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Chicago Title Insurance Company

STATE OF INDIANA)
) ss.
COUNTY OF LAKE)

FILED
2000 JUN 15 AM 9 47
MORTGAGE & DEED
RECORDER

2000 042122

AFFIDAVIT OF SURVIVORSHIP

HL20001899 LD

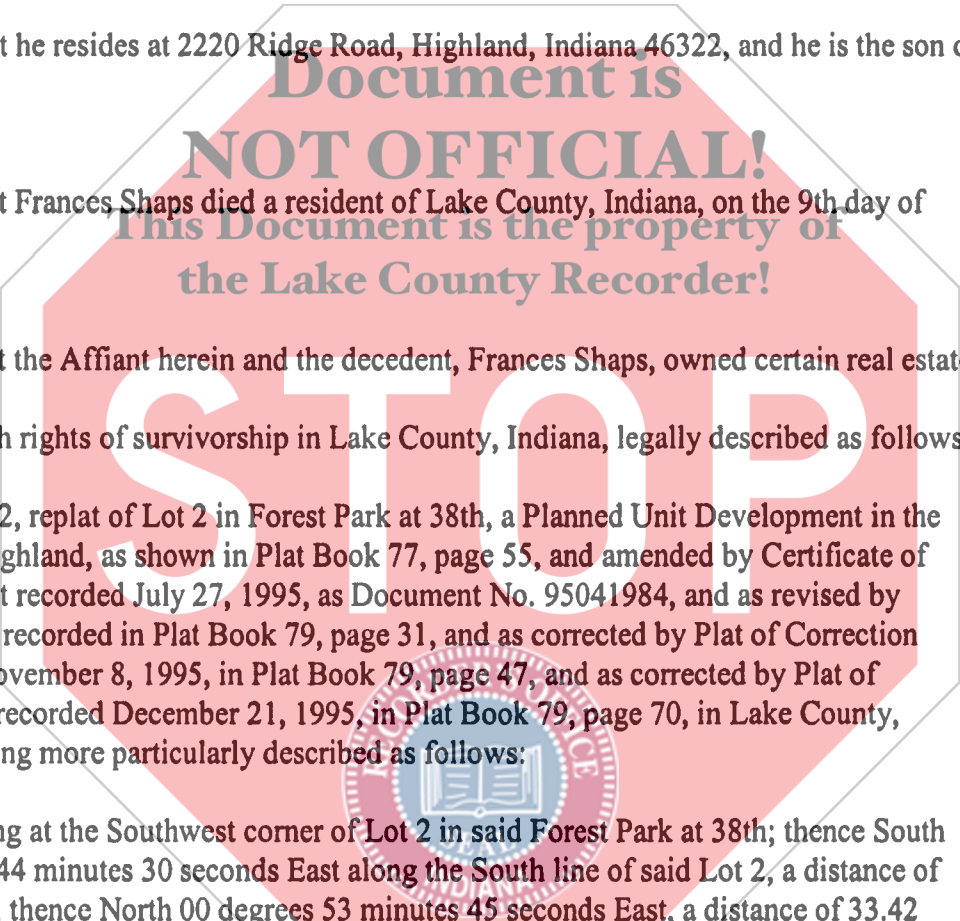
Comes now, Herbert I. Shaps, being duly sworn upon his oath, and states as follows:

1. That he resides at 2220 Ridge Road, Highland, Indiana 46322, and he is the son of Frances Shaps.
2. That Frances Shaps died a resident of Lake County, Indiana, on the 9th day of August, 1999.
3. That the Affiant herein and the decedent, Frances Shaps, owned certain real estate as joint tenants with rights of survivorship in Lake County, Indiana, legally described as follows:

Part of Lot 2, replat of Lot 2 in Forest Park at 38th, a Planned Unit Development in the Town of Highland, as shown in Plat Book 77, page 55, and amended by Certificate of Amendment recorded July 27, 1995, as Document No. 95041984, and as revised by Revise Plat recorded in Plat Book 79, page 31, and as corrected by Plat of Correction recorded November 8, 1995, in Plat Book 79, page 47, and as corrected by Plat of Correction recorded December 21, 1995, in Plat Book 79, page 70, in Lake County, Indiana, being more particularly described as follows:

