



Chicago Title Insurance Company

# SURVIVORSHIP AFFIDAVIT

9.00 + 2  
23.00

STATE OF ILLINOIS  
COUNTY OF COOK } S. S.

On this November 7, 1995 before me personally appeared MARY PFEIFFER  
(insert date)

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

- Affiant resides at the address given below affiant's signature;
- Affiant is an owner of the premises described below  
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
MARY PFEIFFER and JOSEPH M. PFEIFFER;
- Said JOSEPH PFEIFFER  
(fill in name of co-tenant who died)

died on February 27, 1985 as evidenced by a death certificate attached hereto as Exhibit "A" leaving a will; a copy of which is attached as Exhibit "B"  
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:  
Lot 17, Fred Deutsch Addition to Munster, in Munster, as shown in Plat Book 31, Page 67, in Lake County, Indiana

- 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;

- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No  
(If answer is "Yes," identify the divorce proceedings:

- Affiant's relationship to the deceased was spouse



Signature: Mary Pfeiffer  
MARY PFEIFFER  
Address: 1346 Fisher Street  
Munster, IN 46321

Subscribed and sworn to before me by the affiant  
this November 7, 1995  
(insert date)

Nancy E Green  
Notary Public

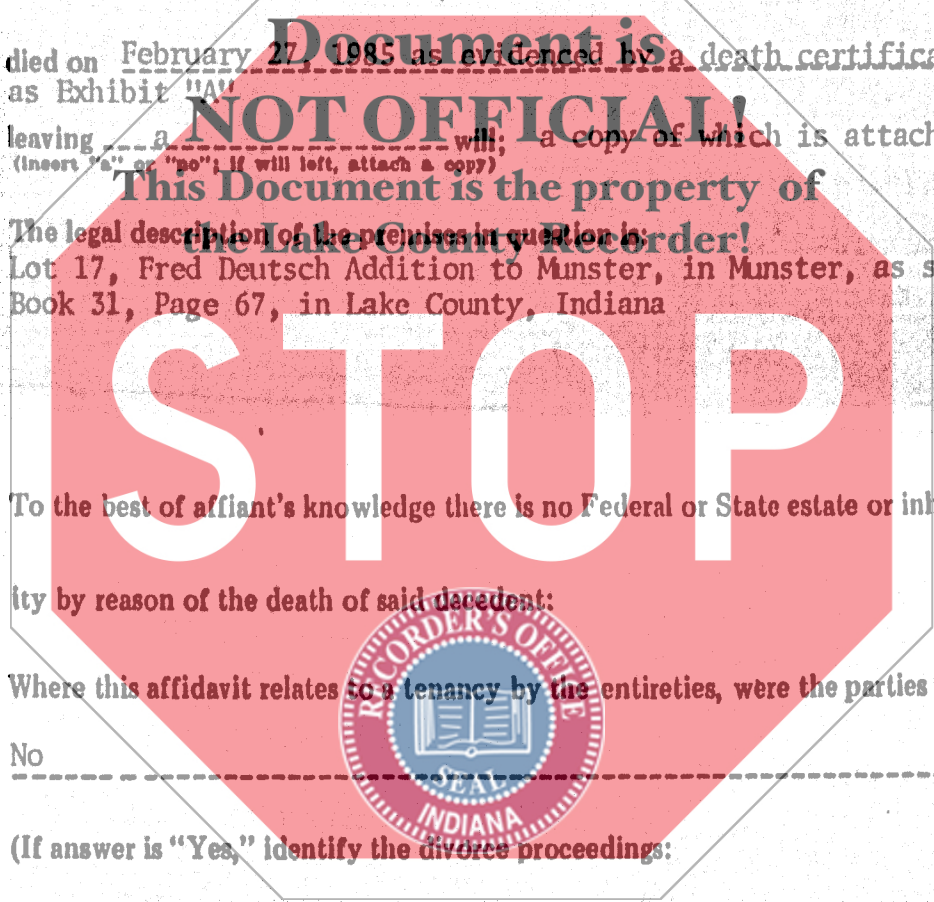
My Commission Expires 11-17-96

MAIL TO: RONALD KIEDAISCH, LTD.  
3330 - 181st PLACE  
P.O. BOX 246  
LANSING, IL 60438-0246

THIS INSTRUMENT PREPARED BY  
RONALD A. KIEDAISCH  
ATTORNEY AT LAW  
3330 - 181st PLACE  
LANSING, ILLINOIS 60438

This instrument prepared by \_\_\_\_\_

Call  
9194



95069769

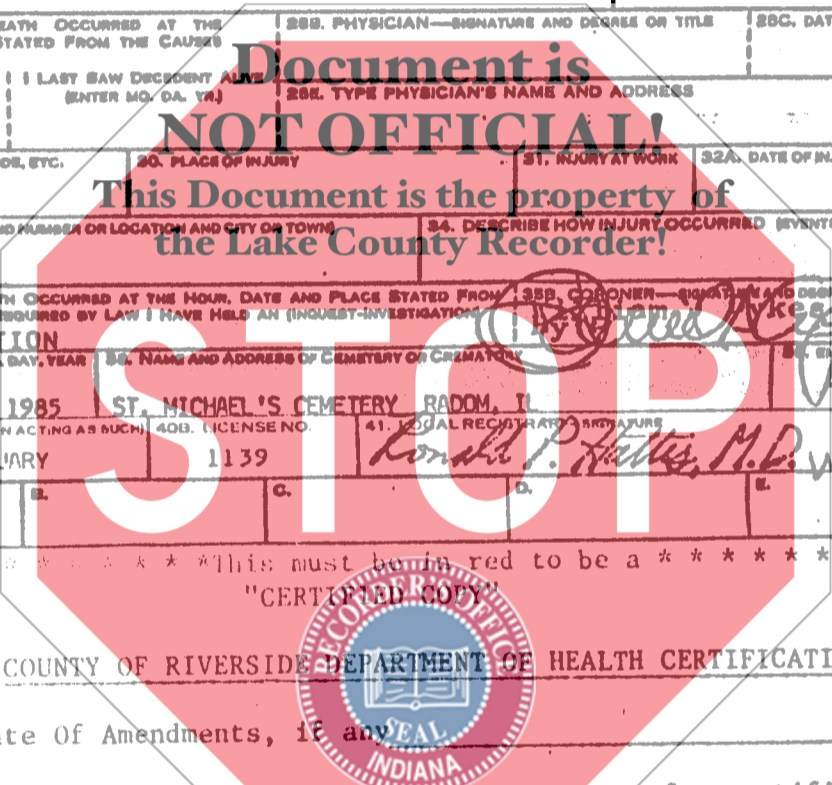
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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

33 001278

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>Joseph</b>		1B. MIDDLE <b>H.</b>	1C. LAST <b>Pfeiffer</b>
2. SEX <b>Male</b>		4. RACE/ETHNICITY <b>White</b>	6. DATE OF BIRTH <b>APRIL 16, 1918</b>
3. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>IL</b>		9. NAME AND BIRTHPLACE OF FATHER <b>JOSEPH PFEIFFER AUSTRIA</b>	10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>HERMINE GLATZL AUSTRIA</b>
11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE <b>19 TO 19</b>	12. SOCIAL SECURITY NUMBER <b>318-03-4002A</b>
