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Fidelity National Title Insurance Company

2010 059132

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Russell J. Hager, being first duly sworn upon oath, deposes and says:

1. That Sheila F. Hager died on _____, 19____ at _____

2. That Russell J. Hager and Sheila J. Hager were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 28 in Castle View Estates Unit Two, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 89 page 24, and amended by Plat of Correction recorded in Plat Book 89 page 53, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

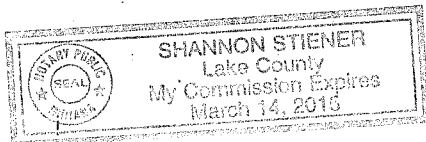
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Russell J. Hager

Russell J. Hager

Subscribed and sworn to before me, a Notary Public, this 22nd day of September, 19 2010.



Shannon Stiener

Shannon Stiener Notary Public

My Commission expires:

FILED

3-14-15

OCT 12 2010

County of Residence:

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

Lake

"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." Chris Burk

This Instrument prepared by Russell J. Hager

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1249-09

State No.

1. Decedent's Legal Name (First, Middle, Last) Sheila F. Hager				1a. Maiden Last Name (If Female) Spiegel			2. Sex Female	3. Time Of Death 3:20 AM	4. Date Of Death (Month/Day/Year) March 18, 2009	
5. Social Security Number 344-32-4667		8a. Age Yrs 69	8b. Under 1 Year Months	8c. Under 1 Month Days	8d. Under 1 Day Hours	8e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) October 29, 1939		8. Birthplace (City And State Or Foreign Country) Chicago, IL	
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 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 checked="" 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) 1493 KNIGHTHOOD DR.										
12. City Or Town, State, And Zip Code DYER, INDIANA, 46311						13. County Of Death LAKE		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 RUSSELL HAGER				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation TEACHER		17. Kind Of Business/Industry EDUCATION	
18. Residence - State IN			18a. County Lake		18b. City Or Town Dyer					
18c. Street And Number 1493 Knighthood Dr.						18d. Apt. No.	18e. Zip Code 46311		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Hyman Spiegel				23. Mother's Name (First, Middle, Last) Ida Spiegel			23a. Mother's Maiden Last Name Miles			
24. Informant's Name Russell Hager			24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 1493 Knighthood Dr., Dyer, IN 46311					
25. Place Of Disposition										
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) Regional Cremation Service			25c. Location - City, Town, And State Munster, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321						27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee 						27c. License Number (Of Licensee) FD01021590				
28. Cause Of Death (See Instructions And Examples)										
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.										Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <u>Metastatic Breast Cancer</u>						
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				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 checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input checked="" 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 checked="" 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		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: 						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: Dr. Christopher McIntire 3831 Hohman Ave. Hammond, IN 46327						44. License Number IN 02001515A		45. Date Certified 3-18-9		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): March 19 2009				