

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA

} S. S.

COUNTY OF LAKE

92024405

2

On this April 11, 1992 before me personally appeared CECILIA SEFLER  
(insert date)

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 owner  
(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  
GEORGE F. SEFLER and CECILIA SEFLER;

4. Said GEORGE F. SEFLER  
(fill in name of co-tenant who died)

died on December 31, 1991

leaving a will  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

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All of Lot 467 and that part of Lot 466 described as beginning at the Northeast corner of said Lot 466; thence Southwesterly along the East line of Lot 466 a distance of 59.27 feet as measured along the arc of a curve convex to the Southeast and having a radius of 290.0 feet; thence North 61 degrees, 47 minutes, 45 seconds West a distance of 150.19 feet to a point on the West line of Lot 466; thence Northeasterly along the West line of Lot 466 a distance of 33.82 feet as measured along the arc of a curve convex to the Southeast and having a radius of 140.0 feet, to the Northwest corner of Lot 466; thence South 71 degrees, 31 minutes, 5 seconds East along the North line of Lot 466 a distance of 150.0 feet to the point of beginning, all in Lakeside 15th Addition to the Town of Highland, as shown in Plat Book 48, page 50 in Lake County, Indiana.

Key No. 27-488-8; and 9

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?

NO

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

8. Affiant's relationship to the deceased was wife

Signature: Cecilia Sefler

Address: 3134 Lakeside Drive  
Highland, IN 46322

Subscribed and sworn to before me by the affiant.

this 11th day of April  
(insert date)

Sandra Moro  
Notary Public

My Commission Expires July 7, 1995

**FILED**

APR 21 1992

Alex N. Anton  
AUDITOR LAKE COUNTY

00977

This instrument prepared by Cecilia Sefler

800 Clk

STATE OF INDIANA/C.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
APR 22 10 25 AM '92  
ROBERT HERRICK/CLERK  
RECORDER



INDIANA STATE BOARD OF HEALTH

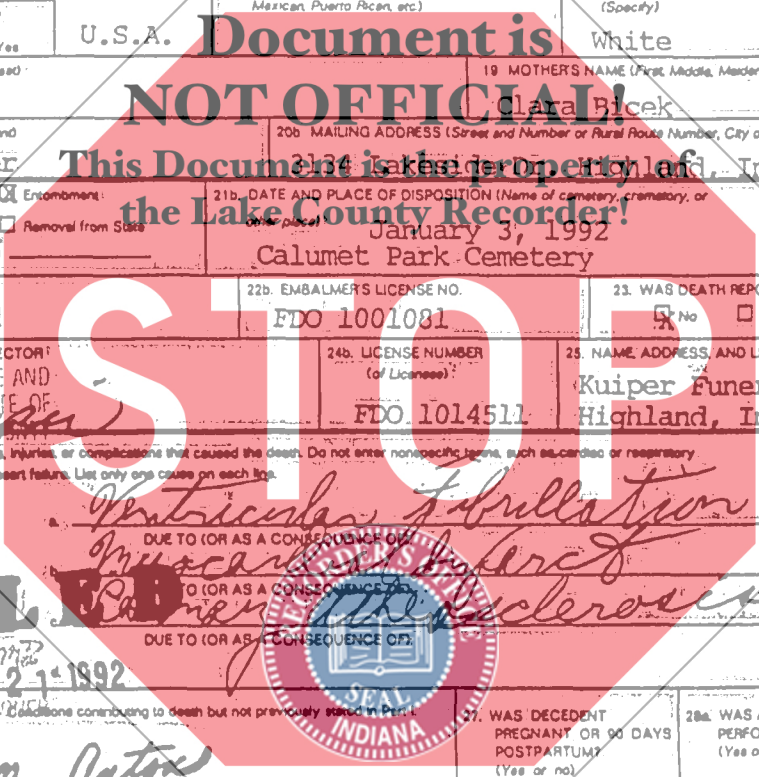
CERTIFICATE OF DEATH

Local No. 3294-9

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (George F. Sefler), SEX (Male), TIME OF DEATH (12:50 AM), DATE OF DEATH (December 31, 1991), SOCIAL SECURITY NUMBER (336-40-3806), AGE (46), DATE OF BIRTH (Apr. 4, 1945), BIRTHPLACE (Chicago, Illinois), FACILITY NAME (The Community Hospital), CITY (Munster), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Cecilia Cirincione), OCCUPATION (Professor), RESIDENCE (Indiana, Lake, Highland, 3134 Lakeside Dr.), FATHER'S NAME (George Sefler), MOTHER'S NAME (Clara Bicek), INFORMANT (Cecilia Sefler), METHOD OF DISPOSITION (Entombment), DATE AND PLACE OF DISPOSITION (January 3, 1992, Calumet Park Cemetery), EMBALMER'S NAME (Ronald A. Reed), LICENSE NUMBER (FDO 1001081), FUNERAL HOME (Kuiper Funeral Home), CAUSE OF DEATH (Ventricular fibrillation, Myocardial infarction, Coronary atherosclerosis), CERTIFIER (Donald Faulkner, M.D.), MEDICAL LICENSE NO. (17526), DATE SIGNED (1/2/92), HEALTH OFFICER'S SIGNATURE (William A. ...), DATE FILED (Jan 3, 1992), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?



DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Handwritten notes: #27-488-8, Lakeside 15th Add. H. 466, THIS DEATH CERTIFICATE IS THE PROPERTY OF THE STATE BOARD OF HEALTH

00978