Commencing at the Southwest corner of Lot 2 in said Forest Park at 38th; thence South 88 degrees 44 minutes 30 seconds East along the South line of said Lot 2, a distance of 177.50 feet; thence North 00 degrees 53 minutes 45 seconds East, a distance of 33.42 feet, to a point of curvature, thence Northerly along said curve being concave to the West and having a radius of 359.43 feet, an arc distance of 66.55 feet; thence South 88 degrees 53 minutes 52 seconds East, a distance of 111.03 feet: thence North 01 degrees 11 minutes 10 seconds East, a distance of 75.13 feet to the point of beginning: thence continuing North 01 degrees 11 minutes 10 seconds East, a distance of 28.00 feet; thence South 88 degrees 48 minutes 50 seconds East, a distance of 45.00 feet; thence South 01 degrees 11 minutes 10 seconds West, a distance of 28.00 feet; thence North 88 degrees 48 minutes 50 seconds West, a distance of 45.00 feet to the point of beginning, all in Lake County, Indiana.

Commonly known as: 8934 Price Circle, Highland, IN 46322



FILED

JUN 14 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01026

17.00
mhr
cl

4. Affiant again states in this Affidavit that the decedent, Frances Shaps, died on the 9th day of August, 1999, as confirmed by a death certificate issued by the Indiana State Department of Health hereto attached.

FURTHER AFFIANT SAYETH NOT.

STATE OF INDIANA)
COUNTY OF LAKE)


NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Herbert I. Shaps
Herbert I. Shaps

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared, Herbert I. Shaps, and acknowledged the execution of the foregoing Affidavit of Survivorship to be his voluntary act and deed.

Dated this 9th day of June, 2000

Shirley R. Kasper
Notary Public
Resident of Lake County



My Commission Expires:

Shirley R. Kasper
Notary Public, State of Indiana
Lake County
My Commission Exp. 07/31/2000

This instrument prepared by: Stuart J. Friedman, Pinkerton & Friedman, P.C., 9245 Calumet Avenue, Suite 201, Munster, IN 46321 (219) 836-3050

* 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. 1836-99

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

269763
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Frances Shaps		2 SEX Female	3a TIME OF DEATH 8:40A M	3b DATE OF DEATH (Month, Day, Yr) August 9, 1999	
4 SOCIAL SECURITY NUMBER 032-03-8838	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 18, 1918	
7 BIRTHPLACE (City and State or Foreign Country) Chelsea, MA	8a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a FACILITY NAME (If not institution, give street and number) 8934 Price Circle			
9b CITY, TOWN OR LOCATION OF DEATH Highland		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Widow	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.) Homemaker	12b KIND OF BUSINESS/INDUSTRY Home		
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 8934 Price Circle		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) Elementary/Secondary (0-12) 12 College (1-4 or 5+) ---		18 FATHER'S NAME (First, Middle, Last) Isaac Kischell			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Libby Handverger!		20a INFORMANT'S NAME (Type/Print) Herbert Shaps			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2220 Ridge Rd. Highland, IN 46322		20c Relationship Son			
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) August 12, 1999 Sharon Memorial Park		21c LOCATION—City or Town, State Sharon, MA		
22a EMBALMER'S NAME John T. Noble	22b EMBALMER'S LICENSE NO. 9000031	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Peter T. Burns</i>	24b LICENSE NUMBER (of Licensee) 8601763	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) AUG 11 1999 Atherosclerosis due to (OR AS A CONSEQUENCE OF) ... due to (OR AS A CONSEQUENCE OF) ... due to (OR AS A CONSEQUENCE OF) ... LAKE COUNTY HEALTH DEPARTMENT COMMISSIONER				Approximate Interval Between Onset and Death years	
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) 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) ---	
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) 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	FILED				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Edward Gural</i>		29c MEDICAL LICENSE NO. JUN 14 2000	29d DATE SIGNED (Month, Day, Year) August 10, 1999		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Mirich 9001 Broadway Merrillville, IN 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>			32 DATE FILED (Month, Day, Year) August 11, 1999		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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)			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. 01027			