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STATE OF INDIANA )  
COUNTY OF LAKE )

) SS: 2004 047040  
)

FILED FOR RECORD

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MORE...

**AFFIDAVIT OF HEIRSHIP**

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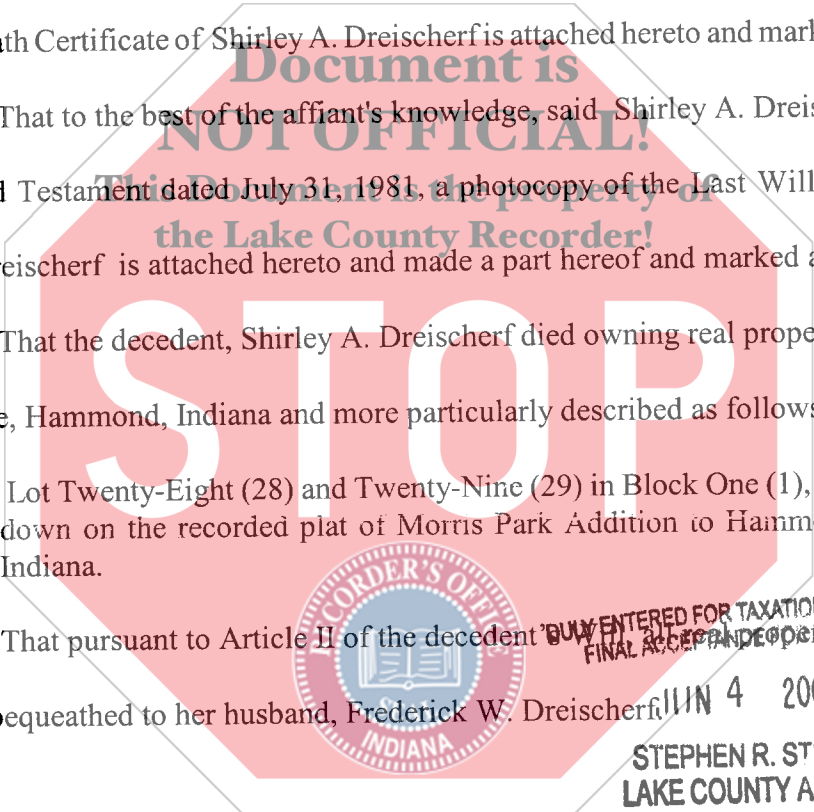
Comes now Frederick W. Dreischerf a/k/a Frederick William Dreischerf, being duly sworn upon his oath and states as follows:

1. That he is the surviving spouse of the decedent, Shirley A. Dreischerf a/k/a Shirley Ann Driescherf, deceased, who died testate a resident of Lake County, Indiana, on the 18<sup>th</sup> day of June, 2002, and that no estate proceedings were ever opened nor are any anticipated. A Certified Copy of the Death Certificate of Shirley A. Dreischerf is attached hereto and marked as Exhibit "A".

2. That to the best of the affiant's knowledge, said Shirley A. Dreischerf died leaving a Last Will and Testament dated July 31, 1981, a photocopy of the Last Will and Testament of Shirley Ann Dreischerf is attached hereto and made a part hereof and marked as Exhibit "B".

3. That the decedent, Shirley A. Dreischerf died owning real property located at 1240 Indiana Avenue, Hammond, Indiana and more particularly described as follows:  
Lot Twenty-Eight (28) and Twenty-Nine (29) in Block One (1), as marked and laid down on the recorded plat of Morris Park Addition to Hammond, Lake County, Indiana.

4. That pursuant to Article II of the decedent's will, the real property owned by the decedent was bequeathed to her husband, Frederick W. Dreischerf.



JUN 4 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR  
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5. That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing that title to the above described property vested in the decedent's husband, Frederick W. Dreischerf, pursuant to the Last Will and Testament of Shirley A. Dreischerf.

