

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 JAN 28 AM 9:34

MORRIS W. CARTER
RECORDER

2

STATE OF INDIANA)
) 2000 006180
) SS:
COUNTY OF LAKE)

C 199004375 LD AFFIDAVIT OF SURVIVORSHIP

SARAH JANE STOUFFER, a/k/a JANE STOUFFER being first duly sworn upon her oath, deposes and says:

1. That she and her now deceased husband, **ROBERT B. STOUFFER, a/k/a ROBERT STOUFFER**, were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed or deeds as recorded in the Office of the Recorder of Lake County, Indiana (see attached legal description).

2. That the marital relationship which existed between said affiant and **ROBERT B. STOUFFER, a/k/a ROBERT STOUFFER**, her husband, continued unbroken from the time they so acquired title to said real estate until the death intestate of her said husband on November 22, 1996, at which time this affiant acquired title to said real estate as surviving tenant by the entirety.

3. That the gross estate value of the estate of **ROBERT B. STOUFFER, a/k/a ROBERT STOUFFER**, deceased, taking into consideration in the evaluation thereof, the value of his gifts in contemplation of death, including all gifts made by him in the three years next preceding his death, together with the value of all of his investments in joint properties and tenants by the entirety, including the real estate in the above described deed, plus the proceeds of all insurance on his life, did not equal or exceed the sum required to necessitate the filing of a Federal Estate Tax Return and that as a consequence of which, his estate was not subject to Federal Estate Tax.

Sarah Jane Stouffer
SARAH JANE STOUFFER
a/k/a JANE STOUFFER
RECORDER'S OFFICE
SEAL

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 25th day of January, 2000.

FILED

JAN 27 2000

Lori L. Shelby
NOTARY PUBLIC

MY COMMISSION EXPIRES: **PETER BENJAMIN**
LAKE COUNTY AUDITOR

LORI L. SHELBY
Notary Public, State of Indiana
County of Porter
My Commission Expires Nov. 11, 2007

THIS INSTRUMENT PREPARED BY: MARSHALL J. GOLDSMITH, 2546 45TH STREET, HIGHLAND, INDIANA 46322

13:00
2/1
01598

25 X 10

Chicago Tide Insurance Company

Parcel 1: Lots 1-20, both inclusive, in Block 7, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12 page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 2: Lots 1-50, both inclusive, 53, and 54, in Block 8, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12 page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 3: Lots 1-49, both inclusive, in Block 9, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12 page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 4: Lots 19-38, both inclusive, in Block 10, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 5: Lots 1-4, both inclusive, 13, and 16-18, both inclusive, in Block 10, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 6: Lots 5-8, both inclusive, and 39-49, both inclusive, in Block 10, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 7: Lots 1-49, both inclusive, in Block 11, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

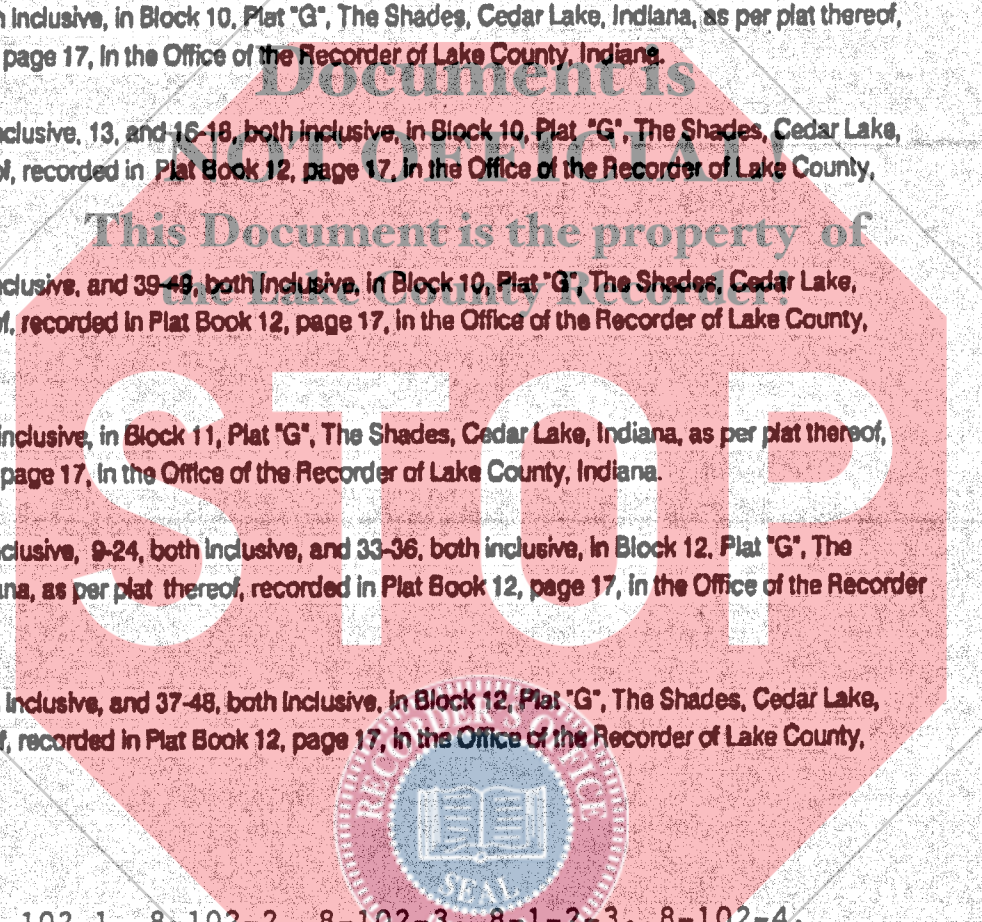
Parcel 8: Lots 1-4, both inclusive, 9-24, both inclusive, and 33-36, both inclusive, in Block 12, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

