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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          )  
COUNTY OF LAKE   )

SS: 2009 025811

2009 APR 22 PM 1:44

MICHAEL A. BROWN  
RECORDER

**A F F I D A V I T**

Helene C. Uhlman and Melody Uhlman-Dworin, being first duly sworn, state:

1. Helene C. Uhlman is a resident of Lake County, Indiana, and Melody Uhlman-Dworin is a resident of Cook County, Illinois.

2. Helene C. Uhlman is the surviving spouse of Howard R. Uhlman, who died a resident of Lake County, Indiana, on December 17, 2005. A certified copy of his death certificate is attached hereto and incorporated herein.

3. Melody Uhlman-Dworin, formerly Melody Uhlman-Lipkin, is the adult daughter of Helene C. Uhlman and Howard R. Uhlman.

4. At the time of his death, Howard R. Uhlman and Helene C. Uhlman, husband and wife, owned an undivided one-half interest as tenants by the entirety and Melody Uhlman-Dworin owned an undivided one-half interest in the following described real estate (hereinafter referred to as the "Real Estate"):

Lot 18 in Greenwood Terrace 2<sup>nd</sup> Addition, Unit No. 8, as per plat thereof, recorded in Plat Book 44, Page 117, in the Office of the Recorder of Lake County, Indiana.

ADDRESS OF REAL ESTATE: 1105 W. 4<sup>th</sup> Place, Hobart, Indiana 46342.

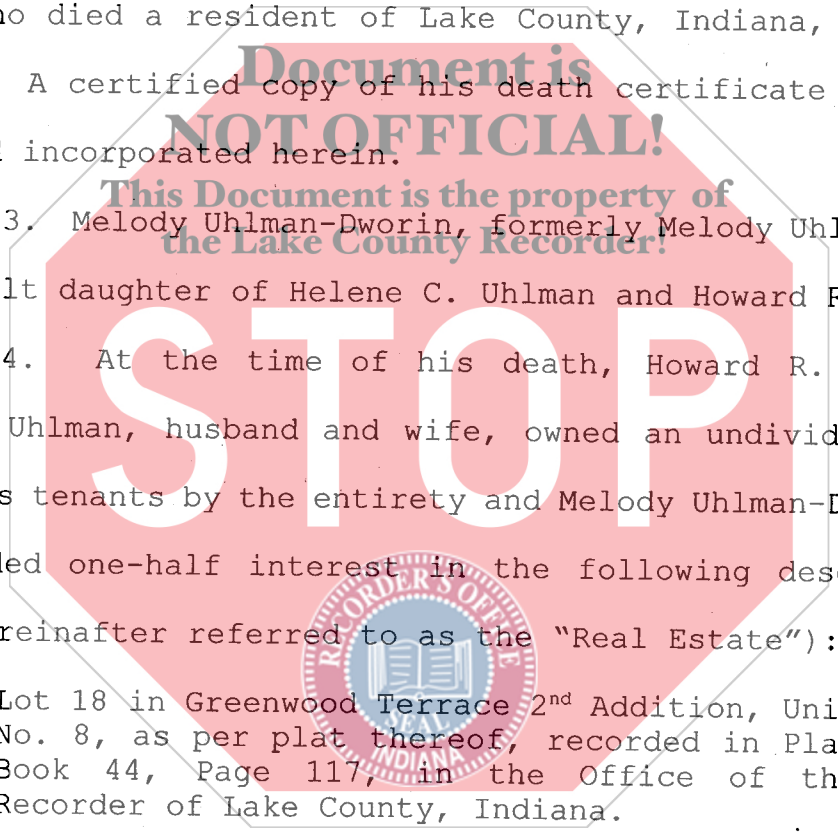
PROPERTY IDENTIFICATION NO.: 45-09-31-181-005-000-018.

**FILED**

APR 22 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**004530**



#17  
#CK5845  
CWA

The two undivided one-half interests have since the purchase of the Real Estate been held as joint tenants with right of survivorship and not as tenants in common.

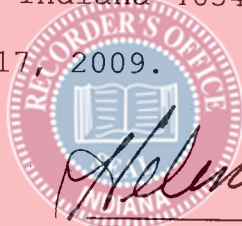
5. At the time of his death, Howard R. Uhlman and Helene C. Uhlman were not divorced and were living together as husband and wife.

6. This Affidavit is made by the undersigned to confirm that upon the death of Howard R. Uhlman, his interest in the above-described Real Estate passed by operation of law to his surviving spouse, Helene C. Uhlman, and that since his death, Helene C. Uhlman and Melody Uhlman-Dworin have each owned an undivided one-half interest in the Real Estate, as joint tenants with right of survivorship and not as tenants in common, and to induce the Auditor of Lake County to reflect the correct ownership of such Real Estate on said Auditor's records.

7. Affiants state that no federal estate tax or Indiana inheritance tax was due by reason of the death of Howard R. Uhlman.

8. Real estate tax bills should continue to be sent to 1105 W. 4<sup>th</sup> Place, Hobart, Indiana 46342-4913.

Dated February 17, 2009.



