

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 040151

2010 JUL 12 PM 2:51

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHELLE R. FAJMAN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Doris Schweitzer, after being first duly sworn upon her oath, deposes and states as follows:

1. That she is the Surviving Spouse of Arthur William Schweitzer, who is now deceased.
2. That Arthur William Schweitzer died intestate, a resident of Lake County, Indiana.
3. That Arthur W. Schweitzer and Doris E. Schweitzer, Husband and Wife, held the following-described real estate at the date of death Arthur William Schweitzer on April 28, 2010:

Lot 3 and 4, in Block 2, in "Park Manor", in Schererville, as per plat thereof, recorded in Plat Book 23, page 43, in the Office of the Recorder of Lake County, Indiana.

4. That the expenses of the last illness and burial of Arthur William Schweitzer have been paid in full; that no estate has been or will be opened in any Court of record in the State of Indiana or any other State; and that there is no federal estate tax due and owing in said Decedent's Estate.

FURTHER YOUR AFFIANT SAYETH NOT.

Doris Schweitzer  
Doris Schweitzer

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State, personally appeared Doris Schweitzer, and acknowledged the execution of the foregoing Instrument. In Witness whereof, I have hereunto subscribed my name and affixed my Official Seal.

Linda M. Andrews  
Notary Public - Linda M. Andrews  
A Resident of Porter County, IN

My Commission Expires:  
09/17/16

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Michael J. Jasaitis, AUSTGEN KUIPER & ASSOCIATES, P.C., 130 North Main Street, Crown Point, Indiana, 46307.

Grantee: Doris Schweitzer  
220 E. Wilham  
Schererville, IN 46375

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CL# 18234

MCS  
AO  
053831

**FILED**

JUL 12 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 1367-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Arthur William Schweitzer</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>		3. Time Of Death <b>11:10 pm</b>		4. Date Of Death (Month/Day/Year) <b>April 28, 2010</b>			
5. Social Security Number <b>316-24-5072</b>		6a. Age - Yrs <b>81</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date Of Birth (Month/Day/Year) <b>June 6, 1928</b>		8. Birthplace (City And State Or Foreign Country) <b>Schererville, IN</b>											
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) <b>St Margaret Mercy Healthcare Center South Campus</b>													
12. City Or Town, State, And Zip Code <b>Dyer, Indiana 46311</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name <b>Doris Schweitzer</b>				15a. (If Wife) Give Maiden Last Name <b>Briner</b>				16. Decedent's Usual Occupation <b>Instrument Repair</b>		17. Kind Of Business/Industry <b>Steel</b>			
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Schererville</b>			18c. Street And Number <b>220 East Wilhelm</b>		18d. Apt. No.	18e. Zip Code <b>46375</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>High School Graduate</b>				20. Decedent Of Hispanic Origin				21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>John Peter Schweitzer</b>						23. Mother's Name (First, Middle, Last) <b>Lauretta Schweitzer</b>			23a. Mother's Maiden Last Name <b>Schumacher</b>				
24. Informant's Name <b>Doris Schweitzer</b>			24a. Relationship To Decedent <b>Wife</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>220 East Wilhelm St., Schererville, IN 46375</b>							
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>NW Indiana Cremation Services</b>				25c. Location - City, Town, And State <b>Crown Point, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Fagen Miller Funeral Home 8580 Wicker Ave., St. John, IN 46373</b>								27a. Funeral Home License Number: <b>FH10200006</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>Scott P. Miller</i>						27c. License Number (Of Licensee): <b>FDO1006861</b>							
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death)										Approximate Interval: Onset To Death			
A. <b>Metastatic colon cancer</b>										<b>one month</b>			
B. <b>End stage renal disease</b>										<b>years</b>			
C. _____										_____			
D. _____										_____			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT					
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>MAY 03 2010</b>					
41. Signature, Of Person Certifying Cause Of Death: <i>David Blemler</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>David Blemler 5454 Holman Ave, Hammond, IN, 46320</b>								44. License Number <b>01044357A</b>		45. Date Certified <b>4/30/10</b>			
46. Additional Funeral Service Provider:								47. *Akas:					
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>May 3, 2010</b>							