13. PRIMARY OCCUPATION <b>CITY FIREMAN</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>40</b>	17. EMPLOYER OF SELF-EMPLOYED, SO STATED <b>CITY OF CHICAGO</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>37250 WEST FLORIDA</b>		19B. CITY OR TOWN <b>HEMET</b>	19C. COUNTY <b>RIVERSIDE</b>
21A. PLACE OF DEATH <b>Hemet Valley Hospital</b>		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1116 E Latham Ave</b>	21C. CITY OR TOWN <b>Hemet</b>
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>(A) Suspect Cardiac Arrhythmia</b>		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <b>2/27/85, 16:15 Gm 1194, 40.</b>	24. WAS DEATH REPORTED TO CORONER? <b>Yes 55342</b>
25. WAS DISPOSTY PERFORMED? <b>No</b>		26. WAS AUTOPSY PERFORMED? <b>Yes</b>	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>None</b>
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>By [Signature]</b>	28C. DATE SIGNED <b>2-27-85</b>
28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	28F. HOUR
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	32C. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
33A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST- INVESTIGATION		33B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>By [Signature]</b>	33C. DATE SIGNED <b>2-27-85</b>
33D. CORONER'S LICENSE NUMBER AND SIGNATURE		33E. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>ST. MICHAEL'S CEMETERY RADDI, IL</b>	33F. LOCAL REGISTRAR'S SIGNATURE <b>Ronald P. Hattis, M.D.</b>
34. DISPOSITION <b>MARCH 5, 1985</b>		35. DATE—MONTH, DAY, YEAR	36. NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>SIGRA MEMORIAL CHAPEL MORTUARY</b>
37. DATE—MONTH, DAY, YEAR <b>MARCH 5, 1985</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. LOCAL REGISTRAR'S SIGNATURE <b>Ronald P. Hattis, M.D.</b>
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO. <b>1139</b>	41. LOCAL REGISTRAR'S SIGNATURE <b>Ronald P. Hattis, M.D.</b>
42. DATE ACCEPTED BY LOCAL REGISTRAR <b>FEB 28 1985</b>		43. STATE REGISTRAR <b>A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.</b>	44. STATE REGISTRAR'S SIGNATURE <b>[Signature]</b>



COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

**MAR 13 1985**

Date of Amendments, if any \_\_\_\_\_

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

**Ronald P. Hattis, M.D.**  
Ronald P. Hattis, M.D.  
Director of Health & Local Registrar



DOH-VS-004 (REV 8/84)

**EXHIBIT "A"**

life insurance to the extent that any secured debt is paid from such security.

