

TICOR TITLE INSURANCE

Crown Point, Indiana
209020



TICOR TITLE INSURANCE

FILED

FEB 4 1997

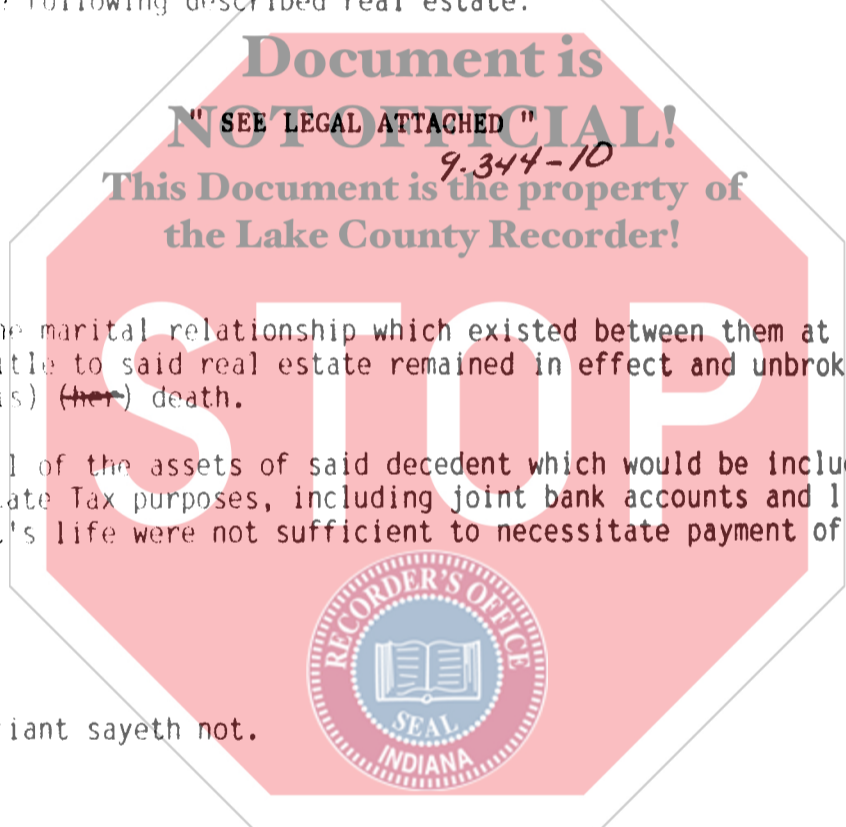
AFFIDAVIT

SAM ORLICH
NOTARY LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FRANCES R. KRIETER, being first duly sworn upon oath, deposes and says:

1. That LEO B. KRIETER died on JULY 5, 1993, 19 at ST. ANTHONY'S MEDICAL CENTER.
2. That FRANCES R. KRIETER and LEO B. KRIETER were duly and legally married at the time they acquired title as husband and wife to the following described real estate:



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



97006958

STATE OF INDIANA
LAKE COUNTY
FILED IN REC'D
97 FEB 5 AM 9:45
NOTARY CENTER
OF LAKE COUNTY

Frances R. Krieter
FRANCES R. KRIETER

Subscribed and sworn to before me, a Notary Public, this 31ST day of JANUARY, 1997.

Karen Kane
KAREN KANE Notary Public

My Commission expires: 09-12-99

County of Residence: PORTER

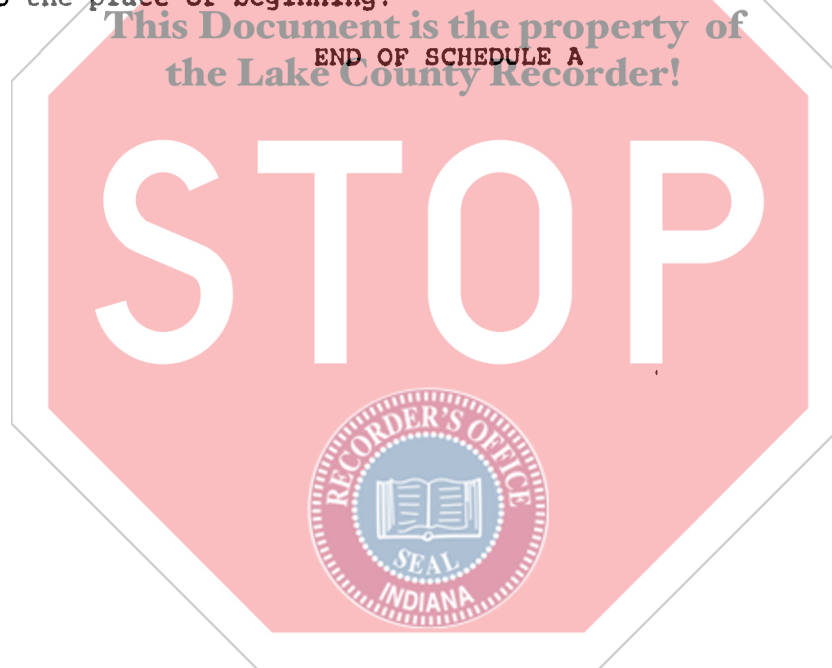
This Instrument prepared by Frances R. Krieter