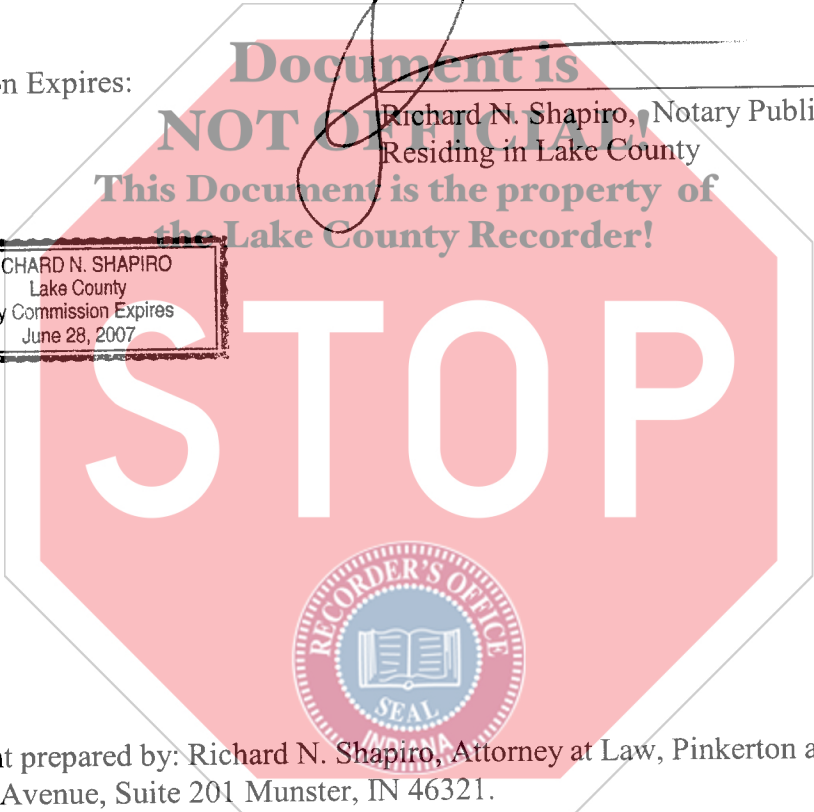
*Frederick W. Dreischerf*  
Frederick W. Dreischerf

STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF LAKE        )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 26<sup>th</sup> day of May, 2004.

My Commission Expires:  
June 28, 2007

Richard N. Shapiro, Notary Public  
Residing in Lake County



This Instrument prepared by: Richard N. Shapiro, Attorney at Law, Pinkerton and Friedman, P.C., 9245 Calumet Avenue, Suite 201 Munster, IN 46321.

\* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 484

Date Issued June 19, 2002 Franklin J. Premuda, M.D.  
Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

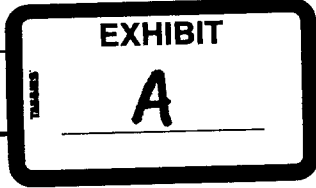
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Shirley A Dreischerf</b>		2. SEX <b>Female</b>		3a. TIME OF DEATH <b>3:20A<sub>M</sub></b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>June 18, 2002</b>	
4. *SOCIAL SECURITY NUMBER <b>306-34-5874</b>		5a. AGE—Last Birthday (Years) <b>67</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) <b>May 16, 1935</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, IN</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy, North Campus</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Frederick W. Dreischerf</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Nurse</b>		12b. KIND OF BUSINESS/INDUSTRY <b>School City of Hammond</b>	
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Hammond</b>		13d. STREET AND NUMBER <b>444-173rd Street</b>	
13e. ZIP CODE <b>46324</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) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>5</b>					
18. FATHER'S NAME (First, Middle, Last) <b>Leonard Norton</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ann Foster</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Frederick W. Dreischerf</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>444-173rd Street, Hammond, IN 46324</b>		20c. Relationship <b>Husband</b>	
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) <b>June 21, 2002 Concordia Cemetery</b>			21c. LOCATION—City or Town, State <b>Hammond, IN</b>		
22a. EMBALMER'S NAME <b>Robert A. Acevez</b>		22b. EMBALMER'S LICENSE NO. <b>F120100064</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eldon B. Selby</i>		24b. LICENSE NUMBER (of Licensee) <b>DF01000857</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 46324</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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. <b>Respiratory Failure</b>							
b. <b>PNEUMONIA</b>							
c. <b>Chronic Obstructive Pulmonary Disease</b>							
d. <b>Head Stroke and Disrup</b>							
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) <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 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>[Signature]</i>				29c. MEDICAL LICENSE NO. <b>02000848</b>		29d. DATE SIGNED (Month, Day, Year) <b>June 16, 2002</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. S. Mischel M.D. 227 Douglas St. Hammond, IN 46320</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>						32. DATE FILED (Month, Day, Year) <b>June 19, 2002</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.			



# Last Will and Testament

I, Shirley Ann Dreischerf, of Hammond, Lake County, Indiana, make this my Last Will and revoke my prior wills and codicils.

