STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 074460

2010 DEC 16 AM 10: 11

MICHELLE R. FAJMAN RECORDER

STATE OF INDIANA	)	
COUNTY OF LAKE	) ;	SS

BT1001382

## SURVIVORSHIP AFFIDAVIT

I, THEODORE P. SHULTMAN, this 3rd day of 100 day of 100, being first duly sworn upon oath, states as follows:

- 1. That I am the Personal Representative of the Estate of Roberta L. Shultman, deceased, and the son of Theodore H. Shultman, deceased;
- 2. That my mother, Roberta L. Shultman, passed away on the 16th day of June, 2010.
- 3. That my father, Theodore H. Shultman, passed away on the 22nd day of August, 2009;
- 4. That my mother and father were duly and legally married at the time they, as husband and wife, acquired the following real estate:

Lots 9, 10, 11, 12 and the North 5 feet of Lot 13, in Block 36, in Woodmar Unit 10, as per plat thereof, recorded in Plat Book 16, page 35, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 7120 Olcott Avenue, Hammond, IN 46323

Key No.: 45-07-08-451-010.000-023

- 5. That the marital relationship which existed between my mother and father at the time they acquired title to said real estate remained in effect and unbroken until the date of my father's death;
- 6. That all funeral expenses in connection with the deaths of my mother and father have been paid in full; and

*		1-1-			
AMOUNT		1	anger hand state of the second state of the		
CASH	CHARGE .				
CHECK #					
OVERAGE				050045	
COPY				056612	
NON-COM_			_	-	
CLERK		$U_{\Lambda}$	1		

FILED

DEC 15 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

FURTHER AFFIANT SAYETH NOT. Theodore P. Shultman, Personal Representative of the Estate of Roberta L. Shultman, deceased STATE OF INDIANA ) ) SS: ) COUNT OF LAKE Subscribed and sworn to before me, a Notary Public, in and for said County and State, this \_\_day of <u>December</u> My commission expires: Resident of KIMBERLY A. SEITZINGER Lake County My Commission Expires July 13, 2014 Robert F. Tweedle, #20411-45 This instrument prepared by: Attorney at Law

Law Offices of Robert F. Tweedle 2842 – 45<sup>th</sup> Street, Suite A Highland, IN 46322 (219) 924-0770

That neither the estate of my mother or my father necessitated the filling of a Federal

7.

Estate Tax Return.

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. Kevin Zaremba

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No. 192	<u>0</u>
Decedent's Legal Na	ame (First, Middle, Last)	
THEODORE I	H. SHULTMAN	

