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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

CHICAGO TITLE INSURANCE COMPANY

On this 11/23/09 before me personally appeared [Signature]
(insert date)

Eileen Schumann

2009 079706

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", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the
entireties by Jack A Schumann and Eileen Schumann

4. Said Jack A Schuman
(fill in name of co-tenant who died)
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:

See Attached
NOT OFFICIAL!
This document is the property of
the Lake County Recorder!

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..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
2009 DEC -21 AM 9:09
MICHAEL A. BROWN
RECORDER

FILED
DEC 01 2009

17
AO
CT

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



021242

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: Eileen Schumann

Printed Name: Eileen Schumann

Address: _____

Subscribed and sworn to before me by the affiant

This 11-23-09
(insert date)

Notary Public
Printed Name WACAYN 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: 620095665

LEGAL DESCRIPTION

Lot 1, 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.



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 Carol R. Compston
At Cook County Dept. of Public Health Official Title Chief Deputy Registrar
1010 Lake Street
Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16.0 STATE FILE NUMBER

REGISTERED NUMBER 16.0

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

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6. Olympia Fields HOSPITAL OR OTHER INSTITUTION-NAME (IF OTHER THAN GIVE STREET AND NUMBER) 6b. St. James Hospital

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7. Harvey Illinois MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) 8b. Eileen McCarthy

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 10. [Redacted] SOCIAL SECURITY NUMBER 11a. Real Estate Investor KIND OF BUSINESS OR INDUSTRY 12. East Chicago Credit Bureau EDUCATION (SPEIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 (Elementary, Secondary (6-12), College (1-4 or 5+))

RESIDENCE (STREET AND NUMBER) 13a. 2922 Scott Crescent CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Ploessmoor OR HISPANIC ORIGIN? (SPECIFY AND OR YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, AND STATE 13c. Ploessmoor INSIDE CITY? (YES/NO) 13d. Cook

STATE 13a. Illinois ZIP CODE 1360422 RACE (WHITE, BLACK, AMERICAN INDIAN, AND JAPANESE) 14a. White MOTHER-NAME FIRST 14b. X NO MIDDLE 14c. X YES SPECIFY: 14d. X (Maiden) LAST 14e. X

FATHER-NAME FIRST 15. Gustav MIDDLE Schumann MOTHER-NAME FIRST 16. X NO MIDDLE 16. X YES SPECIFY: 16. X (Maiden) LAST 16. X

INFORMANT NAME (TYPE OR PRINT) 17a. Mrs. Eileen Schumann RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2922 Scott Crescent Ploessmoor IL 60422

18. PART I. Immediate Cause (final disease or condition resulting in death) 18a. Sudden cardiac death
 CONDITIONS, IF ANY, WHICH MAY BE ASSIGNED TO IMMEDIATE CAUSE AND STATED IN THE UNDERLYING CAUSE LAST. 18b. E coronary atherosclerosis
 PART II. Other significant conditions contributing to death but not classified as immediate cause (chronic disease or condition) 18c. Hypertension
 DATE OF OPERATION, IF ANY 18d. None

20. (1) DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 20a. 05/09/81 (MONTH, DAY, YEAR)
 (2) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED BY THE NAME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 20b. Was coroner or medical examiner notified? YES/NO
 21. NAME AND ADDRESS OF CENTER (TYPE OR PRINT) 21a. 22 Erling Harry MD 12935 S. Gregory Blue Island Illinois 60406
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTER) (TYPE OR PRINT)

22. SIGNATURE [Signature] DATE SIGNED (MONTH, DAY, YEAR) 22a. October 17, 2001
 ILLINOIS LICENSE NUMBER 22b. 036 049048

23. BIRTH, CREMATION, BURIAL, OR REMOVAL (SPECIFY) 23a. Burial SEMETERY OR CREMATORY-NAME 23b. Assumption Cemetery LOCATION 23c. Glenwood Illinois CITY OR TOWN 23d. Illinois STATE 23e. Illinois ZIP 23f. 60430

24. FUNERAL HOME NAME 24a. Teas Funeral Home, Inc. 18230 S. Dixie Hwy Homewood Illinois 60430

25. FUNERAL DIRECTOR'S SIGNATURE 25a. [Signature] ILLINOIS LICENSE NUMBER 25b. 11635

26. LOCAL REGISTRAR'S SIGNATURE 26a. [Signature] DATE REGISTERED (MONTH, DAY, YEAR) 26b. October 17, 2001

27. REGISTRAR 27a. Carol R. Compston

Illinois Department of Public Health—Division of Vital Records (Revised 1989 U.S. Standard Certificate)