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FILED

2007 033535

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Parcel No.: 08-15-0295-0002

SURVIVORSHIP AFFIDAVIT

I, Donald J. Franz, Personal Representative of the Estate of Clara E. Franz, deceased, being first duly sworn, state:

1. Clara E. Franz died a resident of Lake County, Indiana on March 8, 2006, and Affiant was appointed Personal Representative of the Estate of Clara E. Franz on May 3, 2006, in the Lake Circuit Court, Cause No. 45C01-0605-EU-74.

2. Affiant states that Clara E. Franz was the surviving spouse of Leonard P. Franz who died on January 10, 2002 a resident of Lake County, Indiana.

3. At the time of his death, Leonard P. Franz and Clara E. Franz were husband and wife, and were the owners of the following described real estate located in Lake County, Indiana:

Lot 2 in Part of Block 5 in Bon Aire Subdivision Unit No. Two, as per plat thereof, recorded in Plat Book 31 page 78, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 2737 West 58th Place, Merrillville, Indiana 46410

4. At the time of his death, Leonard P. Franz and Clara E. Franz were not divorced and were living together as husband and wife.



FILED

APR 23 2007

FRANZI MULINGA KATONA
LAKE COUNTY AUDITOR

CI# 2487
CA

\$17

021040

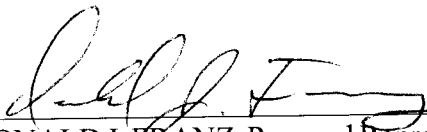
Professionals Title
9145 Broadway
Merrillville, IN 46410

y

5. Affiant further states that no federal estate tax or Indiana inheritance tax was due from the Estate of Leonard P. Franz.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Clara E. Franz, surviving spouse, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

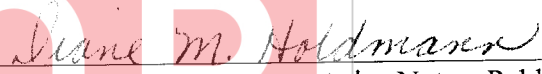
Dated: March 8th, 2007


DONALD J. FRANZ, Personal Representative
of the Estate of Clara E. Franz, deceased

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Donald J. Franz, not personally, but as Personal Representative of the Estate of Clara E. Franz, deceased, and he, being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 8th day of March, 2007.

My Commission Expires: 07-23-2014


DIANE M. HOLDMANN, Notary Public
Printed Name

A resident of Lake County.

This instrument prepared by:
and after recording return to:

Victor H. Prasco, with the firm Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 0079-02
127734

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED - NAME (First, Middle, Last) Leonard P. Franz		2. SEX Male	3a. TIME OF DEATH 12:33 PM	3b. DATE OF DEATH (Month, Day, Yr.) January 10, 2002
4. SOCIAL SECURITY NUMBER 2292	5a. AGE - Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) October 11, 1920

DECEDENT

7. BIRTHPLACE (City and State or Foreign Country) Merrillville Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	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) St. Anthony Medical Center	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) Clara Johnson	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Merrillville		13d. STREET AND NUMBER 2737 West 58th Place	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) White	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+) N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last) Aloysius M. Franz	19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Schneider
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Clara Franz	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2737 West 58th Place, Merrillville, IN	20c. Relationship Wife
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DISPOSITION

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) January 14, 2002 Calumet Park Cemetery	21c. LOCATION - City or Town, State Merrillville, Indiana
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CAUSE OF DEATH

22a. EMBALMER'S NAME Jody Zeese	22b. EMBALMER'S LICENSE NO. FD20100056	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ray E. Drasga</i>	24b. LICENSE NUMBER (of Licensee) FDO9000013	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana
26. PART I Enter the disease, 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. X IMMEDIATE CAUSE (Final disease or condition resulting in death) Mastate Cancer		Approximate Interval Between Onset and Death
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) 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

