

2000-06-7499

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

On this 25th day of August, 2000, before me personally appeared **FRANCES E. SCHAEFFER**, to me personally known and being duly sworn upon her oath, she did say that:

- 1. Affiant resides at 9019 Cline Avenue, Crown Point, Indiana 46307.
- 2. Affiant is the wife of Edward E. Schaeffer, deceased.

MORRIS W. CARTER
RECORDER

3. The premises located at 9019 Cline Avenue, Crown Point, Indiana 46307, were formerly owned by Edward E. Schaeffer and Frances E. Schaeffer, husband and wife, as tenants by the entireties;

4. That Edward E. Schaeffer died on June 12, 1992, leaving no Will subject to Probate;

5. The legal description of the premises in question is:
LOTS 6 AND 7 IN HIGH POINT ACRES UNIT 1, AS PER PLAT THEREOF,
RECORDED FEBRUARY 25, 1959 IN PLAT BOOK 32 PAGE 98, IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

6. That Affiant states that there never was an estate probated concerning the death of her Husband, Edward E. Schaeffer, that there were no claims filed as a result of the death of Edward E. Schaeffer, and that the funeral expenses and all expenses of illness were paid at the time of her Husband's death.

7. That as a result of the death of Edward E. Schaeffer, there was no State of Indiana inheritance taxes or federal estate taxes that were due.

8. Affiant further states that Edward E. Schaeffer and Frances E. Schaeffer were never divorced and continued to be married until the death of Edward E. Schaeffer and that Frances E. Schaeffer did not remarry after her Husband's death.

9. Affiant's relationship to the decedent is that of surviving spouse.

Frances E. Schaeffer
FRANCES E. SCHAEFFER

FILED
SEP 11 2000

PETER BENJAMIN
COMMUNITY TITLE COMPANY
FILE NO. L 19886

STATE OF INDIANA)
COUNTY OF LAKE) SS:

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **Frances E. Schaeffer**, and acknowledged the execution of said Survivorship Affidavit to be her voluntary act and deed for the uses and purposes expressed therein. **WITNESS MY HAND AND SEAL** this 25th day of August, 2000.

My Commission Expires: 9/28/00
County of Residence: Lake

Kent A. Jeffirs
Kent A. Jeffirs, Notary Public



This instrument prepared by: Kent A. Jeffirs, Attorney at Law
104 W. Clark Street
Crown Point, IN 46307

7cc+vets

INDIANA STATE BOARD OF HEALTH

Local No. 1282-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME (First, Middle, Last) EDWARD E. SCHAEFFER				2. SEX MALE	3a. TIME OF DEATH 5:05 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) June 12, 1992
	4. SOCIAL SECURITY NUMBER 346-12-1408		5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) October 24, 1914	
	7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a. WAS DECEASED A U.S. VETERAN? Yes				
DECEDENT	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
	9b. FACILITY NAME (If not institution, give street and number) 9019 Cline Avenue			9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Frances Lawrence Millwright		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		12b. KIND OF BUSINESS/INDUSTRY Ford Motor Corp.
PARENTS	13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Crown Point		13d. STREET AND NUMBER 9019 Cline Avenue
	13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEASED 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) 10 College (1-4 or 5+) 10				
INFORMANT	18. FATHER'S NAME (First, Middle, Last) Jack Schaeffer			19. MOTHER'S NAME (First, Middle, Maiden Surname) Marvel Johnson			
	20a. INFORMANT'S NAME (Type/Print) Frances Schaeffer			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9019 Cline Ave. Crown Point, IN 46307			20c. Relationship Wife
DISPOSITION	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) June 16, 1992 Graceland Cemetery			21c. LOCATION—City or Town, State Valparaiso, Indiana	
	22a. EMBALMER'S NAME: Alexis Thanos		22b. EMBALMER'S LICENSE NO. FD08600505		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
CAUSE OF DEATH	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b. LICENSE NUMBER (of Licensee) FD08600505		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, FH83007762 7905 Broadway, Merrillville, IN 46410		
	26. PART I. IMMEDIATE CAUSE OF DEATH (Specify disease or condition resulting in death). Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or feet failure. List only one cause on each line. Myeloma a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: JUN 15, 1992						
	26. PART II. Other significant conditions, conditions contributing to death but not previously stated in Part I. <i>Alexander D. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER						
CERTIFIER	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.					29b. MEDICAL LICENSE NO. 01031484	
	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i>					29d. DATE SIGNED (Month, Day, Year) SEP 11, 2000	
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Ray E. Drasca, 8127 Merrillville Road, Merrillville, IN 46410						31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>
	31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>						32. DATE FILED (Month, Day, Year) June 13, 1992
CORONER JSE ONLY	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 00576			