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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 043743

2007 MAY 30 AM 10:50

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

On this 18TH day of MAY, 2007, before me personally appeared HELEN UMLAUF, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

THE SOUTH 12 RODS OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, EXCEPTING THEREFROM THE WEST 220 FEET AND ALSO EXCEPTING THE EAST 274 FEET IN LAKE COUNTY, INDIANA.

2. That said premises were formerly owned as tenants by the entireties by ANDREW UMLAUF and HELEN UMLAUF, husband and wife.

3. That said ANDREW UMLAUF died on JANUARY 23, 1988 a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of ANDREW UMLAUF, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of ANDREW UMLAUF, said parties, namely, ANDREW UMLAUF and HELEN UMLAUF, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)



Helen Umlauf
HELEN UMLAUF

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46334
317-888-0105

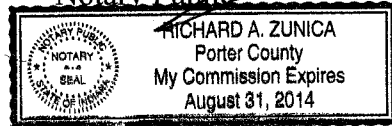
Before me, the undersigned, a Notary Public in and for said County and State, this 18TH day of MAY, 2007 personally appeared HELEN UMLAUF and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

County of Residence:

[Signature]
Notary Public



THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356

07-16180

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.

FILED

MAY 29 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1302
14083

[Handwritten mark]

007003

[Signature]

CERTIFICATE OF DEATH

Local No. 150-88

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME	FIRST MIDDLE LAST			2 SEX	3 DATE OF DEATH (Mo. Day, Yr.)	
Andrew	Umlauf			male	January 23, 1988	
4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Year)	5b UNDER 1 YEAR	5c UNDER 1 DAY	6 DATE OF BIRTH (Month Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)	
[REDACTED]	83	Months Days	Hours Minutes	Aug. 25, 1904	Chicago, Illinois	
8 YEAR LAST SERVED IN U.S. ARMED FORCES	N/A	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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number)	Munster Med-Inn	9c. CITY, TOWN, OR LOCATION OF DEATH		Munster	9d. COUNTY OF DEATH	
Lake	10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY	
Married	Helen Rice	Bartender		Restaurant		
13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER		
Indiana	Lake	Gary		3667 Burr Street		
13e. INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g. ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc (Specify)	18. DECEDENT'S EDUCATION (Specify only highest grade completed)	
Yes	No	46406	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	White	Elementary/Secondary (10-12) College (1-4 or 5+)	
17 FATHER'S NAME (First, Middle, Last)	John Umlauf	18 MOTHER'S NAME (First, Middle, Maiden Surname)				
Susan Private	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		19c. Relationship		
Helen Umlauf	3667 Burr Street Gary, IN 46406		Wife			
20a. 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)	20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION—City or Town, State		
January 26, 1988	Elmwood Cemetery		Hammond, Indiana			
21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER (of Licensee)	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME				
[Signature]	FDE1014511	Kuiper Funeral Home FDH300-7500 9039 Kleinman Rd. Highland, IN 46321				
23a. To the best of my knowledge, death occurred at the time, date, and place stated.	Signature and Title	23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)		
[Signature]	[Signature]	IN 20248	1/23/88	No		
24. TIME OF DEATH	25. DATE PRONOUNCED DEAD (Month, Day, Year)	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)				
12:15 P.M.	1/23/88	No				
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <u>Congestive Heart Failure</u>	DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death		
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. <u>Hypertensive Cardiovascular Disease</u>	DUE TO (OR AS A CONSEQUENCE OF):				
	c. _____	DUE TO (OR AS A CONSEQUENCE OF):				
	d. _____	DUE TO (OR AS A CONSEQUENCE OF):				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
<u>Carcinoma of Colon Sideroblastic Anemia Chronic Obstructive Pulmonary Disease</u>						
29a. CERTIFIER (Check only one)	<input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 29)	To the best of my knowledge, death occurred due to the cause(s) and manner as stated.				
CERTIFIER	<input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)	To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
	<input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)				
[Signature]	IN 20248	1/23/88				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	Dr. William Hebertmann 7905 Calumet Avenue Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)					
[Signature]	JAN 26, 88					
33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED		
<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						
CORONER OR MEDICAL EXAMINER USE ONLY	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)				