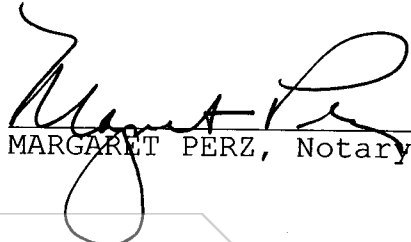
*Helene C. Uhlman*  
HELENE C. UHLMAN

*Melody Uhlman-Dworin*  
MELODY UHLMAN-DWORIN

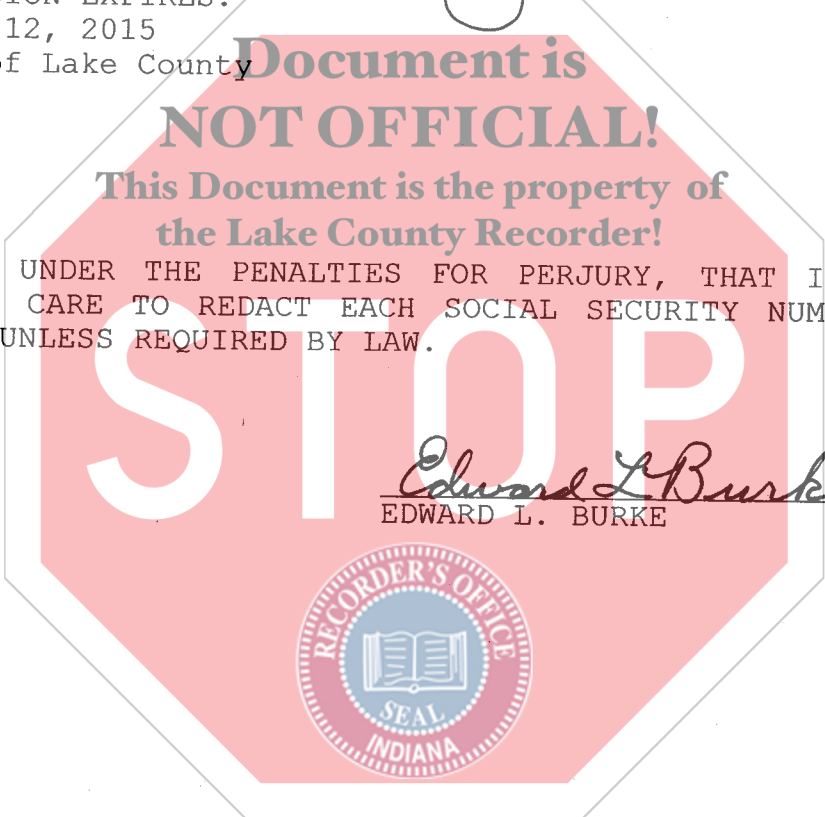
STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of February, 2009, personally appeared HELENE C. UHLMAN and MELODY UHLMAN-DWORIN, and acknowledged the execution of the above and foregoing Affidavit.


WITNESS my hand and Notarial Seal.

  
MARGARET PERZ, Notary Public

MY COMMISSION EXPIRES:  
September 12, 2015  
Resident of Lake County



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.

  
EDWARD L. BURKE

This instrument prepared by Edward L. Burke, Attorney At Law, 9191 Broadway, Merrillville, Indiana 46410

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 4189-05

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>HOWARD R. UHLMAN</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>8:45 P.M.</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>December 17, 2005</b>
4 *SOCIAL SECURITY NUMBER <b>304-14-9840</b>	5a AGE—Last Birthday (Years) <b>86</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) <b>April 17, 1919</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? -----		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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) <b>1105 W. 4th Place</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Hobart</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Helene C. Dullos</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Merchandising Manager</b>		12b KIND OF BUSINESS/INDUSTRY <b>Sears Company</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Hobart</b>	13d STREET AND NUMBER <b>1105 W. 4th Place</b>	
13e ZIP CODE <b>46342</b>	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? <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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5 +)		18 FATHER'S NAME (First, Middle, Last) <b>Herman Uhlman</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Minnie Ehrenberg</b>		20a INFORMANT'S NAME (Type/Print) <b>Helene C. Uhlman</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1105 W. 4th Pl., Hobart, Indiana 46342</b>		20c Relationship <b>Wife</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>December 21, 2005 Ridgelawn Cemetery</b>		21c LOCATION—City or Town, State <b>Gary, Indiana</b>
22a EMBALMER'S NAME <b>Jonathon R. Christiansen</b>		22b EMBALMER'S LICENSE NO. <b>FD20200095</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licenses) <b>1009893</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN BROTHERS FUNERAL SERVICE 6360 Broadway Merrillville, IN 46410 #83002453</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 <b>Unknown</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Vascular collapse</b>		a DUE TO (OR AS A CONSEQUENCE OF) <b>Due to arteriosclerotic heart and vascular disease</b>		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b 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 - 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>N/A</b>	
29a CERTIFIER (Check only one) <input 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 checked="" 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. <b>Deputy</b>				
29b SIGNATURE AND TITLE OF CERTIFIER 		29c MEDICAL LICENSE NO. <b>N/A</b>	29d DATE SIGNED (Month, Day, Year) <b>December 20, 2005</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>				
31 HEALTH OFFICER'S SIGNATURE				32 DATE FILED (Month, Day, Year)
33 MANNER OF DEATH <input checked="" 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—At home, farm, street, factory, office building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED
		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>December 17, 2005</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		