

STATE OF INDIANA)
) SS:
COUNTY OF LAKE 2009 053641

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 JUN 09 10:00 AM

AFFIDAVIT OF SURVIVORSHIP

ARLOUISE LAMMERING., being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 15, 16 and the North 22 feet of Lot 17 Forest Heights Addition to the City of Hammond, Lake County, Indiana.

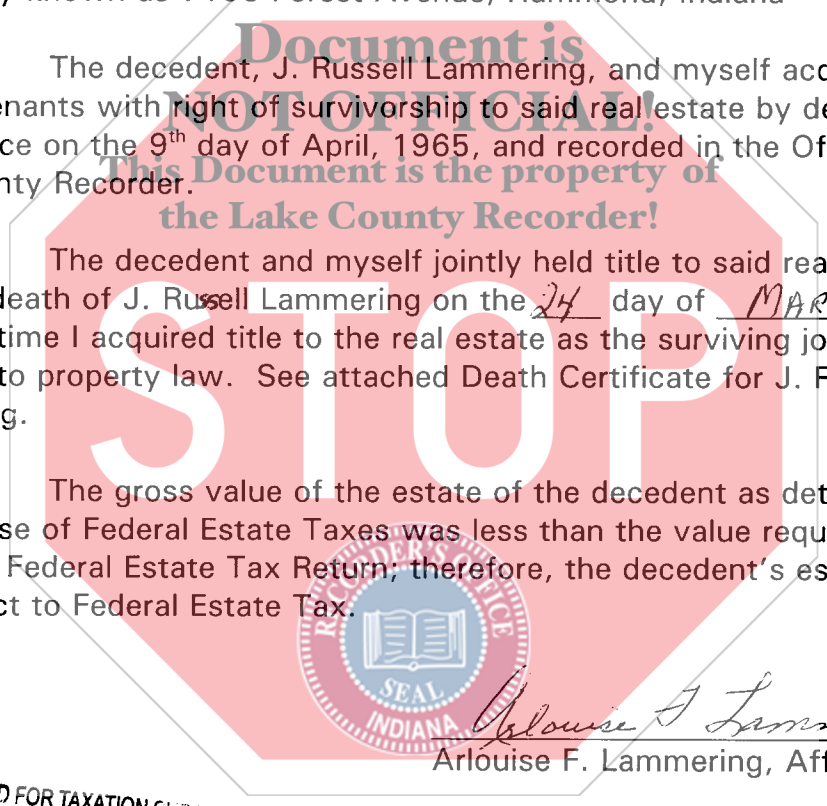
Commonly known as 7105 Forest Avenue, Hammond, Indiana

3. The decedent, J. Russell Lammering, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 9th day of April, 1965, and recorded in the Office of the Lake County Recorder.

4. The decedent and myself jointly held title to said real estate until the death of J. Russell Lammering on the 24 day of MARCH, 1991, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for J. Russell Lammering.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Arlouise F. Lammering
Arlouise F. Lammering, Affiant



REGISTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 29 2009

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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02377 43092
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Arlouse F. Lammering, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 20th day of June, 2005.

My Commission Expires: 03/13/2010



Signature: Kristy L. Luce
Kristy L. Luce
Resident of Lake County, IN

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800



INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 228

MAR 26 1991 Franklin D. Remuda M.D.
Date Issued Hammond Health Commissioner

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) JAMES RUSSELL LAMMERING				2 SEX MALE		3a TIME OF DEATH 10:30 p.m.		3b DATE OF DEATH (Month, Day, Yr) March 24th, 1991		
4 SOCIAL SECURITY NUMBER 314-05-6313		5a AGE—Last Birthday (Years) 75		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) June 28th, 1915		
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8a WAS DECEASENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a 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) 7105 Forest Ave.				9c CITY, TOWN, OR LOCATION OF DEATH Hammond			9d COUNTY OF DEATH Lake			
10 MARITAL STATUS Married		11 SURVIVING SPOUSE (if wife, give maiden name) Arlouise Freyman		12a DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manufacturing Representative			12b KIND OF BUSINESS/INDUSTRY Bronze Casting			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Hammond			13d STREET AND NUMBER 7105 Forest Ave.			
13e ZIP CODE 46324		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEASENT 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 DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4			18 FATHER'S NAME (First, Middle, Last) James Fay Lammering				19 MOTHER'S NAME (First, Middle, Maiden Surname) Edna Oder	
20a INFORMANT'S NAME (Type/Print) Arlouise Lammering				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7105 Forest Ave. Hammond, Indiana 46324			20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) Park Forest Crematorium March 26th, 1991			21c LOCATION—City or Town, State Park Forest, Illinois			
22a EMBALMER'S NAME NA				22b EMBALMER'S LICENSE NO.		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>James M. McCoy</i>				24b LICENSE NUMBER (of Licensee) FD08700581		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME McCoy Funeral Chapel (287) 5713 Hohman Ave. Hammond IN 46320				
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 <i>acute myocardial infarction</i>						6 mths		
Conditions if any which gave rise to the immediate cause, stating the underlying cause last		b <i>hypertensive hemorrhage of colon</i>						3 wks		
		c								
		d								
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						27 WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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	
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>Franklin D. Remuda M.D.</i>						29c MEDICAL LICENSE NO. 19251		29d DATE SIGNED (Month, Day, Year) MARCH 25, 1991		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) FRED ADLER M.D. 800 MAC ARTHUR BLVD. MUNSTER, INDIANA 46321										
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda M.D.</i>							32 DATE FILED (Month, Day, Year) MAR 26 1991			
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.						

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY