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## **AFFIDAVIT**

014 003859

STATE OF INDIANA )
COUNTY OF LAKE ) SS:
Tax I.D. No. 45-12-32-228-012.000-029

RICHARD EUGENE WERBLO a/k/a RICHARD E. WERBLO, being first duly sworn upon oath, deposes and says:

- 1. That **BEULAH BERNICE WERBLO** died on the 21<sup>st</sup> day of February 2013 in Lake County, Indiana.
- 2. That at the time of her death, she held a Life Estate interest in the following described real estate:

LOT 27, FOUNTAIN RIDGE ADDITION, UNIT 2, IN LAKE COUNTY INDIANA, AS SHOWN IN PLAT BOOK 38 PAGE 54 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

- 3. That no Federal Estate Tax is due as a result of the death of BEULAH BERNICE WERBLO.
- 4. That this Affiant's relationship to the Decedent was son.

FURTHER, Affiant saith naught.

Rachenel Eugene Werfly Alk Rachenel & Werfly
RICHARD EUGENE WERBLO

RICHARD EUGÉNE WERBLO a/k/a RICHARD E. WERBLO

Subscribed and sworn to before me, a Notary Public this 1311 day of Invunity 2013.

My Commission Expires: County of Residence:



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.

Signature of Preparer

Name of Preparer

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No 263 44 No legal opinion given or rendered. All information used in pre arat in of document was supplied by title company.