Loc	al No	920	9							No			
Decedent's Legal Name (Fig. 1)	rst, Middle, Last)		1a. Mæiden Last Name (If Female)				Sex	Death 4. Date Of Death (Month/Day/Year)					
THEODORE H. SI  5. Social Security Number	HULIMAN 6a. Age - Yrs	6b. Under 1 Year	6c, Under 1 Month	6d Under 1 Day	6e. Under 1 Hou	Male  7. Date Of Birth (Month/Di			05:37 PM	M August 22, 2009 inthplace (City And State Or Foreign Country)		*	
5. Sodai Sedeny Names	79	Months	Days	Hours	Minutes					HAMMOND, INDIANA			
9. Ever in U.S. Armed Forces													
Yes No Unknown   11. Facility Name (If Not Inst			partment Outpatient 🔲 I	Dead On Arrival	☐ Hospice Fa	cility X Deced	ent's Hame	☐ Nursing Home	e/Long-Term C	are Facility	Other (Spec	ify)	
7120 OLCOTT A		in rumon,											
	12 City Or Town, State, And Zip Code 13. County Of Death 14. Mantal Status At Time Of Death								alh				
HAMMOND, INDIANA 46323  LAKE    Married   Married, But Separated   Divorced   Widowed   Never Married   Unknown													
15. Surviving Spouse's Name  15. (If Wife) Sive Maiden Last Name  16. Decedent's Usual Occupation  17. Kind Of Business/Industry  INLAND STEEL CO.								•					
18. Residence – State		18a	County		18b. City C								
INDIANA		L	AKE		HAMN	OND						181. Inside City Limits?	
7120 OLCOTT AV	/ENUE							18d. Apt. h	10.	18e. Zip Co 46	323	XYes D No	
19. Decedent's Education 9-12th grad	de, no diplo		20. Decedent Of Hispar No. not Spanish/	-	tino	21. Decedent White	's Race	1					
22 Father's Name (First, Mid	•				23. Molher's N	ame (First, Mido	dle, Last)	<del>-</del>		23a. M	other's Maide	en Last Neme	
SIMON LEROY SI	HULTMAN		24a. Relationship	o Hospitali	MYRTLE			City, State, Zip C	(Me)	LAG	LAGERBERG		
ROBERTA L. SHU	LTMAN		Wife	Opposition	7120 OLC					6323		_	
25a, Method Of Disposition.		25b. Place	Of Disposition (Name Of		Place Of Disposi y, Other Place)		ocation – Ci	ity, Town, And Sta	ate				
Burial Cremation Removal From State Cther (Specify):		CHAFT	EL LAWN MEN				CHERE	RVILLE IN	l				
26. Was Coroner Contacted	? 27.	Name And Complete Ad	ddress Of Funeral Facility									al Home License Number:	
Yes No	peral Senice Licen	son'		7042 Kenn	edy Avenu	e, Hamm	iona, ir				FH1060	10033	
The A	Moi							27c. License N FDO8601		nsee)•			
28 Part I. Enter The <u>Ch</u> Such As Cardiac Arrest,	Respiratory Arre	st, Or Ventricular Fi	Or Complications—To brillation Without Sho	owing The Etiolog	ed The Death, I y. Do Not Abbr	Do Not Enter	Terminal E	Cause On	- 4.			Approximate Interval: Onset To Death	
A Line. Add Additional L Immediate Cause (Final		•	eath A.	CORO.	NARLY	M	(C) AS A CONS	1 1/1	SEAS	$\epsilon_{}$			
Sequentially List Condition	ons, If Any, Lead	ing To The Cause L	isted On B.	LUN	6 CA	- /7/0//							
Line A. Enter The Under The Events Resulting In	rlying Cause (Dis			END	STAB	N CE TO DUE TO	IN G	DISE	7416				
			D.			550 10	(or no noons	oquelue Oil					
Part it Enter Other Significan	d Conditions Contrib	uting To Death But Not	Resulting In The Underly	ying Cause Given In I	Part I	30. W	ere Autopsy	sy Perloimed? Findings Availab	☐Yes le 1 o Complete	No The Cause C	Death?	☐ Yes <b>Z</b> No	
31. Did Tobacce Use Contrib	ule To Denth?	32 If Femal	6:	· · · · · · · · · · · · · · · · · · ·				33, Mann	er Of Death:			E1100 12410	
☐ Yes ☐ Probably ☐ Vio 17]Ur	nknewn		ant Within Past Year 🔲 Preg ant, But Pregnant 43 Days To	1 Year Before Death i	□Unknown If Pregnan	Wilhin The Past Y	ear 🐢	Natural	☐ Homicide ☐	Accident Per	nding Investigation	on	
34. Date Of Injury (Month/Date	y/Year)	35. Time O	t Injury	36, P	face Of Injury (E.G.	, Decedent's Ho	ome, Constn	icioli 210 Ekesta	wani, Wooded	ATTEN IS A	TRUE WAN!	njury-At Work?	
38, Location Of Injury - State		38a. City Or	Town	38b.	Street & Number			TAKE COUNT	V HEALTH !	ALE UT UE	e; T	DE Code	
							*					. Variable parameters	
39 Describe How Injury Occu	irred								ransporation in			er (Specify)	
41 Signature, Of Person Ce	rtifying Cause Of De	MANN	<u> </u>					rtifier (Check On edifying Physicia		☐ Health Off	icer	And the second s	
43 Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH LEGASPI, M.D. 9307 CALUMET AVENUE, MUNSTER, IN 4632						21 Certifying Physician Coroner Health Officer  44. License Number 45. Date Certified  8/24/85							
JOSEPH LEG  46. Additional Funeral Service	<del></del>	D. 9307 CA	ALUIVIE I AV	ENUE, M	UNSTER	, IN 463	27		*Akas:	1004	8/	-710)	
48. Signature of Local Health	Officer:		) he			·	49, Fo	r Registrar Only	– Date Filed (I	Month/Day/Yea	ar)		
		eldan u	) Bu:	7 D.O.				4110	1,04	- 2	5 2	2009	
Stole Form 10110 /R7/9-07) ATTI	ENTION ESTATE: The S	odal Security# is being requ	ested by this state agency in or	der to pursue its statutory	responsibility Disclosu	e is voluntary and t	there will be no	penalty for refusal. T	HE RECORS IN TH	IIS SERIES ARE	CONFIDENTIAL	PER IC 16-3 7-1-10	

