

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

) SS:  
) 2000 050619

2000 JUL 18 PM 2:25

MORRIS W. CARTER  
RECORDER

3

**AFFIDAVIT OF SURVIVORSHIP**

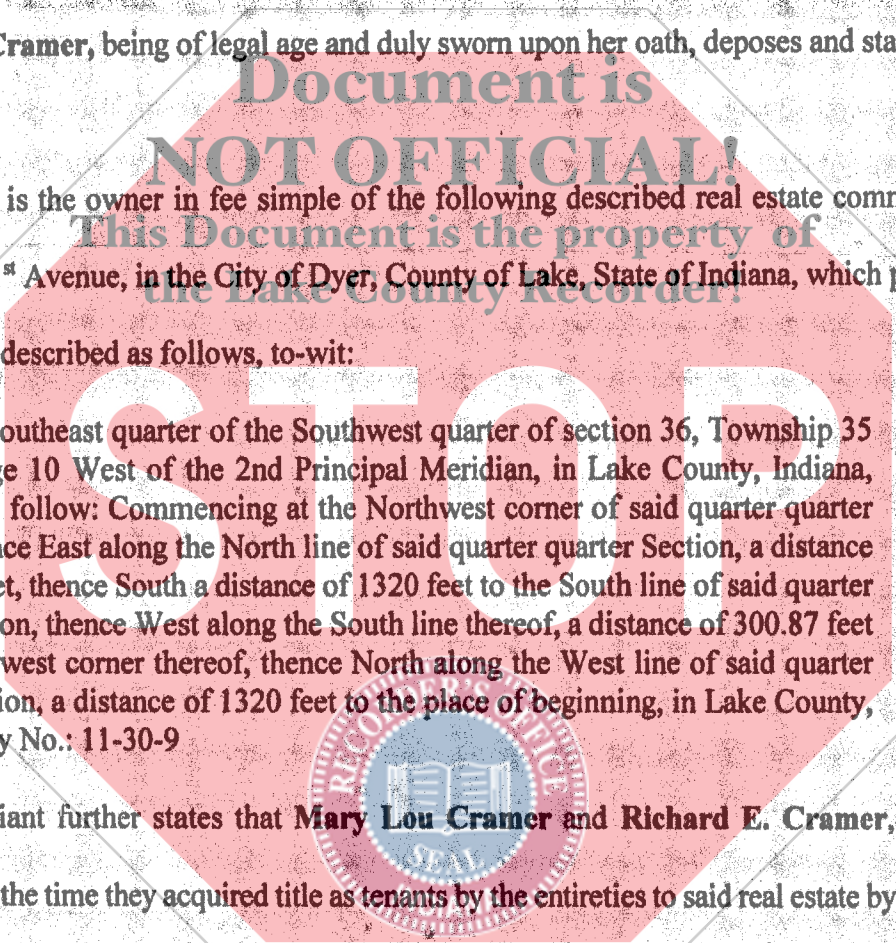
Mary Lou Cramer, being of legal age and duly sworn upon her oath, deposes and states as follows:

1. That she is the owner in fee simple of the following described real estate commonly known as 15520 101<sup>st</sup> Avenue, in the City of Dyer, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

Part of the southeast quarter of the Southwest quarter of section 36, Township 35 North, Range 10 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follow: Commencing at the Northwest corner of said quarter quarter Section, thence East along the North line of said quarter quarter Section, a distance of 300.87 feet, thence South a distance of 1320 feet to the South line of said quarter quarter Section, thence West along the South line thereof, a distance of 300.87 feet to the Southwest corner thereof, thence North along the West line of said quarter quarter Section, a distance of 1320 feet to the place of beginning, in Lake County, Indiana. Key No.: 11-30-9

2. The Affiant further states that Mary Lou Cramer and Richard E. Cramer, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Deed of Conveyance dated the 15<sup>th</sup> day of December, 1975, and recorded on the 5<sup>th</sup> day of January, 1976, as Document Number 332365, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between Mary Lou Cramer and Richard E. Cramer continued unbroken from the time they so acquired title to the real estate until the death of Richard E. Cramer on the 19<sup>th</sup> day of April, 2000, at which time this Affiant acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of Richard E. Cramer marked as Exhibit "A"



DULY ENTERED FOR RECORD  
**FILED**

JUL 18 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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4. That no administration has been held upon the estate of **Richard E. Cramer** and none is contemplated, and his estate was not subject to any Federal or State taxes.

5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the Office of the Auditor of Lake County, Indiana.