Parcel 9: Lots 29-32, both inclusive, and 37-48, both inclusive, in Block 12, Plat "G", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 12, page 17, in the Office of the Recorder of Lake County, Indiana.

TAX Unit No.: 3

Tax Key Nos.: 8-102-1, 8-102-2, 8-102-3, 8-1-2-3, 8-102-4,
8-102-5, 8-102-6, 8-102-7, 8-102-13, 8-1-2-16,
8-1-2-17, 8-102-40, 8-102-41, 8-102-42, 1-102-43,
8-102-44, 8-102-45, 8-102-46, 8-102-47, 8-102-48,
and 7-44-33, 8-102-8

More commonly known as 14803 Gerry Place, Crown Point, Indiana
46307-9776.



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3269-96

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) ROBERT B STOUFFER		2. SEX MALE	3a. TIME OF DEATH 3:15 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) NOVEMBER 22, 1996	
4. *SOCIAL SECURITY NUMBER 501-24-6615	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) FEB. 25, 1933	7. BIRTHPLACE (City and State or Foreign Country) CARRINGTON N. DAKOTA
8a. WAS DECEDENT A U.S. VETERAN? yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1958	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL		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) SARAH JANE OLVER	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) LAND ACQUISITION AGENT		12b. KIND OF BUSINESS/INDUSTRY LITTLE CALUMET RIVER BASIN	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION CROWN POINT		13d. STREET AND NUMBER 14803 GERRY PLACE	
13a. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" 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 (10-12) 12 College (1-4 or 5+) 1
18. FATHER'S NAME (First, Middle, Last) EDWIN J. STOUFFER			19. MOTHER'S NAME (First, Middle, Maiden Surname) ALEXANDRIA ALBERTA MAC KINZIE		
20a. INFORMANT'S NAME (Type/Print) SARAH JANE STOUFFER		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14803 GERRY PL. CROWN POINT, IN 46307		20c. Relationship WIFE	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) NOV. 25, 1996 N.W. IND. CREMATION SERVICES		21c. LOCATION—City or Town, State CROWN POINT INDIANA	
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Veronica P. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1013890		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN 46307 FDH83002445	
26. PART I. 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) Hepatic Failure CONDITIONS CONTRIBUTING TO THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT a. DUE TO (OR AS A CONSEQUENCE OF) Poly microbial Sepsis b. DUE TO (OR AS A CONSEQUENCE OF) Chronic lymphocytic leukemia c. DUE TO (OR AS A CONSEQUENCE OF) Thrombocytopenia Approximate Interval Between Onset and Death 10d. 2-3 wks. yrs					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Alexander D. Williams, MD LAKE COUNTY HEALTH COMMISSIONER			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) N/A
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> IDENTIFYING 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander D. Williams</i>		29c. MEDICAL LICENSE NO. 01078752 (DR)	29d. DATE SIGNED (Month, Day, Year) 11/25/96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. DAVID SIMON, 761-45TH ST., MONTER, IN					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>				32. DATE FILED (Month, Day, Year) November 25, 1996	
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
		34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34i. 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, occupation, etc.			