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.		150-	-10					2. Sex	Sta 1 3 Time	ate No	4. Date C	of Death (Month/Day/Year)		
Decedent's Legal Name (First, Middle, Last)  1a. Maiden Last Name (If Female)											16, 2010			
ROBERTA L. SHU	JLTMA ge – Yrs	N 6b. Under 1 Yea	r 6c. Under 1 Month	JOHNS 6d. Under 1 Day				HMALE irth (Month/Day/		8. Birthplace (Cit	ty And State C	Dr Foreign Country)		
	79	Months	Days	Hours	Minutes	DE	C. 1	9, 193	HAMMOND, INDIANA					
9. Ever in U.S. Armed Forces?		ath Occurred in A		Donal On Arrival	1			19, 1930   HAMMOND, INDIANA Other Than A Hospital: Home   Nursing Home/Long-Term Care Facility   Other (Specify)						
Yes X No Unknown   11. Facility Name (If Not Institution, G			y Department Outpatient	Dead On Arrivat			Ort o From							
COMMUNITY HOSP	ITAL					0/8				14. Marital Statu	is At Time Of	Death		
12. City Or Town, State, And Zip Cod	13. County	☐ Married ☐ Married, But Separated ☐ Divorced												
MUNSTER, INDIA		LAKE     Midowed     □ Never Married     □ Unknown       16. Decedent's Usual Occupation     17. Kind Of Business/Industry												
					1 .	HOMEMAKER OWN HOME								
N/A 18. Residence – State			18a. County		18b. City Or To		CDIC							
INDIANA			LAKE		HA	MMON	4D	103 4		18e. Zig	n Code	18f. Inside City Limits?		
18c. Street And Number	ENITE:							18d. Ap	or, No.		323	Xa Yes □ No		
7120 OLCOTT AV	ENUE		20. Decedent Of Hispa	nic Origin	21	. Decedent	's Race							
HIGH SCHOOL GR	۸۳۱۱۸۲	rr	NO				WH	ITE						
22. Father's Name (First, Middle, Las	st)	LII	1 10		23. Mother's Name	e (First, Mid	idle, Last)			23a	. Mother's M	laiden Last Name		
ROBERT JOHNSON			1 24a, Relationship	To Decedent	MAE LOU				(in Code)		ANI	DRES		
THEODORE P. SH	TT. TIM A	N	SON	10 Decedent	7529 FOX					ERVILLE	, IN	46375		
	OLIFIE				Place Of Disposition	1		City, Town, And						
25a. Method Of Disposition.   ☐ Main Disposition Disposition.	on 🏻 Enton	-	Place Of Disposition (Name C	of Cemetery, Cremato	ry, Other Place)	250.	Location -	Otty, Town, And	u Grate					
Removal From State  Other (Specify):			APEL LAWN M	EMORIAL (	GARDENS	SC	HERE	ERVILLI	E, IN	DIANA				
26. Was Coroner Contacted?	27.	Name And Compl	ete Address Of Funeral Facil	BOCKEN	FUNERAL	HOME						ineral Home License Number:		
Yes No 27b. Signature Of Indiana Funeral S	70	42 KENN	EDY AVENUE,	HAMMONI	), INDIAN	A 46	323			(Of 1 !)	FH1(	9600033		
1 1 A	( )							į	86013	(Of Licensee): 373				
tole 2		almin	Cau		ee Instructions			)						
