



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF

2000 037313

S. S.

FILED TO: DOROTHY MESHLE
43 LELAC DR.
DYER, IN 46311
2000 MAY 30 AM 9:13

On this 5-11-00 before me personally appeared MORRIS W. CARTER
(insert date) RECORDER

DOROTHY MESHLE

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 DOROTHY MESHLE and DAVID F. MESHLE;
- Said DAVID F. MESHLE
(fill in name of co-tenant who died)
died on 12-29-99
leaving No will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is: 43 LELAC DR. DYER IN 46311
LOT 18 IN SHEFFIELD ESTATES 1ST ADDITION
TO THE TOWN OF DYER, AS PER PLAT THEREOF,
RECORDED IN PLAT BOOK 47, PAGE 121,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, IN.
- 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
PETER BENJAMIN
LAKE COUNTY AUDITOR
MAY 17 2000
- Affiant's relationship to the deceased was SPOUSE

(If answer is "Yes," identify the divorce proceedings:
-----);

Signature: Dorothy Meshle

Address: 43 LELAC DR.
DYER, IN 46311

Subscribed and sworn to before me by the affiant

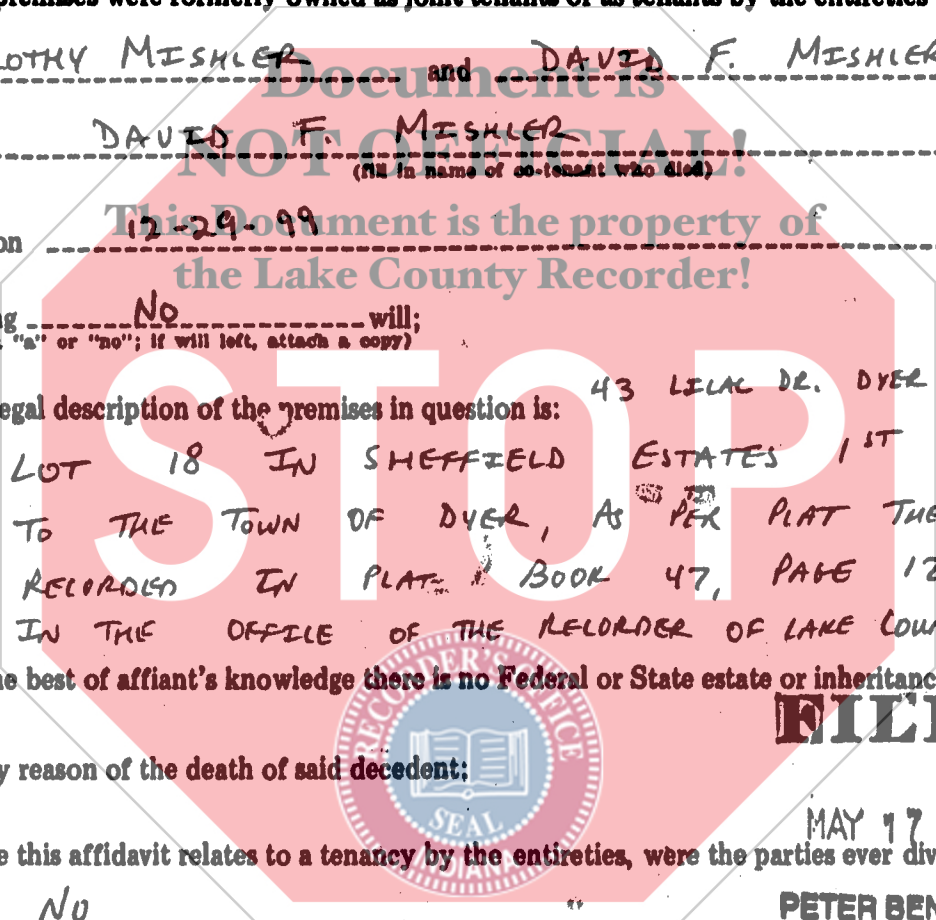
this 5-11-00
(insert date)

Charlene K. Ahrens
Notary Public

My Commission Expires 03-09-08

This instrument prepared by DOROTHY MESHLE

12.00
E.P.
4/8/01



ATTENTION STATE: 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

Local No. 2971-99

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Daniel E. Mishler), SEX (Male), TIME OF DEATH (5:45 PM), DATE OF DEATH (Dec 25 1999), SOCIAL SECURITY NUMBER (323-18-6614), AGE (77), BIRTH DATE (Oct. 4, 1922), BIRTHPLACE (Chicago, IL), FACILITY NAME (Community Hospital), CITY (Munster), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Dorothy Dudzik), DECEASED'S USUAL OCCUPATION (Inspector), KIND OF BUSINESS/INDUSTRY (Food & Drug Admin.), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Dyer), STREET AND NUMBER (43 Lilac Dr.), ZIP CODE (46311), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (white), DECEDENT'S EDUCATION (High School), FATHER'S NAME (Daniel E. Mishler), MOTHER'S NAME (Pelagia Milewska), INFORMANT'S NAME (Dave Mishler), MAILING ADDRESS (1402 Madison Av. Dyer In. 46311), RELATIONSHIP (Son), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (Jan. 5, 2000 Assumption Cemetery), LOCATION (Glenwood, IL), EMBALMER'S NAME (Kent Anderson), EMBALMER'S LICENSE NO (IL.034-011734), SIGNATURE OF FUNERAL DIRECTOR (Jeffrey W. S...), LICENSE NUMBER (FD298000-86), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns Kish F.H. for Rosemoor F.H. 3002819 5842 Hickman Av. -17943 S. Terrace Av. Hammond, IL 46320-1ansing, IL 60438), PART I: IMMEDIATE CAUSE (Acute congestive heart failure, asymmetric hypertrophy), PART II: Other significant conditions (Severe coronary arterio sclerosis, hypertension), CERTIFIER (James R. ...), SIGNATURE AND TITLE OF CERTIFIER (James R. ...), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (James R. ...), HEALTH OFFICER'S SIGNATURE (Alexander S. Williams, MD), DATE FILED (December 30, 1999), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION (02037), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER