

7. That neither the estate of my mother or my father necessitated the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Theodore P. Shultman

Theodore P. Shultman, Personal Representative of the Estate of Roberta L. Shultman, deceased

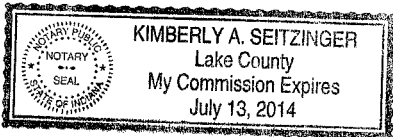
STATE OF INDIANA)
) SS:
COUNT OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 3rd day of December, 2010.

My commission expires:

Kimberly A. Seitzinger
Notary Public

Resident of Lake County



This instrument prepared by: Robert F. Tweedle, #20411-45
Attorney at Law
Law Offices of Robert F. Tweedle
2842 - 45th Street, Suite A
Highland, IN 46322
(219) 924-0770

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. 79209

State No.

Form containing fields for decedent's name (THEODORE H. SHULTMAN), sex (Male), date of death (August 22, 2009), birth date (January 6, 1930), birthplace (HAMMOND, INDIANA), residence (7120 OLCOTT AVENUE, HAMMOND, INDIANA 46323), cause of death (CORONARY ARTERY DISEASE, LUNG CANCER, END STAGE LUNG DISEASE), and certifier information (JOSEPH LEGASPI, M.D.).

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

LAKE COUNTY HEALTH DEPARTMENT stamp with date 8/24/09



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 2720-10

State No.

1. Decedent's Legal Name (First, Middle, Last) ROBERTA L. SHULTMAN				1a. Maiden Last Name (If Female) JOHNSON		2. Sex FEMALE		3. Time Of Death 10:53 P.M.		4. Date Of Death (Month/Day/Year) JUNE 16, 2010			
5. Social Security Number [REDACTED]		6a. Age - Yrs 79		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7. Date Of Birth (Month/Day/Year) DEC. 19, 1930				8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA									
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) COMMUNITY HOSPITAL													
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name N/A				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND			18c. Street And Number 7120 OLCOTT AVENUE		18d. Apt. No.	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE				20. Decedent Of Hispanic Origin NO				21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) ROBERT JOHNSON				23. Mother's Name (First, Middle, Last) MAE LOUISE JOHNSON				23a. Mother's Maiden Last Name ANDRES					
24. Informant's Name THEODORE P. SHULTMAN				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 7529 FOXWOOD DRIVE, SCHERERVILLE, IN 46375					
25. Place Of Disposition													
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS				25c. Location - City, Town, And State SCHERERVILLE, INDIANA						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME 7042 KENNEDY AVENUE, HAMMOND, INDIANA 46323						27a. Funeral Home License Number: FH10600033					
27b. Signature Of Indiana Funeral Service Licensee: <i>Jose D. Gorrana</i>						27c. License Number (Of Licensee): FH08601373							
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>Extensive head injuries</u> Due To (Or As A Consequence Of):										UNKNOWN			
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. <u>Due to a fall</u> Due To (Or As A Consequence Of):													
C. _____ Due To (Or As A Consequence Of):													
D. _____ Due To (Or As A Consequence Of):													
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 type="checkbox"/> No <input checked="" 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 checked="" 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) June 13, 2010			35. Time Of Injury Unknown			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) Home			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State Indiana			38a. City Or Town Hammond			38b. Street & Number 7120 Olcott Avenue			38c. Apt. No.	38d. Zip Code 46323			
39. Describe How Injury Occurred Fall						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: <i>P.J. Adams</i>						42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P.J. ADAMS, CHIEF INVESTIGATOR 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307						44. License Number N/A		45. Date Certified July 26, 2010					
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): July 27, 2010							