452384

Chicago Title Insurance Company

452384/pdg 5066
Independence One Mtg
5241 Fountain Drive
Suite C
Crown Point, IN 46307

SURVIVORSHIP AFFIDAVIT

STATE OF 91026631 } S. S.
COUNTY OF

N

On this May 15, 1991 (insert date) before me personally appeared GERALD E. MUSSER

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is ONE OF THE RECORD OWNERS OF TITLE;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by GERALD E. MUSSER and MARGARET M. MUSSER;

4. Said MARGARET M. MUSSER
(fill in name of co-tenant who died)

died on March 2, 1989

leaving no will; (SEE ATTACHED COPY OF DEATH CERTIFICATE)
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is: Lot 4, Block 1, J.J. Owen's Addition to Hammond, as shown in plat book 20, page 34, in Lake County, Indiana.
COMMON STREET ADDRESS: 7548 Monroe, Hammond, Indiana
KEY #35-200-4 TAX UNIT NO. 26

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
MAY 31 1 31 PM '91
ROBERT(BOB)FRIEDLAND
RECORDER

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
THE PARTIES WERE NEVER DIVORCED

(If answer is "Yes," identify the divorce proceedings:
);

8. Affiant's relationship to the deceased was SURVIVING SPOUSE

Signature: Gerald E. Musser
GERALD E. MUSSER

Address: 7548 Monroe, Hammond, IN

Subscribed and sworn to before me by the affiant

this May 15, 1991
(insert date)

Arlette Klimsky
Notary Public

My Commission Expires

OFFICIAL SEAL
ARLETTE KLIMSKY
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. APR. 19, 1993

FILED

MAY 29 1991

Anna N. Anton
AUDITOR LAKE COUNTY

01152

This instrument prepared by ... PAGOREK, ATTORNEY AT LAW
717 Burnham Avenue, Calumet City, IL 60409

8.00 CT

MEDICAL CERTIFICATE OF DEATH
MARION COUNTY HEALTH DEPARTMENT
222 EAST OHIO STREET
INDIANAPOLIS INDIANA 46204

Local No. .....

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

5C

DECEDENT

1 DECEASED—NAME: MARGARET (First) A. (Middle) MUSSER (Last)
Margaret A. Musser

2 SEX: F

3 DATE OF DEATH (Mo. Day Yr): 3-2-89

4 SOCIAL SECURITY NUMBER: 307-01-2191

5a AGE—Last Birthday (Years): 79

5b UNDER 1 YEAR (Months / Days):

5c UNDER 1 DAY (Hours / Minutes):

6 DATE OF BIRTH (Month Day Year): June 25, 1909

7 BIRTHPLACE (City and State or Foreign Country): Oxford, India

8 YEAR LAST SERVED IN U.S. ARMED FORCES: No

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number): St. Vincent Hospital

9c CITY, TOWN OR LOCATION OF DEATH: Indpls. Ind

9d COUNTY OF DEATH: Marion

10 MARITAL STATUS (Married / Never Married / Widowed / Divorced): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Gerald Musser

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker

12b KIND OF BUSINESS/INDUSTRY: Home

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Hammond Ind

13d STREET AND NUMBER: 7548 Monroe

13e RESIDENCE CITY LIMITS? (Yes or No): Yes

13f FARM: No

13g ZIP CODE: 46324

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes Specify

15 RACE—American Indian, Black, White, etc. (Specify): White

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+): 2

PARENTS

17 FATHER'S NAME (First, Middle, Last): Jacob Keller

18 MOTHER'S NAME (First, Middle, Maiden Surname): Saura-N/A

INFORMANT

19a INFORMANT'S NAME (Type/Print): Gerald Musser

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7548 Monroe, Hammond, Indiana 46324

19c Relationship: Husband

DISPOSITION

20a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)

20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 6, 1989 — Oxford West Cemetery

20c LOCATION—City or Town, State: Oxford, Indiana

21a SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Kenneth R. Reed

21b NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (If Licensed): Kenneth R. Reed

21c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: C. J. Huber Funeral Home-3000366 Hammond, Indiana 46324

PRONOUNCING PHYSICIAN ONLY

Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death

22a—To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title: Daniel R. Musser

22b LICENSE NUMBER: 43699

22c DATE SIGNED (Month Day Year): 3/1/89

23 TIME OF DEATH: 6:45 AM

25 DATE PRONOUNCED DEAD (Month Day Year): 3/2/89

26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

ITEMS 23 TO 26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

27. PART I: Enter the diseases, injuries, 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. Massive cerebrovascular accident. — Approximate Interval Between Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:

DUE TO (OR AS A CONSEQUENCE OF): b.

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: recent anterior wall myocardial infarction

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

SEE INSTRUCTIONS

CERTIFIER

29a CERTIFIER (Check only one):

[ ] CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 22): To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

[X] PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death): To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

[ ] MEDICAL EXAMINER [ ] CORONER [ ] 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) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER: V.M. Bourgeois MD

29c LICENSE NUMBER: 29804

29d DATE SIGNED (Month Day Year): 3-2-89

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 (Type/Print): V.M. BOURGEOIS 8402 HARCOURT RD. SUITE 402 INDPLS, 46260

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Frank Thomas Reed

32 DATE FILED (Month Day Year): MAR 14 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [X] Pending Investigation [ ] 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):

SBH08 004 State Form 10110 (R/10-87) DEATH/001

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED BY LOCAL REGISTRAR ON REVERSE SIDE

INDIANA DIVISION