(c) All inheritance and estate taxes (and any interest and penalties) payable by reason of my death, except for any

*George M. Pfeiffer*

*1 2 11 1985*

COPY

Last Will and Testament  
of

JOSEPH PFEIFFER

I, JOSEPH PFEIFFER, of Munster, Indiana, revoke all wills and codicils which I have made and declare this to be my will.

ARTICLE I  
Document is

NOT OFFICIAL!  
I declare that my full name is JOSEPH PFEIFFER; that I am married and my wife is Mary Pfeiffer; that I have no living children nor any deceased children at the time of the execution of this will.

This Document is the property of  
the Lake County Recorder!

STOP

ARTICLE II

My Executor shall pay out of that portion of my probate estate not required to satisfy any non-residuary bequests and devises under this will, without apportionment or claim for reimbursement:

(a) The expenses of my last illness and funeral and of the administration of my estate, including fees and expenses attributable to assets includable in my gross estate.

(b) All my enforceable debts, including debts secured by life insurance or real or personal property whether owned by me jointly or individually. My Executor shall reimburse the devisee, legatee, joint owner or beneficiary of any property or life insurance to the extent that any secured debt is paid from such security.

(c) All inheritance and estate taxes (and any interest and penalties) payable by reason of my death, except for any

Joseph M. Pfeiffer

EXHIBIT "B"

taxes attributable to property over which I may have power of appointment.

ARTICLE III

I give those personal and household effects not otherwise effectively disposed of or allocated, such as furniture, furnishings, and pictures, including policies of insurance thereon, to MARY L. PFEIFFER, my wife, if she survives me for thirty (30) days. If she fails to so survive me, the property subject to this Article shall pass with the residue of my estate.

ARTICLE IV

I give, devise and bequeath the rest and remainder of my estate, being all real and personal property, wherever situated, at the time of my death not otherwise effectively disposed of, but not including any property over which I have power of appointment, to the following persons or their descendants, per stirpes, and corporate entities, in the percentage shares of the residue of my estate appearing after their respective names:

1. To my wife, MARY L. PFEIFFER, of Munster, Indiana, 30%;
  2. To my sister, ANNA WACHHOLTZ, of Hometown, Illinois, 10%;
  3. To my nephew, SIMON HOLMES, of Chicago, Illinois, 10%;
  4. To my niece, GRACE LEFEBVRE, of Country Club Hills, Illinois, 10%;
  5. To my niece, MARY GRACE HITCHEN, of Hinsdale, Illinois, 10%;
  6. To my god-son, STEVE LEFEBVRE, of Country Club Hills, Illinois, 5%;
  7. To my god-daughter, PATRICIA FRY, of Cincinnati, Ohio, 5%;
  8. To my god-son, MIKE ROSSNER, of Griffith, Indiana, 5%;
  9. To my god-son, JAMES SEMENARA, JR., of Chicago, Illinois, 5%;
- and
10. To ST. MICHAELS CEMETERY, Radom, Illinois, 10%.

The percentage share of any person named above, who

*Joseph M Pfeiffer*

falls to survive me and has no descendants, shall lapse and be distributed to the remaining residuary beneficiaries pro rata.

ARTICLE V

I appoint my wife, MARY L. PFEIFFER, Executor of this will. If she is unable or unwilling to so serve, I appoint my niece, GRACE LEFEBVRE, Executor of this will. If she is unable or unwilling to so serve, I appoint the MERCANTILE NATION BANK OF INDIANA, Hammond, Indiana, Executor of this will.

No surety or other security shall be required on any bond furnished by my Executor in any jurisdiction for any purpose.

My Executor shall have the following powers, and any others that may be granted by law, all to be exercised in his discretion without order of any court:

(a) To invest in any property or retain any property of my estate, real or personal;

(b) To sell any real or personal property of my estate, for cash or on credit, at public or private sale; to exchange any such property for other property; to grant options to purchase or acquire any such property; and to determine the prices and terms of sales, exchanges and options;

(c) To operate, maintain, repair, rehabilitate, alter, improve or remove any improvements or real estate; to make leases and subleases for terms of any length; to subdivide real estate; to grant easements, give consents and make contracts relating to real estate or its use; and to release or dedicate any interest in real estate;

(d) To employ attorneys, auditors, depositaries and agents, with or without discretionary powers; to exercise in person or by proxy all voting and other rights with respect to stocks or other securities; and to keep any property in bearer form or in the name of a nominee, with or without disclosure of any fiduciary relationship;

(e) To collect, pay, contest, compromise or abandon claims of or against my estate; to execute contracts, conveyances

*Joseph M. Pfeiffer*

and other instruments, including instruments containing covenants, representations and warranties binding upon and creating a charge against my estate and containing provisions excluding personal liability;

(f) To make distribution or division of my estate in cash or in kind or both;

(g) To allot different kinds or disproportionate shares of property or undivided interests in property among the beneficiaries and to determine the value of any such property;

(h) To purchase liability and casualty insurance of any kind for the protection of my estate, including comprehensive liability insurance.

