STATE OF INDIANA

COUNTY OF LAKE

) SSS: **20**10 053145 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 SEP 14 PM 2: 40

MICHELLE R. FAJMAN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Roseanne Sopher, after being duly sworn upon her oath, now states as follows:

- 1. That she is the daughter of Blima Schloss and knew her for over forty years.
- 2. That on September 17, 1985, Blima Schloss and Roseanne Sopher, acquired certain real estate as joint tenants with rights of survivorship located in the Town of Munster, Lake County, Indiana which is legally described as follows:

Petso. Sub. Pt. Lot 1 Harrison Heights Condominium Apt #111 & Garage 111

Parcel No. 45-06-24-452-011.000-027

More commonly known as: 8750 Harrison Avenue, Apt. #111, Munster, IN

- 4. On June 26, 2009, said Blima Schloss died. A copy of the Death Certificate is attached hereto as Exhibit "A".
- 5. This Affidavit is brought for the purpose of transferring title to the above-described real estate into the name of Roseanne Sopher, and for no other reason.

Roseanne Sopher

#15 ds

FILED

SEP 1 4 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

004071

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said county and state, this 25th day of August, 2010 personally appeared Roseanne Sopher, and acknowledged the execution of this foregoing Affidavit of Survivorship. It witness whereof, I have hereunto subscribed my name and affixed by official seal.

Colward H. Feldman

Notary Public, Edward H. Feldman

My Commission Expires: 1-7-2010

County of Residence: Lake



This Affidavit was prepared by Edward H. Feldman, Attorney at Law, 2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200

