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STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 MAY 30 AM 9:20

MICHAEL W. CARTER
RECORDER

2002 049635

AFFIDAVIT BY SURVIVING TENANT

Marcella Gierman, being first duly sworn, upon oath deposes and says:

1. That Louis Gierman, died on February 15, 2002 in Munster, Indiana.

2. That Louis Gierman and Marcella Gierman were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

APARTMENT 214 AND GARAGE PARKING SPACE 214 IN HARRISION HEIGHTS CONDOMINIUM, IN THE TOWN OF MUNSTER, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NO. 252280, UNDER DATE OF MAY 22, 1974 AMENDED BY INSTRUMENT RECORDED OCTOBER 12, 1976 AS DOCUMENT NO. 373970 AND FURTHER AMENDED BY INSTRUMENT RECORDED March 27, 1984 AS DOCUMENT NO. 750390, AND FURTHER AMENDED BY INSTRUMENT RECORDED OCTOBER 27, 1989 AS DOCUMENT NO. 065505 AND FURTHER AMENDED BY INSTRUMENT RECORDED OCTOBER 13, 1993 AS DOCUMENT NO. 93067298 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN AND TO THE COMMON AND LIMITED AREAS AND FACILITIES APPERTAINING THERETO.

Tax Key Number: 28-323-50

Commonly known as: 8750 HARRISON, APT. 214, MUNSTER, INDIANA 46321

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Marcella Gierman

FILED

MAY 24 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR
001946

Subscribed and sworn to before me
this 6th day of May, 2002.

Douglas A. Henyon
Notary Public

My Commission Expires: Sept. 9, 2009

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1487

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.

Local No. 388-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEDENT—NAME (First, Middle, Last): LOUIS GIERMAN
- 2. SEX: MALE
- 3a. TIME OF DEATH: 10:25 AM
- 3b. DATE OF DEATH (Month, Day, Yr): FEBRUARY 15, 2002
- 4. *SOCIAL SECURITY NUMBER: 349-18-4140
- 5a. AGE—Last Birthday (Years): 76
- 5b. UNDER 1 YEAR (Months, Days):
- 5c. UNDER 1 DAY (Hours, Minutes):
- 6. DATE OF BIRTH (Mo, Day, Yr): October 9,1925
- 7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
- 8a. WAS DECEDENT A U.S. VETERAN?: Yes
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: Unknown
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
- 9b. FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
- 9c. CITY, TOWN, OR LOCATION OF DEATH: MUNSTER
- 9d. COUNTY OF DEATH: LAKE
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Marcella Taub
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Proprietor
- 12b. KIND OF BUSINESS/INDUSTRY: Furniture
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Munster
- 13d. STREET AND NUMBER: 8750 Harrison Avenue
- 13e. ZIP CODE: 46321
- 13f. INSIDE CITY LIMITS: [ ] No [X] Yes
- 13g. ON A FARM?: [X] No [ ] Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] 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 +): 4

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Jack Gierman
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Goldie Weiss

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Marcella Gierman
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8750 Harrison,Munster,IN 46321
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 18,2002 Shalom Memorial Park
- 21c. LOCATION—City or Town, State: Arlington Heights,IL
- 22a. EMBALMER'S NAME: Henry A. Gray
- 22b. EMBALMER'S LICENSE NO.: FD29900123
- 23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Henry Allen Gray
- 24b. LICENSE NUMBER (of Licensee): FD29900123
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH1990000 Virgil Huber Funeral Home,7051Kennedy Hammond,IN 46323 As An Agent For ~~Lloyd Mandel Levayah Funerals,Skokie,~~

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiopulmonary Arrest	
DUE TO (OR AS A CONSEQUENCE OF) b.	Ischemic Cardiomyopathy	Years
DUE TO (OR AS A CONSEQUENCE OF) c.	Progressive Renal Failure	Months
DUE TO (OR AS A CONSEQUENCE OF) d. (Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last)	Diffuse Metastatic Colon CA	Months

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Postal Hypertension, history of Leukemia & Prostate Cancer

- 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): No

CERTIFIER

- 29a. CERTIFIER (Check only one):
  - [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
  - [ ] 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.
  - [ ] 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: [signature]
- 29c. LICENSE NO.: 01033614
- 29d. DATE SIGNED (Month, Day, Year): FEBRUARY 18, 2002
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): C.RICHARD SMITH, JR. D.O. 801 MACARTHUR BLVD. MUNSTER, INDIANA 46321

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Susan [illegible] Bert D.O.
- 32. DATE FILED (Month, Day, Year): February 19, 2002

FILED MAY 24 2002 PETER BENJAMIN LAKE COUNTY AUDITOR 002187

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE REGISTERED

- 33. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.

SDH06-004 State Form 10110 (R5/1-99)