STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

RICHARD NEWMAN, being duly sworn upon his oath, says:

1. That CHARLES EDWARD KRAMER, a/k/a EDWARD C. KRAMER died on the 27 day of March, 1993, leaving no Will.

2. At the time of his death, Charles Edward Kramer owned real property commonly described as 140 Pennsylvania Street, Hobart, County of Lake, State of Indiana, and further described as follows:

KH 18-359-9+16 and 17-18-63

Parcel 1: The South 70 feet of the North 120 feet of Lot 4 in Block 3 in Hobart Park Addition to Hobart, as per plat thereof, recorded in Plat Book 12, page 30, in the Office of the Recorder of Lake County, Indiana.

Parcel II: That portion of the following described land: A part of the Northwest 1/4 of the Northeast 1/4 of Section 31, Township 36 North, Range 7 West of the Second Principal Meridian, being that part of a strip of land 50 feet in width, 25 feet on each side of the center line of the right of way as conveyed to the Gary-Hobart and Eastern Traction Company by Warranty Deed dated March 19, 1914 and recorded March 30, 1914 in Deed Record 201 page 31 which lies Northerly of a line 120 feet North of and parallel with the North line of Second Street and Southerly of a line 240 feet North of and parallel with said North line of Second street as shown on the recorded plat of Hobart Park Addition to Hobart, Lake County, Indiana, that lies North of a line 120 feet North of and parallel to the North line of Second Street and East of a line drawn perpendicular to the North line of Second Street at a point 141 feet East of the Southwest corner of Lot 5, in Block 3, in Hobart Park Addition to Hobart, as per plat thereof, recorded in Plat Book 12, page 30, in the Office of the Recorder of Lake County, Indiana.

FILED
JUN 10 1998
SAM ORLICH
AUDITOR LAKE COUNTY

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Ticor M.O. 218484 Walter

Parcel III: The North 30 feet of the following described tract composed of part of Lots 4 and 5 in Block 3 in Hobart Park Addition to Hobart, as per plat thereof, recorded in Plat Book 12 page 30 in the Office of the Recorder of Lake County, Indiana; and part of the Northwest ¼ of the Northeast ¼ of Section 31, Township 36 North, Range 7 West of the 2nd Principal Meridian, being a part of the former right of way of Gary-Hobart and Eastern Traction Company; all described as follows: Beginning at a point on the East line of said Lot 4 which is 120 feet South of the Northeast corner thereof, thence West 135 feet, thence South 120 feet, thence East 135 feet, thence North 120 feet to the point of beginning, in the City of Hobart, Lake County, Indiana.

3. That his estate was not subject to any Federal Estate Tax.

4. Said premises were owned as tenants by the entireties by Charles Edward Kramer and Lillian H. Kramer, husband and wife.

5. That Charles Edward Kramer and Lillian H. Kramer remained continuously married until the death of Charles Edward Kramer.

6. Affiant is interested in decedent's estate by reason of being his nephew and executor of the estate of Lillian H. Kramer, surviving spouse of Charles Edward Kramer.

Richard Newman
33 W. 3rd Avenue
Hobart, IN

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared Richard Newman, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 5th day of June, 1998.

Paula Barrick
Notary Public, Resident of Lake County

My Commission Expires:
10-2-01

This instrument prepared by Patricia A. Rees and Judith Kleine, REES & KLEINE, P.O. Box 488, Hobart, IN 46342. Telephone: (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0653-93

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
CHARLES	EDWARD	KRAMER	Male	10:40A M	March 27, 1993

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
313-07-7081	85			MAY 9, 1907	ELWOOD, INDIANA

8a WAS DECEDENT A U S VETERAN?	8b YEAR LAST SERVED IN U S ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	N/A	HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
ST. MARY MEDICAL CENTER	HOBART	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	LILLIAN H. HERNDON	EMPLOYEE	US STEEL

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	LAKE	HOBART	140 S. PENNSYLVANIA ST.

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1 4 or 5 +)
46342	[ ] No [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	WHITE		3

PARENTS

18 FATHER'S NAME (First Middle Last)		19 MOTHER'S NAME (First Middle Maiden Surname)	
CHARLES	KRAMER	LENA	VURPILLAT

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
LILLIAN H. KRAMER	140 PENNSYLVANIA ST., HOBART, IN 46342	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)	MAR 30 1993 EVERGREEN MEMORIAL PARK	HOBART, INDIANA

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
JAMES J. KRAUSE	FD01006463	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
James J Krause	FD01006463	FH83003069 REES FUNERAL HOMES INC. 600 W. RIDGE RD. HOBART, IN 46342

CAUSE OF DEATH

26 PARTS I and II Enter the diseases 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

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pneumonia DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF)

Conditions if any which gave rise to the immediate cause stating the underlying cause last c. DUE TO (OR AS A CONSEQUENCE OF)

Approximate Interval Between Onset and Death

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)
NO	No	N/A

CERTIFIER

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
R Stookey MD	011812	3/29/93

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
RICHARD STOOKEY M.D., 295 WISCONSIN, HOBART, INDIANA 46342

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month Day Year)
Alexander S Williams MD	March 30 1993

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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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