



TICOR TITLE INSURANCE

AFFIDAVIT

98023435

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Wilbur H. Schmidt, being first duly sworn upon oath, deposes and says:

1. That Sue S. Schmidt died on February 26, 1997 at 5911 Hayes Pl., Merrillville

2. That Wilbur H. Schmidt and Sue S. Schmidt were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 33 and the Westerly 25 feet by parallel lines of Lot 32 in Block 5 in Country Club Second Addition Section "D", as per plat thereof, recorded in Plat Book 31 page 45, in the Office of the Recorder of Lake County, Indiana.

Key No. 15-263-10.

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 (N/A) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. 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.

Wilbur H. Schmidt
Wilbur H. Schmidt

Subscribed and sworn to before me, a Notary Public, this 30th day of March, 1998.

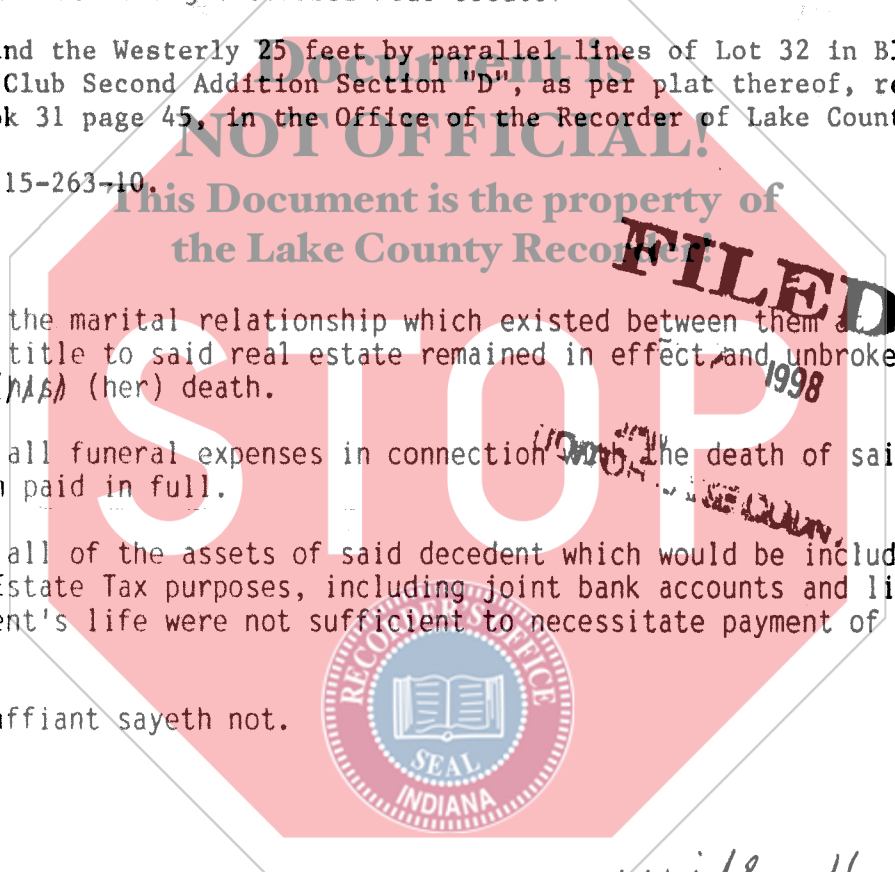
Paula Barrick
Paula Barrick Notary Public

My Commission expires:
10-2-01

County of Residence:
Lake

This Instrument prepared by Wilbur H. Schmidt

1100
0011



STATE OF INDIANA
LAKE COUNTY
RECORDER
98 APR 13 AM 9:23



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 119007

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

119007
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

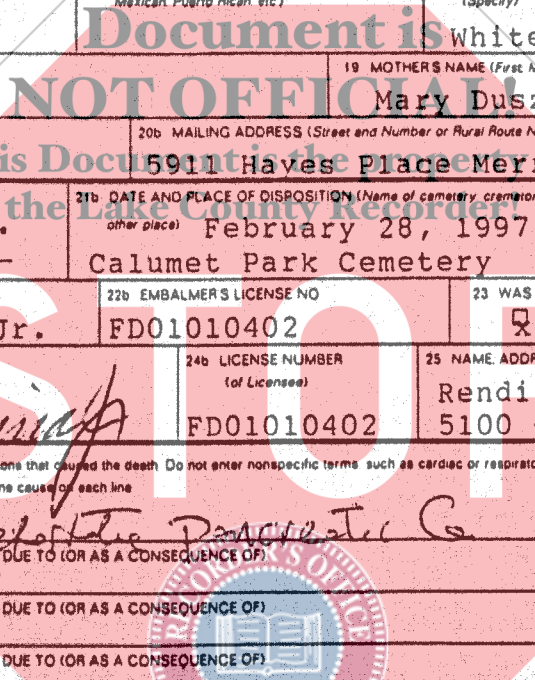
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Sue Schmidt		2 SEX Female	3a TIME OF DEATH 8:30a.m.	3b DATE OF DEATH (Month Day Yr) February 26, 1997
4 *SOCIAL SECURITY NUMBER 313-14-0733	5a AGE—Last Birthday (Year) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Nov. 26, 1920
7 BIRTHPLACE (City and State or Foreign Country) East Chicago	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) 5911 Hayes Place		9c CITY, TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife give maiden name) Wilbur Schmidt	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Sales Clerk		12b. KIND OF BUSINESS/INDUSTRY Robert Hall Clothes
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Merrillville	13d. STREET AND NUMBER 5911 Hayes Pl.	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) 12		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) Frank Kark		19 MOTHER'S NAME (First Middle Maiden Surname) Mary Duszka		
20a. INFORMANT'S NAME (Type/Print) Wilbur H. Schmidt		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5911 Hayes Place Merrillville, In	20c. Relationship Husband	
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) February 28, 1997 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Ind.
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b. LICENSE NUMBER (of Licensee) FD01010402	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 4640	
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 Melanotic Paraneoplastic Ca 10 years				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Melanotic Paraneoplastic Ca b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)				
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)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. 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) listed. <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) listed. <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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Marion A. ...</i>		29c. MEDICAL LICENSE NO. 01045710	29d. DATE SIGNED (Month Day Year) 3/3/97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Marion A. ... 125 S 89th Ave Merr IN 46410				
31. HEALTH OFFICER'S SIGNATURE AND TITLE <i>Alexander S. Killings, M.D.</i>				32. DATE FILED (Month Day Year) March 3, 1997
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 (If above is a true and complete copy of the certificate of death on file with the Lake County Health Dept.)		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) 00013: 1997		34g. DATE PRONOUNCED DEAD (Month Day Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. Alexander S. Killings, M.D. LAKE COUNTY HEALTH COMMISSIONER				



FILED

APR 2 1997
AUDITOR LAKE COUNTY