

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

718563

SURVIVOR'S AFFIDAVIT

LOWELL E. ENSLEN, being first duly sworn upon his oath deposes and says:

1. That he makes this affidavit for and on behalf of Robert W. Bauermeister in the capacity of his attorney at fact and in law as represented by the power of attorney he holds from said Robert W. Bauermeister.

2. That Robert W. Bauermeister's mother, Pauline C. Bauermeister, died on April 23, 1983 at Hammond, Indiana, leaving a will and was a resident of Lake County, Indiana at the time of her death, but she left no probatable assets.

3. That he attaches hereto death certificate showing the death of said Pauline C. Bauermeister.

4. That the said Robert W. Bauermeister and Pauline C. Bauermeister were joint tenants with the right of survivorship, and not tenants in common of the following described real estate to-wit:

Lots 16 and 17, Block 3, as marked and laid down on the recorded plat of a Resubdivision of part of Jackson Terrace, Hammond, Lake County, Indiana as shown in Plat Book 18, page 4.

and that said relationship continued until the date of her death aforesaid.

5. That all funeral expenses in connection with the death of the decedent have been paid in full.

6. 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, did not equal or exceed One Hundred Seventy Five Thousand (\$175,000.00) Dollars.

**FILED**

and further your affiant sayeth not.

JUL 28 1983

*Louis B. Priddy*  
AUDITOR LAKE COUNTY

SUBSCRIBED AND SWORN to before me this 20th day of July, 1983.

*Lowell E. Enslin*

LOWELL E. ENSLEN as Attorney in fact and law for Robert W. Bauermeister

*Karen Irene Backe*  
KAREN IRENE BACKE, Notary Public

My Commission Expires: 5/15/87  
Resident of Lake County

This Instrument Prepared by: Lowell E. Enslin, Attorney at Law  
142 Rimbach, Hammond, Indiana 46320

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

JUL 29 1 22 PM '83  
WILLIAM B. LISKI JR.  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

1350  
L.T. 5-50

PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

(Below for State Office Use)

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*Robert Bauermeister  
44216417B  
Wife 3411899*

GENERAL HOME  
FUNERAL DIRECTOR'S  
LICENSE NO. 819  
FUNERAL DIRECTOR'S  
LICENSE NO. 289  
Mary Selan  
FUNERAL DIRECTOR'S  
SIGNATURE

Local No. **307**

TYPE OF PRINT  
OR PERMANENT  
OR FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECLAR  
USUAL PRESENCE  
WHERE DECEASED  
LIVED AT DEATH  
OCCURRING  
WITHIN STATE  
BEFORE  
ADMITTED

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

COMPLIANCE  
OR ANY  
OTHER STATE  
OR FEDERAL  
LAW  
REGARDING  
THE  
UNIFORM  
LAW

CAUSE

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State  
No.

DECEASED - NAME <b>Pauline Bauermeister</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 23, 1893</b>
RACE <b>White</b>	AGE <b>90</b>	DATE OF BIRTH (BY MONTH AND DAY) <b>Aug. 26, 1892</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION <b>7032 Van Buren Ave., Hammond, Ind.</b>	
STATE OF BIRTH <b>Indiana</b>	CITY OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	SURVIVING SPOUSE <b>none</b>
LOCAL CITY NUMBER <b>26-2611</b>	USUAL OCCUPATION <b>Housewife</b>	KIND OF BUSINESS OR OCCUPATION <b>Homemaker</b>	
RESIDENT STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hammond</b>	
RESIDENT NUMBER <b>7032 Van Buren Avenue</b>		IS RESIDENCE ON A FARM <input type="checkbox"/>	RESIDE CITY LIMITS <input checked="" type="checkbox"/>
FATHER - NAME <b>Henry Schmidt</b>			
MOTHER - MAIDEN NAME <b>Anna Sabarnick</b>			
INFORMANT - NAME <b>Robert Bauermeister - Son</b>	RELATIONSHIP <b>Son</b>	MAILING ADDRESS <b>25035 Tulip Ave., Loma Linda, California 92351</b>	CITY OF BIRTH <b>Loma Linda, California</b>
DISPOSITION <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>St. Joseph Cemetery</b>	LOCATION <b>Hammond, Ind.</b>
DATE <b>April 26, 1983</b>		FUNERAL HOME - NAME AND ADDRESS <b>Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. 46321</b>	
NAME OF ATTENDING PHYSICIAN <b>R. S. Smoltz, M.D.</b>		DATE SIGNED <b>Apr. 25, 1983</b>	HOURS OF DEATH
MAILING ADDRESS - PHYSICIAN <b>110 Ridge Road, Munster, Ind. 46320</b>			
HEALTH OFFICER <b>Franklin J. Drenth</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>APR 25 1983</b>	
PART I <b>Causes of Death</b>			
PART II <b>Contributing Causes</b>			
PART III <b>Other Contributing Causes</b>			

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

JUL 20 1983

Date Issued

*Franklin J. Rema, M.D.*  
\_\_\_\_\_  
HAMMOND HEALTH COMMISSIONER