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Commitment No. COM 207020

LEGAL DESCRIPTION

Part of the Northeast 1/4 of Section 8, Township 34 North, Range 8 West of the 2nd Principal Meridian, in the City of Crown Point, Lake County, Indiana, described as follows: Beginning at the point of intersection of the center line of Jackson Street produced South with the center line of Joliet Street, the center line of Joliet Street being at a point 16.05 feet Northerly rectangular measurement, from the face of the Southerly curb on said Street; thence North on the center line of said Jackson Street a distance of 305.42 feet; thence East 20 feet to an iron pipe on the inside sidewalk line of the East side of Jackson Street, being the place of beginning; thence East 232 feet to an iron pipe at the corner of a fence running South and West; thence North 85 feet along the fence line to a stake; thence West along the fence line 231 feet to an iron pipe on the inside sidewalk line of the East line of Jackson Street; thence South 86.70 feet to the place of beginning.



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 166293

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) **Leo B. Krieter** 2 SEX **Male** 3a TIME OF DEATH **5:55P** 3b DATE OF DEATH (Month Day Yr) **July 5, 1993**

4 SOCIAL SECURITY NUMBER **317-03-6745** 5a AGE—Last Birthday (Years) **84** 5b UNDER 1 YEAR **Months Days** 5c UNDER 1 DAY **Hours Minutes** 6 DATE OF BIRTH (Mo Day Yr) **FEB 6, 1909** 7 BIRTHPLACE (City and State or Foreign Country) **Turkey Creek, IN**

8a WAS DECEDENT A U.S. VETERAN? **Yes** 8b YEAR LAST SERVED IN U.S. ARMED FORCES? **1945** 9a PLACE OF DEATH (Check only one See instructions) **HOSPITAL Inpatient Outpatient DOA** OTHER Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not mentioned, give street and number) **St. Anthony's Medical Center** 9c CITY TOWN OR LOCATION OF DEATH **Crown Point** 9d COUNTY OF DEATH **Lake**

10 MARITAL STATUS **Married** 11 SURVIVING SPOUSE **Frances Dorrin** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work and of work) **Lithographer** 12b KIND OF BUSINESS/INDUSTRY **Telephone Co.**

13a RESIDENCE—STATE **Indiana** 13b COUNTY **Lake** 13c CITY TOWN OR LOCATION **Crown Point** 13d STREET AND NUMBER **218 Wood St.**

13e ZIP CODE **46307** 13f INSIDE CITY LIMITS No Yes 13g ON A FARM? No Yes 14 CITIZEN OF WHAT COUNTRY? **USA** 15 WAS DECEDENT OF HISPANIC ORIGIN? No 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) **8** (Elementary/Secondary (9-12) College (1-4 or 5+))

18 FATHER'S NAME (First Middle Last) **Frank Krieter** 19 MOTHER'S NAME (First Middle Maiden Surname) **Anna Franz**

20a INFORMANT'S NAME (Type Print) **Frances Krieter** 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) **218 Wood Street, Crown Point, IN 46307** 20c Relationship **Wife**

21a METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **JUL 1993 St. Mary's Cemetery** 21c LOCATION—City or Town State **Crown Point, IN.**

22a EMBALMER'S NAME **Larry A. Geisen** 22b EMBALMER'S LICENSE NO **FD09000013** 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR *Larry Geisen* 24b LICENSE NUMBER (of Licensee) **FD09000013** 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN 46307**

25 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. **metastatic cancer of prostate** **metastatic cancer of prostate** **metastatic cancer of prostate** **metastatic cancer of prostate**

25 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. **THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT**

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) **NO**

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 *Paul J. Schaffert* 29c MEDICAL LICENSE NO **0200007097/C/S** 29d DATE SIGNED (Month Day Year) **July 7, 1993**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type Print) **Paul J. Schaffert, 297 W. Franciscan Dr., Crown Point, In 46307**

31 HEALTH OFFICER'S SIGNATURE *Lake County Health Department* 32 DATE FILED (Month Day Year) **July 7, 1993**

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) 34d DESCRIPTION OF HOW INJURY OCCURRED **FILED**

34e PLACE OF INJURY—At home farm street factory office building etc. (Specify) **FEB 4 1997** 34f CITY TOWN OR 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 date **SAMORLIGH INDITOR LAKE CO. IN.**

Key #9-344-10

67B