(1) 464811 XM 4028 anchorage savings 1001 Main St Dyer, IN 46311

Chicago Title Insurance Company

93016154

SURVIVORSHIP AFFIDAVIT

FILED

MAR 11 1993

Anna N. Antone
AUDITOR LAKE COUNTY

STATE OF Indiana
COUNTY OF Lake } S. S.

On this March 2, 1993 (Insert date) before me personally appeared

Peter Dittrich

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

Peter Dittrich and Eileen Dittrich;

4. Said Eileen Dittrich AKA EILEEN LOUISA DITTRICH (fill in name of co-tenant who died)

died on October 1, 1992

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

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

Lot 14, Pheasant Hills Addition, Unit 6, Block Two, as the own of Dyer, as shown in Plat Book 44, page 49, in Lake County, Indiana.

14-152

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 Husband.

Signature: Peter Dittrich
Peter Dittrich

Address: 2307 Peach Tree Ln., Dyer, IN 46311

Subscribed and sworn to before me by the affiant

this 2 March 2, 1993 (Insert date)

Jacqueline C. Corey
Jacqueline C. Corey Notary Public

My Commission Expires 3/11/96

00475

This instrument prepared by Clement B. Knapp, Jr., Attorney at Law

800 CT

STATE OF INDIANA/S SS.
LAKE COUNTY
FILED FOR RECORD
MAR 12 1 05 PM '93
SAMUEL ORLICH
RECORDER

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2063-92 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Eileen Louisa Dittrich
2 SEX: Female
3a TIME OF DEATH: 6:00 A.M.
3b DATE OF DEATH (Month Day Yr): October 1,1992
4 SOCIAL SECURITY NUMBER: 343-50-6105
5a AGE—Last Birthday (Years): 38
5b UNDER 1 YEAR Months Days: 5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo Day Yr): June 3,1954
7 BIRTHPLACE (City and State or Foreign Country): Chicago,IL
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: No
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): Community Hospital
9c CITY TOWN OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Peter Dittrich
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: IN
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Dyer
13d STREET AND NUMBER: 2307 Peachtree Ln.
13e ZIP CODE: 46311
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF (WHAT COUNTRY?): U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc): No
16 RACE—American Indian Black White etc (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First Middle Last): Russell Perrone
19 MOTHER'S NAME (First Middle Maiden Surname): Louisa Giaccaglia

INFORMANT

20a INFORMANT'S NAME (Type/Print): Peter Dittrich
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 2307 Peachtree Ln. Dyer, IN 46311
20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify) ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): October 3,1992 Chapel Lawn Memorial Gardens
21c LOCATION—City or Town State: Schererville,IN
22a EMBALMER'S NAME: James Porras
22b EMBALMER'S LICENSE NO: 1045964
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Thomas J Burns
24b LICENSE NUMBER (of Licensee): 1045184
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home#3004968 8415 Calumet Munster,In 46321

CAUSE OF DEATH

28 PART I Enter the diseases 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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a: Metastatic breast Cancer
DUE TO (OR AS A CONSEQUENCE OF):
b:
DUE TO (OR AS A CONSEQUENCE OF):
c:
DUE TO (OR AS A CONSEQUENCE OF):
d:

Conditions if any, which gave rise to the immediate cause stating the underlying cause last

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): ---

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated
☐ 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
☐ 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: S.D. Gailani M.D.
29c MEDICAL LICENSE NO: 27970
29d DATE SIGNED (Month Day Year): Oct. 2, 1992

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): S.D. Gailani, M.D. 9116 Columbia Ave. Munster,IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S Gailani M.D.
DATE SIGNED (Month Day Year): Oct 2 1992

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month Day Year):
34b TIME OF INJURY:
34c INJURY AT WORK (Yes or no):
34e PLACE OF INJURY—At home farm street factory office building etc (Specify):
34f
FILED
MAR 11 1993
00377
34g DATE PRONOUNCED DEAD (Month Day Year):
34h MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver passenger pedestrian
Clara M. Gaston
AUDITOR, LAKE COUNTY

SBH06-004 State Form 10110 (R2/3-89)

Chicago Title Insurance Company

Height 14-152-14 Lot 14 PHEASANT HILLS Add. Unit 6 Bl. 2