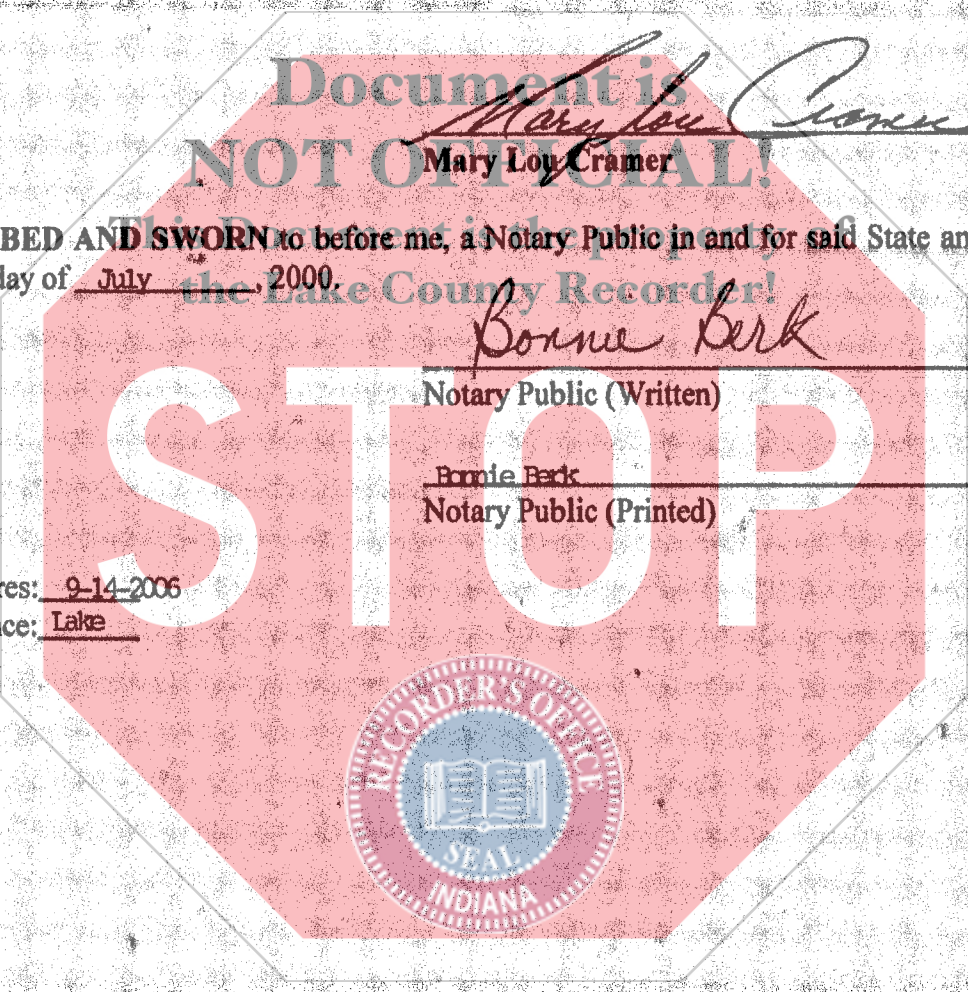
*Mary Lou Cramer*  
\_\_\_\_\_  
Mary Lou Cramer

**SUBSCRIBED AND SWORN** to before me, a Notary Public in and for said State and County, this 17 day of July, 2000.

*Bonnie Berk*  
\_\_\_\_\_  
Notary Public (Written)

Bonnie Berk  
\_\_\_\_\_  
Notary Public (Printed)

Commission Expires: 9-14-2006  
County of Residence: Lake



This instrument prepared by: Frank J. Koprcina, Attorney at Law, 105 E. 61<sup>st</sup> Avenue, Ste E. Merrillville, Indiana 46410, (219) 985-9999



\* 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. 0972-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

268678  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Richard Cramer</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>3:15 P.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>April 19, 2000</b>	
4. SOCIAL SECURITY NUMBER <b>306-38-9817</b>	5a. AGE—Last Birthday (Years) <b>61</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) <b>July 5, 1938</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Terra Haute, IN</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>Unavailable</b>		8c. 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			
9a. FACILITY NAME (If not institution, give street and number) <b>15520 101st Ave.</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>	9c. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>MaryLou Jones</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Maintenance Mechanic</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Steel Mfgr.</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Dyer</b>	13d. STREET AND NUMBER <b>15520 101st Ave.</b>		
13e. ZIP CODE <b>46311</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) <b>Glenn Cramer</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rilla Edson</b>			
20a. INFORMANT'S NAME (Type/Print) <b>MaryLou Cramer</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>15520 101st Ave. Dyer, IN 46311</b>	20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) <b>April 22, 2000 Holy Cross Cemetery</b>		21c. LOCATION—City or Town, State <b>Calumet City, IL</b>	
22a. EMBALMER'S NAME <b>Dan Hillegonds</b>		22b. EMBALMER'S LICENSE NO. <b>IL 034-012384</b>	22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eddie B. Schrage</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1000857</b>	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Lallayne FUB3002885 5746 Hohman Hammond, IN for Schroeder-Lauer 3227 Ridge Rd. Lansing, IL 6043</b>		
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. <b>Obvious Coronary - Stage IV</b>				Approximate Interval Between Onset and Death	
IMMEDIATELY AFTER THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. <b>Alexander S. Williams MD LAKE COUNTY HEALTH COMMISSIONER</b>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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 checked="" 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 S. Williams MD</i>		29c. MEDICAL LICENSE NO. <b>01041301</b>	29d. DATE SIGNED (Month, Day, Year) <b>7/29/00</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Cheryl Morgan-Inrig, MD 1620 45th Munster, IN 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>			32. DATE FILED (Month, Day, Year) <b>April 20, 2000</b>		
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
		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.			