 Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

CHIC 62008F463CM

CHICAGO TITLE INSURANCE COMPANY

On this 11/23/09 before me personally appeared _____
(insert date)
Eileen Schumann

2009 079708

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 SCHUMANN
(all in name of co-tenant who died)
died on Dec 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:

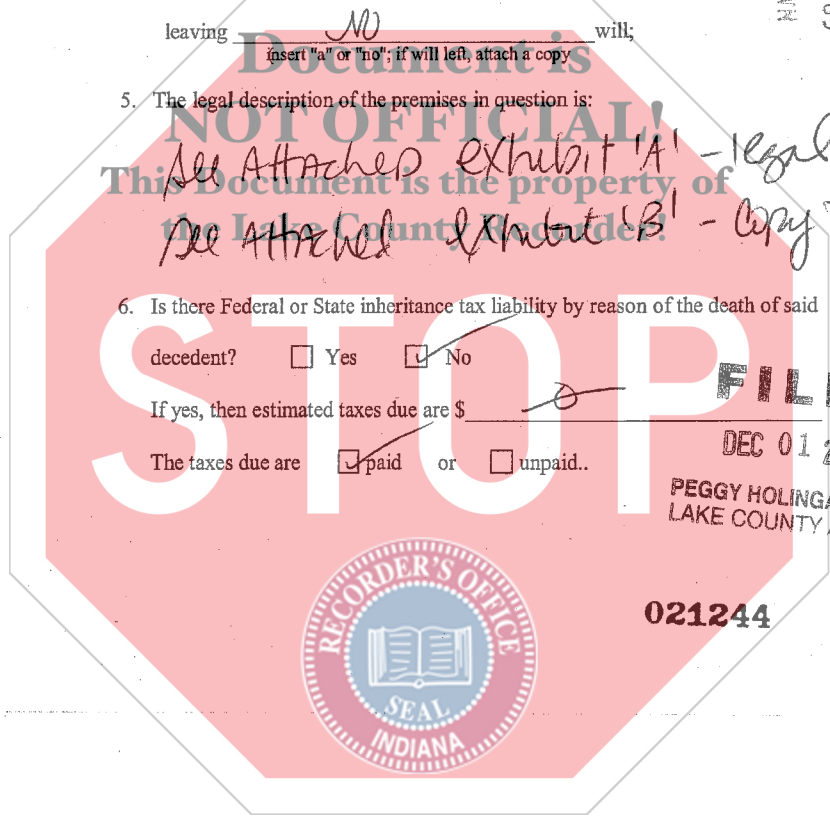
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder.
See Attached exhibit 'A' - legal
See Attached Exhibit 'B' - Copy DC

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 \$ _____

The taxes due are paid or unpaid..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
MICHAEL A. BROWN
RECORDER
2009 DEC -2 AM 9:09



FILED

DEC 01 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



021244

17
AG
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: [Signature]

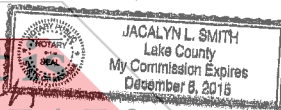
Printed Name: Eileen Schumann

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 [Signature]

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 Megguler



No: 620095663

Exhibit 'A'

LEGAL DESCRIPTION

Lots 9, 10 and 11 in Muenich's Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 2, page 86, 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 B. Compfen
 At Cook County Dept. of Public Health Official Title Chief Deputy Registrar
 1010 Lake Street
 Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DISTRICT NO. 160

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Jack A. Schumann Sr. Male October 16, 2001

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER AGE-LAST BIRTHDAY (MO, DAY, YEAR)

4. Cook 76 MS Sc 54 June 27, 1925

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER)

6a. Olympia Fields St. James Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7. Harvey Illinois Married

SOCIAL SECURITY NUMBER USUAL OCCUPATION (SPECIFY)

10. [REDACTED] Real Estate Investor

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13a. 2922 Scott Crescent 138 Flossmoor

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, NATIVE HAWAIIAN, OTHER) 14a. White

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. Gray Schumann Theresa Baker

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP (MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP))

17a. Mrs. Eileen Schumann 17b. Wife 17c. 2922 Scott Crescent Flossmoor Ill 60432

18. PART I Immediate Cause (Final disease or condition resulting in death) (a) Stroke (b) Due to OR AS A CONSEQUENCE OF (c) Stroke

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) Stroke (b) Due to OR AS A CONSEQUENCE OF (c) Stroke

PART II. Other significant conditions contributing to death but not resulting in the final disease or condition (a) Stroke (b) Due to OR AS A CONSEQUENCE OF (c) Stroke

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20. None

21a. 05/09/81 21b. Yes 21c. 11:32 A.M.

22. Dr. Harry MD 12935 S. Gregory Blue Island Illinois 60406

22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR)

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

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORIAN-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial Assumption Cemetery 24c. Glenwood Illinois 24d. October 19, 2001

25a. Tews Funeral Home, Inc. 18230 S. Dixie Hwy Homewood Illinois 60430

25b. Funeral Director's Illinois License Number

25c. 11635

25d. October 17, 2001

26. LOCAL REGISTRARS SIGNATURE (TYPE OR PRINT) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

27a. Carol B. Compfen October 17, 2001

27b. REGISTRAR (TYPE OR PRINT)

28. October 17, 2001

(BASED ON 1989 U.S. STANDARD CERTIFICATE)