N

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 H. Feldman



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	<u> </u>	3-0)			OI DE	SIN	State No	_					
Decedent's Legal Name (First, Middle, Last) Blima Schloss				1a. Maiden i	ast Name (If Female	9)	2. \$	ex	3. Time 0	of Death	4. Date Of Death (Month/Day/Year)			
							Fe	male	1:30 PM	M	June 26	, 2009		
5. Social Security Number <u>6a</u> 310-32-2864	Age Yrs 83	6b. Under 1 Months	Year 6c, Under 1 Days	Month 6d, Under 1	Day 6e Under Minutes	1 Hour 7. i	Date Of Birth (M		Birthplace (City And State Or Foreign Count			gn Country)		
9. Ever In U.S. Armed Forces?					1			ober 15, 1925 Poland,						
☐ Yes ☒ No Unknown ☐	Ì	ath Occurred In A	• • •	ent 🔲 Dead On Arrival	10a. If Deal	h Occurred Som	ewhere Other Th	an A Hospital:	Hospice Fa	acility 🔲 [Decedent's Home	□ Nursing Home/Lon		
11. Facility Name (if Not Institution,	j		тоу вераганені оціраці	ent LI Dead Of Amvai	Term Care	Facility 🔲 Other	(Specify)					•		
Community Hospital	OIVO DIOGE A	na namber)												
12. City Or Town, State, And Zip Co.	de				l 13	County Of Deat								
Munster, IN, 46321					La	•	•				Al Time Of Des	erated 🔲 Divorced		
15. Surviving Spouse's Name	 		······································	15a. (if Wife)Give M	laiden Last Name		16 Dag	adent's Usual Occ	⊠ Wid	dowed [Never Married	☐ Unknown		
N/A								EMAKER	ирапоп		OWN HO	usiness/Industry		
18. Residence - State			18a. County		18b. Ci	y Or Town						**************************************		
IN		İ	Lake		Muns	ter								
18c. Street And Number								18d. Apt. No.		18e. Zip (ode	181. Inside City Limits		
8750 HARRISON AVE.								#111	ľ	46321		⊠ Yes 🗀 No		
9-12th grade, no diploma			20. Decedent Of			21. Deceder	t's Race	L						
22. Father's Name (First, Middle, Las	ñ.		но, пос эра	nish/Hispanic/La		White								
PINKUS WOLNERMAN	4				1	Name (First, Mi oinerman	ddle, Last}	***************************************		1	other's Maider	Last Name		
24. Informant's Name			24a. Relation	ship To Decedent	i		And Number Ca	y, State, Zip Code		Neie	ier			
Roseanne Sopher			Daughter	•		her St. , Mu			''					
25a. Method Of Disposition.	· · · · · · · · · · · · · · · · · · ·			25	. Place Of Dispo	sition								
☐ Donation ☐ Entombrent ☐ Ren	al 🔲 Crema noval From St		Place Of Disposition (Na HEL CEMETER	me Of Cemetery, Crem	atory, Other Place)		Location - City,							
Other (Specify): 26. Was Coroner Contacted?			de Address Of Funeral			POI	RTAGE, IND	IANA						
☐ Yes ⊠ No/	1			met Avenue Mu	nster. IN 4632	1					27a. Funeral FH107000	tome License Number:		
27b. Signature Of Indiana Funeral Ser	_	3						27c Lice	nse Number	(Of License				
)	\ <i>Z</i> (<i>)</i>				FD010		(,			
	-	X		ause Of Death (See instruction	ns And Exa	mples)					**************************************		
26. Part I. Enter The Chain Of I Such As Cardiac Arrest, Respira	KUIV AVIESI.	seases, Injune Or Ventricula	es, Or Complication or Fibrillation Withou	s—That Directly Ca ut Showing The Etiol	used The Death, ogy. Do Not Abb	Do Not Enter reviate. Enter	Terminal Eve Only One Ca	nts use On				Approximate Interval: Onset		
A Line. Add Additional Lines If N Immediate Cause (Final Disease	ecessary.			A. S'EVO			-		is			To Death		
						Due To	(Or As A Consequen	re Dil-		Qui	A			
Sequentially List Conditions, if A Line A. Enter The Underlying Ca The Events Resulting In Death) i	iuse (Disea	10 The Caus ise Or Injury T	se Listed On That Initiated	" 76 h	cre c	Due To	(Or As A Consequer	KTKUCJ KOD):	100		THONAK	5 YRJ		
The Everas Resulting in Death) (.ast			С		Due To	(Or As A Consequer	ce Of):	1) IS	SCAT	<u> </u>			
Part II. Enter Other Significant Condition	ns Contributi	ng To Death But	Not Resulting In The U	D. Inderlying Cause Given	in Part I	1 29 W	as An Autopsy P	efformed?						
			•	7		1		ings Available To	☐Yes Complete 11	No he Cause C	1 Death?]Yes ⊠ No		
31. Did Tobacco Use Contribute To De	ath?	32 if Fe	male:					33. Manner Of	Death:			7 162 101110		
☐ Yes ☐ Probably ☐ No ☑ Unknown		Mot P	regnant Within Past Year 【 regnant, But Pregnant 43 Da	I Pregnant At Time Of Death sys To 1 Year Before Death	Not Pregnant, But	Pregnant Within 42 I	Days Of Death	Ø Natural □ Ho			nding Investigation			
34. Date Of Injury (Month/Day/Year)		35. Tim	e Of Injury	36.	Place Of Injury (E.G	., Decedent's Ho	rne, Constructio	Site, Restaurant	ould Not Be Dete , Wooded An	emined ea)	37. Inju	ry At Work?		
38. Location Of Injury - State		202 01	0-7-									Yes 🔲 No		
55. Education of this y - State		30a. CR	y Or Town	386	Street & Number				38c.	Apt. No.	38d. Zip (öde		
39 Describe How Injury Occurred							1 (4): 			- whose was				
and a second of the land of th		Λ.	^				*A87 (0	40. If Tran	sportatio	n Injuny, KAGS OR	Specify:	ETF 7		
41. Signature, Of Person Certifying Cau	ise Of Death:	1	M_				42. Certifie	Check Only One	nor Lii Pässen e)	ger,⊡ Pedes	triad CI Other (Spe	PM		
43 Name Address And 7th Code	₩ D ^	<u> </u>		ndly			☐ Certify	ing Physician 🔲	1 V63	Health Offi	j.,			
43. Name, Address And Zip Code of			()				1	44! Licel	ise Muniber	2009	45. Date Ce	rtified		
Dr. A. Gandhi 100		ers Dr. N	lunstèr, IN 4	6321				010	298	87	[do	30-09		
46. Additional Funeral Service Provider:						1		47. *Aka	e: 	- 1 -				
48. Signature of Local Health Officer:					49. For Reg	istrar Only – Da	te Filed (Month/E	Pay/Year):	PA None	· · ·				
and the state of t	المسايا	Ex.	1.0.0.		1	.	2	0. 20	1350	Jun -	y an manifestation of the same	il .		
te Form 10110 (R7/9-07) ATTENTION EST	ATE: The Social	Security# (a being r	equested by this state agenc	y in order lo pursue its statuto	y responsibility. Disclosu	re is rejuntary and the	thursed on eq silve eres	for refuser. THE REC	CORDS IN THIS	SERIES ARE	CONFIDENTIAL P	FR IC MAZAMA		