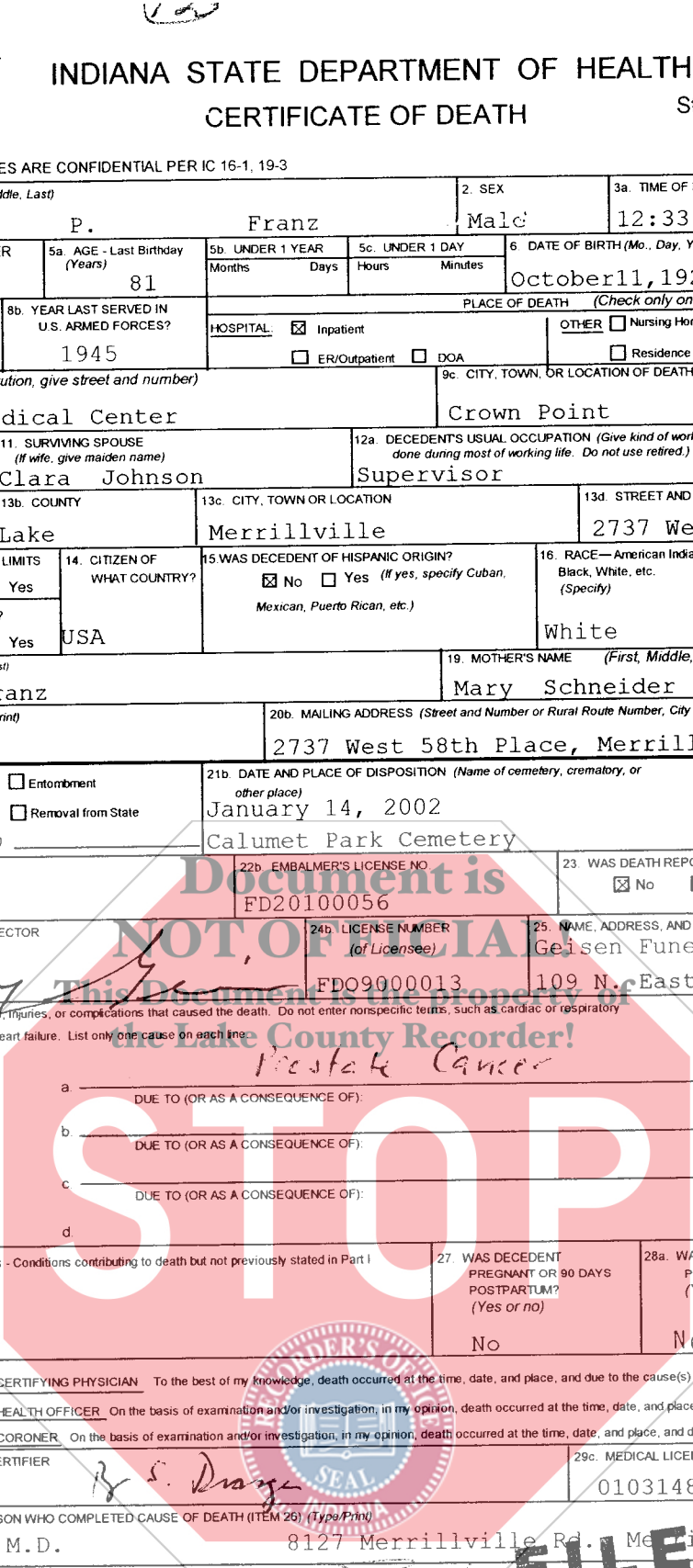
CERTIFIER

29a. CERTIFIER (Check only one) <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>R. E. Drasga</i>	29c. MEDICAL LICENSE NO. 01031484	29d. DATE SIGNED (Month, Day, Year) 1-14-2002
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray E. Drasga M.D. 8127 Merrillville Rd. Merrillville, IN 46410	31. HEALTH OFFICER'S SIGNATURE <i>Susan B...</i>	32. DATE FILED (Month, Day, Year) January 14, 2002
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33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. PLACE OF INJURY (Specify)	34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
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I affirm, under the penalties for perjury,
that I have taken reasonable care to
redact each social security number in
this document unless required by law.
By: *[Signature]*
An agent for Professionals' Title Services

