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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 DEC 14 AM 11:00

MICHAEL A. BROWN
RECORDER

2007 098026

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 5 day of December, 2007, before me personally appeared DONNA WOJCIECHOWSKI, who being duly sworn upon her oath, did say that:

1. Affiant resides at 3311 Madison Street, Lansing, IL 60438.

2. Affiant was named Administrator of the Estate of JAMES W. SCHUSTER, deceased, on the 4th day of December, 2007.

3. CLARENCE SCHUSTER died on February 20, 1998. A true and exact certified copy of the death certificate of CLARENCE SCHUSTER is attached hereto as "Exhibit A".

4. At the time of his death, CLARENCE SCHUSTER and JAMES W. SCHUSTER, owned as joint tenants with rights of survivorship the following legally described property :

Lot 4 in Block 2, Hyde Park Addition to Hammond, Lake County, Indiana.
Commonly known as: 6414 Garfield Avenue, Hammond, IN 46324
Key No.: 26-34-0154-0004

5. To the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of CLARENCE SCHUSTER; and all funeral expenses and expenses of last illness have been paid in full.

6. Upon the death of CLARENCE SCHUSTER, JAMES W. SCHUSTER became the sole owner of said real estate.

X Donna Wojciechowski
DONNA WOJCIECHOWSKI, Administratrix of the Estate of JAMES W. SCHUSTER, deceased

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. Thomas L. Kirsch.

THIS INSTRUMENT PREPARED BY:

THOMAS L.KIRSCH
131 Ridge Road
Munster, IN 46321
219-836-1384
Attorney No. 5224-45

SUZETTE DAVIS-YOUNG
Lake County
My Commission Expires
June 13, 2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5 DAY OF December, 2007.

Suzette Davis-Young
Notary Public
My Commission Expires: 6-13-15
Resident of LAKE County

FILED

DEC 13 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25059

13 DT 6676

* **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. 161

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND CORRECT COPY OF DEATH ON FILE WITH THE [illegible] HEALTH DEPARTMENT.

S Date Issued NOV. 3, 2017 Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
Clarence	M.	Schuster	Male	9:29A M	February 20, 1998

4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
305-30-9756	66			March 30, 1931	Hammond, IN.

8a. WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
Yes	1955	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret Hospital	Hammond	Lake

10. MARITAL STATUS (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
Never Married	None	Retired Controller	Paint Contract

13a. RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hammond	6414 Garfield

13e ZIP CODE	13f. INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46324	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A	☒ No ☐ Yes	White	12	4

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Clarence Schuster	Irene Buwa

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
James Schuster	6414 Garfield St. Hammond, IN. 46324	Brother

DISPOSITION

21a. METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	February 23, 1998 St. Joseph Cemetery	Hammond, IN.

22a. EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
James Porras	1045964	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Thomas J. Burns	1045184	Burns-Kish FH #3002819 5840 Hohman Ave. Hammond, IN. 46320

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac Arrest	
DUE TO (OR AS A CONSEQUENCE OF)	b. Respiratory failure	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last — DUE TO (OR AS A CONSEQUENCE OF)	c. Pulmunary Edema	
	d. Severe Coronary artery Disease	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	N/A

CERTIFIER

29a. CERTIFIER (Check only one)

☒ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
K. Patel	01043474 (FEB)	2/21/98

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
K. Patel, M.D. 529 W. Chicago Ave. East Chicago, Indiana 46312

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Franklin F. Bermuda M.D.	February 24, 1998

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
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f L

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, p

EXHIBIT "A"

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1