



Chicago Title Insurance Company Attorney

Dennis Statton → 663-0399

465837 pdg

CITIZENS 4428
1720 45th St
ATTN: MARY KARA BATAK
MUNSTER 46321

SURVIVORSHIP AFFIDAVIT

STATE OF _____ } S. S.
COUNTY OF _____

On this 11-14-95 before me personally appeared _____
(insert date)

Mary Ellen Louise Sanders

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 owner
(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 Arthur J. Sanders Jr. and Mary Ellen Sanders
- Said Arthur J. Sander Jr.
(fill in name of co-tenant who died)

died on November 17, 1995

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

- The legal description of the premises in question is:

153, New Orleans Street, Oak Manor Condominium, Phase III, a Horizontal Property Regime, as created by Declaration of Condominium Recorded May 8, 1974, as Document No. 250487, and Amendment thereto recorded February 20, 1975, as Document No. 289219 and 2nd Amendment thereto recorded August 9, 1976, as Document No. 363730, Certificate of Correction recorded March 29, 1978 as Document No. 460338 and 3rd Amendment thereto recorded May 19, 1980, as Document No. 584906, and as further amended, in the Recorder's Office of Lake County, Indiana, together with the undivided interest in and to the *

- 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

* Common and Limited common areas and facilities of the First, Second and Third increment as described in the Declaration of Condominium (said premises lying within and being a part of the West Half of the NW Quarter of Sec. 15-35-9 West of the 2nd P.M., in the Town of Schererville, in Lake County, Indiana.)

Signature: Mary Ellen L. Sanders

Address: 153 New Orleans St.
Schererville IN
46375

Subscribed and sworn to before me by the affiant

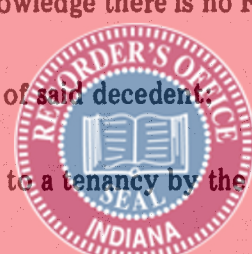
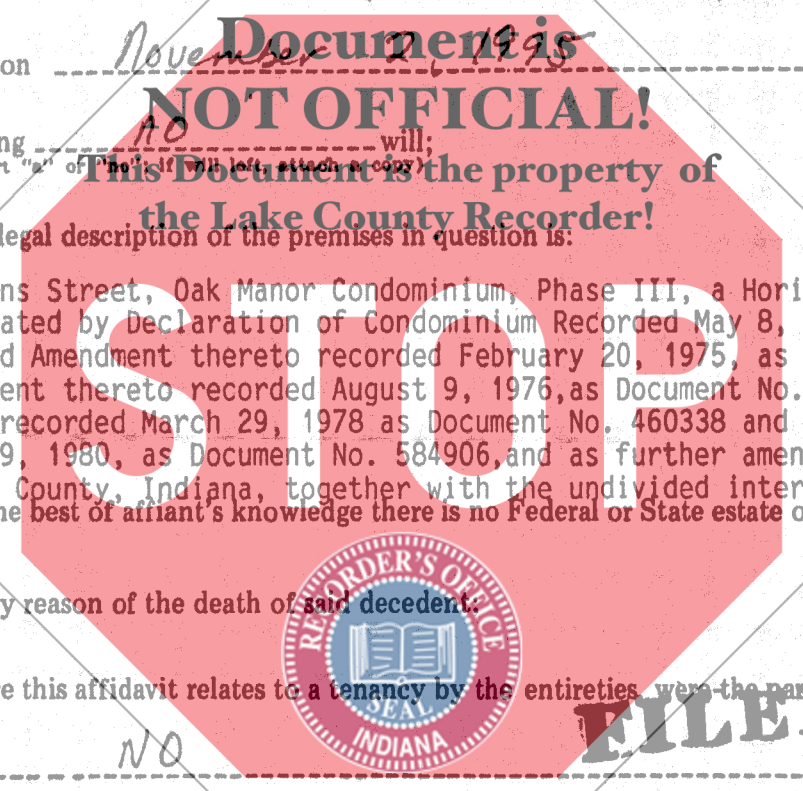
this 11-14-95
(insert date)

Suzanne M. Myers
Notary Public

My Commission Expires 11-28-97

This instrument prepared by Mary Ellen Sanders

Return to Mary Karabatak
1720 45th St.
Munster IN 46321



FILED

NOV 21 1995

SAM ORLICH
AUDITOR LAKE COUNTY

95071460

95 NOV 22 1995

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

001274

11 00
OK
SM

12+2
ATTENTION-ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

465837

INDIANA STATE DEPARTMENT OF HEALTH

Local No.2517-95.....