JAN 17 2014

COMMUNITY TITLE COMPAND FILE NO 135366 LAKE (O-

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOP

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1819	Local No 000655						EDR No 00000308947					State No 009004						
1 Decedent's Legal Name (First, Middle, Last)						1a Maiden Name (If female)								Of Death 4 Date Of Death (Month/Day/			ay/Year)	
BEULAH BE	RNICE WE	RBLO				RAN	IS				FEN	IALE	01:2	8 PM		02/21/2013		
5. Social Security !	Number 6a A	ge · Yrs	6b Under	1 Year	6c Under 1	Month 6d. Un	der 1 Day	6e Und	fer 1 Hour	7. Date	of Buth (Ma	onth/Day/Yea	ir) 8 B	rthplace (Ci	ly and State	or Foreign Country)	)	
		100	Months		Days	Hours		Minutes			10/18/1	912	W	NAMAC	. IN			
9. Ever in U.S. Arm	ned Forces?	10 II Deat	n Occurred I	n A Hos	pital:				Death Occur		ewhere Othe decedent's Hi	r Than A Hos		me/Long-ter	m Caro Easi	En.		
☐ Yes ☑ No	☐ Unknown	☐ Inpatie	n! 🔲 Emer	gency D	epartment Outp	atient Dea	ad on Arriva		r (Specify)		recedent's m	ome 🖾 i	Ani Sing Fic	in ner corigiter	m Care Fac	aty		
11 Facility Name				r)														
SPRINGMILL 12 City Or Town, S					-			13	. County O	f Death			11	I. Mantal St	atus At Time	Of Death		
	. 5 . 11 . 40							l	=				] [	Marned [	Married, E	But Separated   Un	Divorced	
MERRILLVIL 15. Surviving Spou	se's Name	410				15a (If W/a)	Give Maide		AKE		16 Deced	lenfs Usual (				Of Business/Industr		
															STEEL			
18. Residence - Sta	ale			18a	County	L		i 18b (	City Or Tow		CLERK				MANU	FACTURING		
					•													
18c. Street And Nu	mber			LAKE	_			CRO	WN PO	INT		18d Apt	No.	18e Zip	Code	18f. Inside City	Limits?	
		-											,			⊠ Yes □		
9412 ARTHU		1		1 20	Decedent Of h	dispanis Ocioio			21 De	cedent's	Pace			46	307			
HIGH SCHOO	OL GRADI	JATE O	R GED						1 00	eedern 2	nace				٠٠,			
22. Father's Name (		st)		NC	T HISPA	NIC		23 Motha	White		ta Lact\			1 23n I	Jother's Mai	den Last Name		
22.700.0701110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,						10, 11,022	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,	ne, easi,			200 .	10210/ 3 1110	oen wast name		
JOHN HENR					24 - Dalada	hip To Deceder			RANS			C4. Free: 3			PHERD			
						nip to Deceder	nt.		RANDE	VAL	LEY BO	ULEVAF	DAP	T 11120,	ORANG	SE CITY, FL		
RICHARD E	WERBLO				SON		26 014	32763 ce Of Dispos	eltion.									
25a Method Of Disp				5b. Plac	e Of Disposition	n (Name Of Ce				25c Lo	cation - City	Town, And	State					
☐ Removal From S		ion [] Ento	memdme				000		001	4	•							
Other (Specify):						MEMORI	AL GAF	RDENS	lei	SCH	ERERVI	LLE, IN						
26. Was Coroner Co	ontacted?				Address Of Fur	neral Facility  HOME A	ND ME	MORIAL	GADE	ENIC	9178 C	CHAIE	A1/E		27a Funi	eral Home License N	łumber.	
☐ Yes 🖾 No					IN 46375		NO WE	IVIORIAL	· GARL	ENS,	0703	CHIVE	AVE.,		FH199	00051		
27b. Signature Of In DAVID R PET	ndiana Funeral S	BY FIF	CTRON	IC SI	GNATURE	Door	1422.0	nt is	4h			c License N 2086015		f Licensee):				
						Cause Of D	eath (See	Instructio	ns And Ex	kamples	PP-	-				Approximat	ie	
28. Part I. Enter Such As Cardiac	The <u>Chain Of E</u> Arrest, Respire	vents - Dis story Arrest	eases, Inju , Or Ventric	ries, Or ular Fib	Complication rillation Withou	s - That Directl ut Showing Thi	ly Caused e Etiology	The Death, Do Not Ab	Do Not Er breviate E	nter Terr	ninal Events y One Caus	e On				Interval: Or To Death	nset	
A Line Add Add		,						DV 50544			9-17-7			A FRUE AN				
Immediate Cause	e (rinai Diseasi	or Condit	ion Resultin	ig in De	ath) /	A. ACUTE P	ULMUNA	RY EDEMA		Cue to (Or A	A Consequence	on the ALHE		No.	<del>!!!                                  </del>	MINUTES		
Sequentially List	Conditions, If	Any, Leadin	g To The C	ause Li	ated Off	3.					A Consequence		75510110					
Line A. Enter Th The Events Resu			ase Or Injur	y That i	That initiated C						rrn Or a			2011	045			
									1	Due to (Cir At	A Consequence	on I L.C	A U	ZUIJ				
Part II. Enter Other S	innificant Condit	ions Contrib	uting to Deal	h But N	of Resulting In	The Underlying	Cause Givi	in In Part I		28 Was	An Autopsy	Performed?				_		
ANEMIA, CHRONIC									TE OV			iding Availab		Yes plete The Ca	No     No     No     No     No     No	h? D Yes D		
DISEASE 31. Did Tobacco Us	e Contribute To	Death?	1	Female						- X		33. Mann						
Yes 🛭 Probat	y □ No □ t	Inknown				Pregnant At Tir eya To i year Balore		Unknown A						Id Not Be De		Pending Investigat	ion	
34. Date Of Injury (A	Aonth/Day/Year)			Time Of								tion Site, Res				Injury At Work?		
							E	0,000				·				☐ Yes ☐ N	0	
38. Location Of Injur	ry - State		38a	City Or	Town		38b. St	reat & Numb	er — 11	Ci				38c. Apt. No	). 38d	Zip Code		
										0			$\Delta$					
39. Describe How In	jury Occurred						E					40, If Tran	nsportation mater Pa	n Injury, Spec	oify: Arsman ∐on	er (Specity)		
41. Signature, Of Pe							E	OE		37	42. Cer	lifier (Check	Only One					
BERNARDO S 43. Name, Address	SERRANO	LUCEN	IA, BY E	LEC	TRONIC	SIGNATUR	RE	٠٠/ <u>//</u> ٧DI	ANA			tifying Physic		Coron <b>er</b>		Date Certified		
BERNARDO S	SERRANO	LUCEN	IA , 128	00 M	SSISSIP	PIPARKW	/AY, SL	JITE B20	01, CR	INWC	POINT,	N						
46307 45. Additional Funer	al Service Provid	ler											39302	Α		02/22/2013		
de Signatura all an	al Harlin Office										40 F D	1-1 0-1-	Cata Cil	(8.4c - 45.75	- 0/2 - 0			
48 Signature of Loc SUSAN W. BE			ONIC SI	GNA <sup>*</sup>	TURE						as. FOR KE	gistrar Only		EB 25 2	•			
				- / - / 1		MENT TO CE	RTIFICAT	E OF DEA	TH (ENTR	Y OR O	RIGINAL)							
																	44	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal COMPANY.

THE NO 135366 LAKE (O.