## ARTICLE I DEBTS AND TAXES

I direct the executor of my estate to pay out of the residue of my estate passing hereunder all of my debts, funeral expenses, expenses of administering my estate, inheritance transfer and succession taxes which become due by reason of my death, and that such taxes shall not be charged to or required to be paid by any beneficiary herein named.

## ARTICLE II GIFT OF RESIDUARY ESTATE

All the rest, residue and remainder of my estate, both real and personal, of whatever kind and nature and wherever situated, I give to my husband, Frederick William Dreischerf, if he survives me. If my husband, Frederick, shall die in a disaster which causes my death or under circumstances that it is doubtful which of us died first, then it shall be presumed that I survived him.

If my husband, Frederick, does not survive me, then I give my residuary estate as hereinabove described in equal shares to my two sons, Leslie Arthur Dreischerf and Gary Allen Dreischerf, if they survive me, but if only one of my said sons survives me, then I give all of my residuary estate to him. If neither my husband, Frederick, nor my two sons, Leslie and Gary, survive me, then I give my residuary estate in equal shares to those of the following who survive me: my parents, Leonard Everett Norton and Ann Elizabeth Norton, of Hammond, Indiana, jointly; my brother, Leonard Donald Norton, of Hammond, Indiana; my mother-in-law, Lydia Viola Dreischerf, of Hammond, Indiana; and my sister-in-law, Pauline Ann Kelley, of Highland, Indiana.

## ARTICLE III EXECUTOR AND POWERS OF EXECUTOR

I appoint my husband, Frederick, executor of this Will if he survives me. If for any reason he fails or ceases to act as executor of this Will, I appoint my sons, Leslie and Gary, as co-executors. Should my sons for any reason fail or cease to act as executors, I appoint my sister-in-law, Pauline Ann Kelley, executor.

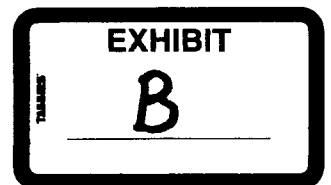
I direct that no executor named herein be required to give any bond or other security for the faithful performance of his or her duties.

I give the executor(s) the following powers and discretions in each case to be exercised without court order:

- (a.) To sell at public or private sale all of the real or personal property of my residuary estate;
- (b.) To settle claims in favor of or against my estate;

Page 1

*Shirley Ann Dreischerf*  
Shirley Ann Dreischerf



(c.) To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death, even though such exercise or non-exercise increases or decreases estate principal or income, without adjustment to principal or income;

(d.) To distribute the residue of my estate in cash;

(e.) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of the executor's powers and discretions;

(f.) To retain any person, firm or bank as agent and to delegate in writing to such agent any ministerial right, power or discretion of the executor, including the right to sign and endorse checks and have access to any safe deposit boxes.

ARTICLE IV SIGNATURE

I have signed this Will, consisting of two (2) pages (this page included), and an attached affidavit, on the 31<sup>st</sup> day of July, 1981.

Shirley Ann Dreischer  
Shirley Ann Dreischer

We certify that, in our presence and on the date appearing above, Shirley Ann Dreischer signed the foregoing instrument and acknowledged it to be her Will; that at her request and in her presence and in the presence of each other we have signed our names below as witnesses; and that we believe her to be of sound mind and memory.

Pat M. Stanko residing at 15907 Avalon  
So. Hilland, IL

Virginia Kuvshin residing at 13661 Braumaid  
Chicago, Ill 60633

Laurence H. Ferguson residing at 241 Troph Lane  
Munster, Ind 46321



AFFIDAVIT OF ATTESTING WITNESSES  
State of Illinois  
County of Cook

We, the attesting witnesses to the Will of the testator, Shirley Ann Dreischerf, on oath state that each of us was present on the 31<sup>st</sup> day of July, 1981, and saw the testator sign the Will (to which this affidavit is attached) in our presence; that the Will was attested by each of us in the presence of the testator; and that each of us believed the testator to be of sound mind and memory at the time of signing.

Pat M. Stomula  
Virginia Kuvakos  
Lawrence R. Zundgren

Subscribed and sworn to me on the 31 day of July, 1981.

**NOT OFFICIAL!**

[Signature]  
Notary Public  
This Document is the property of  
the Lake County Recorder!  
My Commission Expires July 26, 1988

My commission expires 19

**STOP**