CERTIFICATE OF DEATH

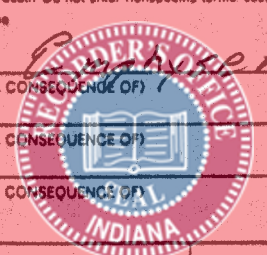
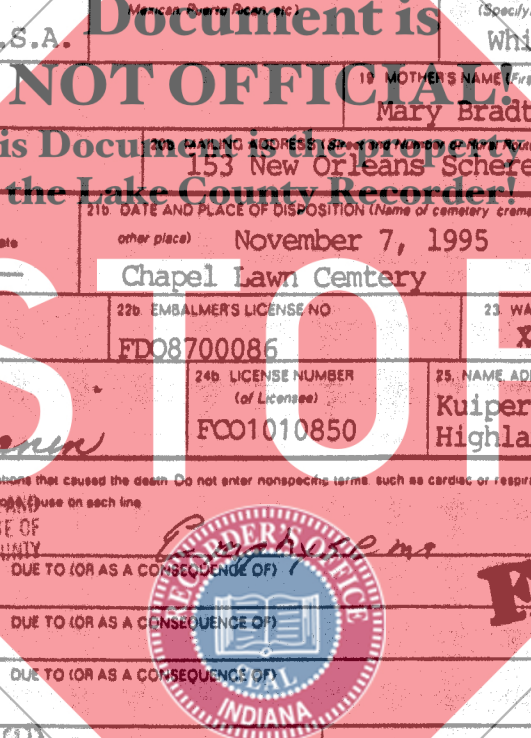
State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Arthur J Sanders, Jr.		2 SEX male	3a TIME OF DEATH 5:00 P M	3b DATE OF DEATH (Month Day, Yr) November 2, 1995	
4 SOCIAL SECURITY NUMBER 316-24-5086	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) January 17, 1928	7 BIRTHPLACE (City and State or Foreign Country) hammond, Indiana
8a WAS DECEDENT A US VETERAN? YES	8b YEAR LAST SERVED IN US ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 153 New Orleans		9c CITY, TOWN OR LOCATION OF DEATH Schererville		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Sanders	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Inspector		12b KIND OF BUSINESS/INDUSTRY Telephone Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Schererville		13d STREET AND NUMBER 153 New Orleans	
13a ZIP CODE 46375	13i 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) 12 College (1-4 or 5+)
18 FATHER'S NAME (First Middle Last) Arthur Sanders, sr.		19 MOTHER'S NAME (First Middle, Maiden Surname) Mary Bradtke			
20a INFORMANT'S NAME (Type/Print) Mary Sanders		20b MAILING ADDRESS (Street and Number or P.O. Box Number, City or Town, State, Zip Code) 153 New Orleans Schererville, Indiana			20c Relationship Wife
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 7, 1995 Chapel Lawn Cemetery		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Raymond E. White		22b EMBALMER'S LICENSE NO. FDO8700086		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>James P. Schaefer</i>		24b LICENSE NUMBER (of Licensee) FCO1010850		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH93007500	
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 hemorrhage. Use on each line: THIS CERTIFICATE IS THE COPY OF THE CERTIFICATE OF DEATH WHICH IS FILED IN THE LAKE COUNTY HEALTH DEPT. IMMEDIATE CAUSE (that disease or condition resulting in death) NOV 08 1995 DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, if any which gave rise to the immediate cause setting the underlying cause last NOV 21 1995					
PART II: Other conditions contributing to death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	
28a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <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 <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 as stated		28b SIGNATURE AND TITLE OF CERTIFIER <i>S. Klein</i>		28c MEDICAL LICENSE NO. 01031791	28d DATE SIGNED (Month, Day, Year) 11/3/95
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. Klein 7905 Colinet Monster Ln 46321					
31. HEALTH OFFICER'S SIGNATURE <i>W.D. Williams, M.D.</i>					32. DATE FILED (Month, Day, Year) November 8, 1995
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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
34a. 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. 001275			

Chicago Title Insurance Company



FILED

SAM OHLICH
AUDITOR-LAKE COUNTY

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER