 01049249 | |
| 29d. DATE SIGNED (Month, Day, Year) 3-31-06 | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Eduardo Fletes MD 297 Franciscan Dr. Suite 203, Crown Point 46307 | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i> | | | 32. DATE FILED (Month, Day, Year) March 31, 2006 | | |
| 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. | | | |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