28 Part I Enter The <u>Chain O</u> Such As Cardiac Arrest, Respi	ratory Arre	est, Or Ventricu	ies, Or Complications— lar Fibrillation Without S	That Directly Caus howing The Etiolog	sed The Death, Do gy. Do Not Abbrevi	Not Enter ate. Ente	r Termin er Only O	al Events Ine Cause On	1			Approximate Interval: Onset To Death		
A Line. Add Additional Lines If Immediate Cause (Final Diseas			In Death A.	Extensi	ive head	inju	ries	Consequence Offi:				UNKNOWN		
Sequentially List Conditions, If				Due to	a fall									
Line A. Enter The Underlying ( The Events Resulting In Death	Cause (Di	sease Or Injury	That Initiated C					Consequence Of):						
			D.					Consequence Of):						
Part II. Enter Other Significant Cond	itions Contri	buting To Death B	ut Not Resulting In The Unde	erlying Cause Given In	Part I	i		itopsy Performe psy Findings Av		Yes X	No use Of Death	Yes No		
31. Did Tobacco Use Contribute To	Death?	32 lf	Female:					33. M	Manner Of D	Death:				
☐ Yes ☐ Probably ☐ No AUnknown		□ No	t Pregnant Within Past Year 🔲 P t Pregnant, But Pregnant 43 Days 1	o 1 Year Before Death	Unknown If Pregnant W	ithin The Past	t Year	□ Su	ricide 🗖 Coul	nicide Accident Id Not Be Determine	d	•		
34. Date Of Injury (Month/Day/Year)		35. T	ime Of Injury Unknown	36.	Place Of Injury (E.G., D Home	ecedent's l	Home, Cor	nstruction Site, F	Restaurant, \	Wooded Area)		37. Injury At Work?  ☐ Yes XX No		
June 13, 201		38a.	City Or Town	38b.	Street & Number		Company Service	a programme per a construction of the	and the second second		No	3d Zip Code		
Indiana			Hammond		7120 Olc	ott	Aver	we <sub>E</sub>	ik ausonie Nalonie i	i do di taur a Of DEATH ON	avit COMP E FILE WIST	46323		
39 Describe How Injury Occurred					***************************************		LAKET			ortation Injury, Sp tor 🔲 Passenger		CT Other (Specify)		
Fall							A SPAN TABLE	1		) - 7670 ) / LV		Carlotter (Specify)		
41. Signature, Of Person Certifying	Cause Of D	Death:		2. CM	M.					Coroner Hea	alth Officer			
42 Name Address And Zin Co.	do Of Pors	on Certifying Co	ause Of Death P. J.	ADAMS,	CHIEF IN	VEST	_		•	se Number		Date Certified		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P.J. ADAMS, CHIEF INVESTIGE 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307									N/A	J	uly 26, 2010			
46. Additional Funeral Service Provi							ing and the second	i ne kupetap menori ouziri numile	47. Akas	Spanieraja in a latina de se e e	g ganasagtad gyrthron charma	20100000000000000000000000000000000000		
48. Signature of Local Health Office	г:		21.				49	For Registrat	r Only - Dat	te Filed (Mönth/D	Day/Year):			
Su	Maria	w 6	DIT. D.C	<b>つ</b> .				0	. 0		$\neg$	2010		