

4.

# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

020095066CM

CHICAGO TITLE INSURANCE COMPANY

On this 11/23/09 before me personally appeared \_\_\_\_\_

*Eileen Schumann*

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is SURVIVING spouse

(state interest of affiant in the above premises as "owner", "son of owner",

3. Said premises were formerly owned as joint tenants or as tenants in common or as tenants in severalty by JACK A Schumann and Eileen Schumann

4. Said JACK A Schuman

died on Oct 16 2001

leaving NO will;

(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

*All Attached exhibit A - legal  
All Attached exhibit B - DC copy*

6. Is there Federal or State inheritance tax liability by reason of the death of said

decedent?  Yes  No

If yes, then estimated taxes due are \$ 0

The taxes due are  paid or  unpaid.

**FILED**

DEC 01 2009

021238 PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2009 DEC - 2 9:08 AM  
RECORDED  
BROWN

17  
AD  
CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

NO):

8. Affiant's relationship to the deceased was Surviving spouse

Signature: X

Printed Name: Eileen Schumann

Address: \_\_\_\_\_

Subscribed and sworn to before me by the affiant

This 11-23-09  
(insert date)

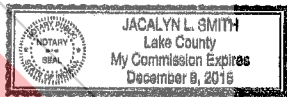
Notary Public

Printed Name Jacalyn L Smith

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 12/08/2015



This instrument prepared by E. Schumann

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.  
Barbara Megquier



No: 620095666

EXHIBIT 'A'

**LEGAL DESCRIPTION**

Lot 2, Muenich's 2nd Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 15 page 26, in the Office of the Recorder of Lake County, Indiana.

45-02-36-326-001.000-023



LEGAL 6/98 SB

Exhibit 'B'

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE October 17, 2001

SIGNED Caree P. Compston  
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health  
1010 Lake Street  
Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DISTRICT NO. 16.0  
REGISTERED NUMBER

DECEASED-NAME FIRST Jack MIDDLE A. LAST Schumann SEX Male DATE OF DEATH (MONTH, DAY, YEAR) October 16, 2001

1. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YEAS, MONTHS, DAYS) 66 UNDER 1 YR. NO UNDER 1 DA. NO UNDER 1 HR. NO UNDER 1 MIN. NO DATE OF BIRTH (MONTH, DAY, YEAR) June 27, 1925

4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER 66. Olympia Fields HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) St. James Hospital 66. EMERGENCY ROOM (SPECIFY) Emergency Room

6a. BIRTHPLACE (GIVE AND STATE OR FOREIGN COUNTRY) Harvey Illinois 6a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

7. USUAL OCCUPATION Real Estate Investor 8b. NAME OF SURVIVING SPOUSE (AND NAME, IF WIFE) Eileen McCarthy

10. RESIDENCE (STREET AND NUMBER) 198. 2922 Scott Crescent CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Flossmoor COUNTY Cook

19a. ILLINOIS ZIP CODE 198. Flossmoor 19b. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) White 14b. X NO SPECIFY: INSIDE CITY

19c. ILLINOIS MIDDLE INITIAL W 14c. X NO 19d. COUNTRY OF HISpanic ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, AND OTHER) NO

15. FATHER-NAME FIRST Gregory MIDDLE Schumann LAST Schumann 16. MOTHER-NAME FIRST Theresa MIDDLE Baker LAST Baker

17a. Mrs. Eileen Schumann 17b. Wife Theresa 17c. 2922 Scott Crescent Flossmoor IL 60422

18. PART I. Immediate Cause (Final disease or condition resulting in death) Coronary Artery Disease  
 (a) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease  
 (b) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease  
 (c) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease

PART II. Other findings and conditions contributing to death (such as trauma, hypothermia, etc.) Coronary Artery Disease

19. DATE OF OPERATION, IF ANY None MAJOR FINDINGS OF OPERATION None

20a. (MDD) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 05/09/87 20b. WAS COUNSELOR ON MEDICAL EXAMINATION? (YES/NO) NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED IN THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. HOUR OF DEATH 11:32 AM

22a. SIGNATURE (TYPE OR PRINT) Aren Scott DATE SIGNED (MONTH, DAY, YEAR) October 17, 2001

22. NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT) 22. Prilling Harry MD 12935 S. Gregory Blue Island Illinois 60406 ILLINOIS LICENSE NUMBER 224. 036 049048

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN REGISTRAR (TYPE OR PRINT)

24. BIRTHAL CREATION, REMOVAL (SPECIFY) 24. Burial CEMETERY OR CREMATORY-NAME Assumption Cemetery LOCATION 246. Glenwood CITY OR TOWN Illinois STATE Illinois ZIP 60430

25a. FUNERAL HOME Tews Funeral Home, Inc. 18230 S. Dixie Hwy Homewood Illinois 25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 11635

25c. LOCAL REGISTRAR'S SIGNATURE Aren Scott, M.D. DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) October 17, 2001

25d. LOCAL REGISTRAR'S SIGNATURE Aren Scott, M.D. DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) October 17, 2001

26a. LOCAL REGISTRAR'S SIGNATURE Caree P. Compston DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) October 17, 2001

26b. LOCAL REGISTRAR'S SIGNATURE Aren Scott, M.D. DATE OF LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR) October 17, 2001

VER200 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 ILLINOIS STANDARD CERTIFICATE)