

COUNTY OF LAKE

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AFFIDAVIT OF SURVIVORSHIP

Martha Jean Eberle being first sworn upon her oath, deposes and says as follows:

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1. This Affidavit is made with reference to the Real Estate commonly known as 10929 W. 133rd Avenue, Cedar Lake, Indiana, and legally described as follows, to-wit:

Lots 6 and 7 in Schutz's Addition to Cook as same appears of record in Plat Book 19, page 32, in the Office of the Recorder of Lake County, Indiana.
ALSO:
The West 15 feet of the North 110 feet of Lot 1 in Hanover Plat "A" as same appears of record in Plat Book 26, page 84, in the Office of the Recorder of Lake County, Indiana. (Key No: 24-92-6)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
94 DEC 23 11:39 AM '94
SAMUEL CRITCHFIELD
RECORDER

2. This Affidavit is made with reference to the Real Estate commonly known as 13305 and 13307 Schneider Street, Cedar Lake, Indiana, and legally described as follows, to-wit:

The North 70 feet of Lot 5 in Schutz's Addition to Cook as same appears of record in Plat Book 19, page 32, in the Office of the Recorder of Lake County, Indiana.
ALSO:
The West 15 feet of the South 40 feet of Lot 1 in Hanover Plat "A" and that part of Lot 4 in Hanover Plat "A" described as follows: Beginning at the Southwest corner of Lot 1 in Hanover Plat "A"; thence South 30 feet; thence East 15 feet; thence North 30 feet; thence West 15 feet to the point of beginning as same appears of record in Plat Book 26, page 84, in the Office of the Recorder of Lake County, Indiana. (Key No: 24-92-7)

3. This Affidavit is made with reference to the Real Estate commonly known as a driveway running East from Schneider Street, Cedar Lake, Indiana, and legally described as follows, to-wit:

The North 15 feet of the South 30 feet of Lot 5 in Schutz's Addition to Cook as same appears of record in Plat Book 26, page 84, in the Office of the Recorder of Lake County, Indiana.

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ALSO:

The West 140 feet of the South 15 feet of the North 45 feet of that part of Lot 4 in Hanover Plat "A" South of

Anna M. Austin
AUDITOR LAKE COUNTY

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and contiguous to Lots 1, 2 and 3 of said Hanover Plat "A", as same appears of record in Plat Book 26, page 84, in the Office of the Recorder of Lake County, Indiana. (Key No: 24-92-5)

3. That your Affiant is the daughter of the Deceased, Joseph G. Schutz, and is familiar with the affairs of the aforementioned Joseph G. Schutz and the death of said Decedent.

4. That Joseph G. Schutz died on April 6, 1993 a resident of Cedar Lake, Lake County, Indiana, and his residence at the time of death was 10929 W. 133rd Avenue, Cedar Lake, Indiana.

5. That the Decedent died leaving a Last Will and Testament but the Decedent's estate, including the above described Real Estate, was not subject to probate administration, Indiana Inheritance Tax or Federal Estate Tax.

6. That the said Joseph G. Schutz and Martha M. Schutz were husband and wife at the time they acquired title to the above described real estate and remained so until the death of Joseph G. Schutz.

FURTHER YOUR AFFIANT SAYS NOT.



Martha Jean Eberle
MARTHA JEAN EBERLE

Subscribed and sworn to before me, a Notary Public, this 12th day of December, 1994.

David J. Sims

Notary Public: David J. Sims

My Commission Expires:

November 1, 1997

County of Residence:

Lake

This Instrument Prepared By: David J. Sims, Attorney At Law, 11108 W. 133rd Avenue, P.O. Box 88, Cedar Lake, IN, 46303

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0738-93

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

**TYPE/PRINT
IN
PERMANENT
BLACK INK**

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

| | | | | |
|---|---|--|---|--|
| 1 DECEASED—NAME (First, Middle, Last) Joseph G. Schutz | | 2 SEX Male | 3a TIME OF DEATH 7:30 P. | 3b DATE OF DEATH (Month, Day, Year) April 6, 1993 |
| 4 SOCIAL SECURITY NUMBER 304-03-8352 | 5a AGE—Last Birthday (Years) 82 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) June 28, 1911 |
| 7 BIRTHPLACE (City and State or Foreign Country) Creston, Indiana | 8a WAS DECEDENT A U.S. VETERAN? No | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | |
| 9a FACILITY NAME (If not institution, give street and number) St. Anthony's Hospital | | 9b CITY, TOWN OR LOCATION OF DEATH Crown Point | 9c COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) Martha Cutler | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrician | | 12b KIND OF BUSINESS/INDUSTRY Self-Employed |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN OR LOCATION Cedar Lake | 13d STREET AND NUMBER 10929 West 133rd Street | |
| 13e ZIP CODE 46303 | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? U.S.A. | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc. (Specify) White |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (11-4 or 5+) | | 18 FATHER'S NAME (First, Middle, Last) John J. Schutz | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Celia Massoth | | 20a INFORMANT'S NAME (Type/Print) Jean Eberle | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13311 Schneider Cedar Lake, Indiana | | 20c Relationship Daughter | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) April 9, 1993 Holy Name Cemetery | | 21c LOCATION—City or Town, State Cedar Lake, Indiana |
| 22a EMBALMER'S NAME Fred Oparka | | 22b EMBALMER'S LICENSE NO. FD01016076 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i> | | 24b LICENSE NUMBER (of Licensee) FD01016076 | | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Ellen Brady FH83000825 Cedar Lake, Indiana 46303 |
| 26 PART I Enter the disease, 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. Coronary Artery Disease yr. | | | | |
| b. Severe Ischemic Cardiomyopathy | | | | |
| c. Myocardial Infarction | | | | |
| Conditions if any which gave rise to the immediate cause, stating the underlying cause last | | | | |
| THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. | | | | |
| PART II Other significant conditions contributing to the cause of death (Specify) Right tibia fracture | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) DEC 22 1994 |
| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. | | 29b. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams, MD</i> | | |
| <input type="checkbox"/> 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. | | 29c. MEDICAL LICENSE NO. 01040278 | | 29d. DATE SIGNED (Month, Day, Year) 4/8/93 |
| <input type="checkbox"/> 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(s) as stated. | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John Sumner 277 Wisconsin Dr. Suite 201 C, IN 46307 | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i> | | 32. DATE FILED (Month, Day, Year) April 8, 1993 | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 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) |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | |

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