No compensating adjustment between principal and income, nor with respect to any other device shall be made even though the exercise of elections, or the exercise of options available for any employee benefit plan, may affect the interests of the beneficiaries.

ARTICLE VI

Nothing in this will shall be deemed to exercise any power of appointment I may have.

This will, which is not made pursuant to any contract not to revoke, consists of five (5) pages, the following page included, each of which has been identified by my name or initials, and is signed by me on this 14<sup>th</sup> day of November, 1984, at Lansing, Illinois.

*Joseph M. Pfeiffer*

Joseph Pfeiffer

We hereby certify that the foregoing instrument was signed, sealed, published and declared by the testator, JOSEPH PFEIFFER, in our presence as his Last Will and Testament; that he requested us to act as witnesses to it; we believed him to be of sound mind and memory and not under duress or constraint of any kind; and, then we, in his presence and in the presence of each other, signed our names as attesting witnesses; all of which was done on the date of this instrument.

Shirley J. Karamyal

422 Coolidge

Chicago, Ill.

Michael Brian Berko

8506 HULLMAN AVENUE

MUNSTER, INDIANA 46321

Louise H. Boyo

3115-191 Street

Hammond, Indiana

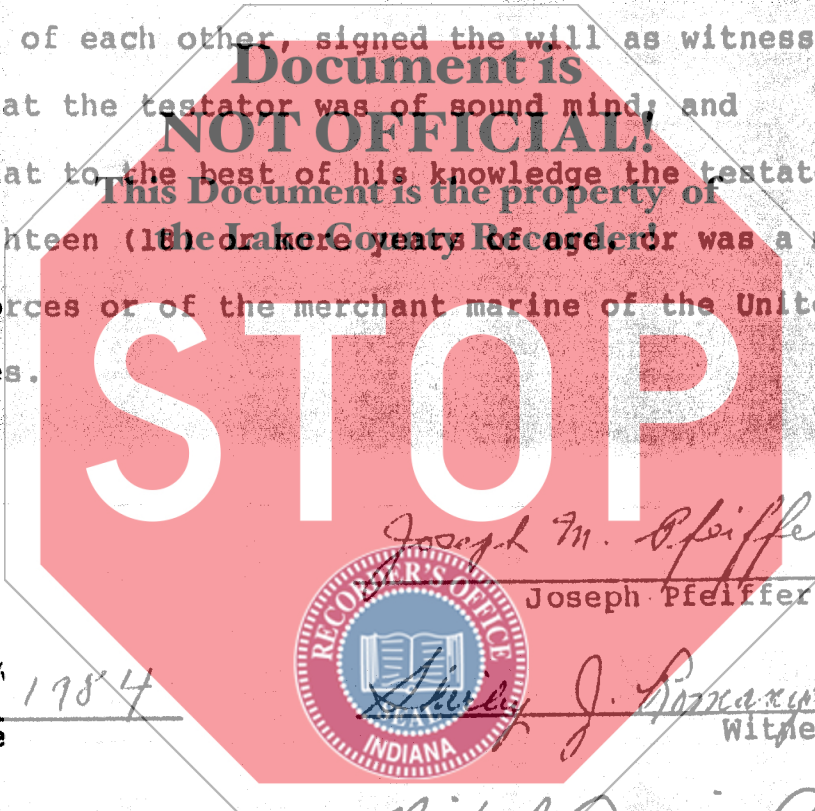


*Joseph M. Pfeiffer*

AFFIDAVIT OF EXECUTION

UNDER PENALTIES OF PERJURY, we, the undersigned testator and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument declare:

- (1) that the testator executed the instrument as his will;
- (2) that, in the presence of both witnesses, the testator signed or acknowledged his signature already made or directed another to sign for him in his presence;
- (3) that the testator executed the will as his free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testator and of each other, signed the will as witness;
- (5) that the testator was of sound mind; and
- (6) that to the best of his knowledge the testator was at the time eighteen (18) or more years of age, or was a member of the armed forces or of the merchant marine of the United States, or its allies.



Nov 14<sup>th</sup> 1984  
Date

Joseph M. Pfeiffer  
Joseph Pfeiffer

Shirley J. Romanuk  
Witness

Michael Brian Berko  
Witness

Louise B. Borup  
Witness