AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA

COUNTY OF LAKE

) SS:

2011 024855

2011 MAY -3 PM 4:21

MICH RECORDER

Comes now Affiant, Robert H. Sorge and avers that the attached is an original death certificate of Ms. Erma J. Wisniewski which affects the title and ownership interest of certain property to wit:

Legal Description:

Lot thirty (30), Block Two (2), Ellendale First Addition to the Town of Highland, Lake County, Indiana

Commonly known as: 3235 George Street, Highland, Indiana 46322

27-0292-0030 Tax Key No(s): 45-07-27-355-024

Signature

Address:

Sorge

he property of 6245 Hohman Av

Hammond, AN 46324unty Recorder!

Subscribed and sworn to before me by the affiant.

S day of April 2011.

Christo her C. Zelnis, Notary Public My Commission Expires: 09/04/2015 " I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW

PREPARED BY:

Christopher C Zelnis Notary Rublic Seel State or Indiana White County My Commission Expires 05/04/2015

MAY 0 3 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

This instrument prepared by: The Law Office of Robert H. Sorge, Attorney, 6243 Hohman Avenue, Hammond, IN. 46324

052553

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

)532		EDI	R No 0000		389	<u> 4</u>			te No		1.		
Decedent's Legal Name (First, Middle, Last)						1a. Maiden Name (If female)			2. Sex		3. Time Of Death			Date Of Death (Month/Day/Year)		
ERMA J WISNIEWSKI 5. Social Security Number 6a. Age - Yrs		6b. Under 1 Year 6		Lindar 1 Month	SCHULMEY 6d. Under 1 Day	_, ,		7 Date		FEMALE th (Month/Day/Year)		39 AM	02/16/2011 y and State or Foreign Country)			
5. Social Security Number	oa. Aye	- 115				od. Officer (Day		i rioui	7. Date	OF BILLIT (MOI	iu voay/ 1 ea	0. 0	simplace (Cit	y and State	or roteight country)	
310-38-6295 9. Ever in U.S. Armed Force	71		Months th Occurred in A	Da Hospital	•	Hours	Minutes 10a If Dea	th Occum	red Some	05/08/19 where Other			ICHIGAN	I CITY,	<u>IN</u>	
Yes No Unkr				•		Dead on Arrival	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility							illty		
11. Facility Name (if Not in: 3235 GEORGE ST		live Stree	et and Number)													
12. City Or Town, State, An		9					13. (County O	f Death				14. Marital St	atus At Tim	e Of Death	
HIGHLAND IN 46323								LAKE							Married, But Separated Divorced Never Married Divorced	
HIGHLAND, IN, 46322																
THOMAS J WISNIEWSKI								SECRETARY NEWSPAPER						NDADED.		
18. Residence - State	EWSK			18a. Cou	inty		18b. Cit	y Or Tow		SECHE	IAHY			INEVVS	SPAPER .	
INDIANA			,	VRE	KF			HIGHLAND								
18c. Street And Number			L	LAKE			HIGHLAND			Т	18d. Apt. No. 18e.			Code	18f. Inside City Limits?	
3235 GEORGE STREET											463			2000	☑ Yes ☐ No	
19. Decedent's Education	nic Origin		21. De	ecedent's	Race			40	322							
HIGH SCHOOL GRADUATE OR GED																
22. Father's Name (First, Mi	iddle, Last)			THOPAINIO		23. Mother's			fle, Last)			23a.	Mother's M	aiden Last Name		
CHARLES E SCH			MARION	1 = 00	SULII A	4EVED			LAZ	MUCH	A					
CHARLES E SCHULMEYER 24. Informant's Name 24a. Rela					la. Relationship T	o Decedent	MARION 24b. Mailing			And Number,	City, State,	Zip Code		MUCH	<u> </u>	
THOMAS J WISNI	oc Bu	3235 GE		E STF	REET, H	GHLAN	ID, IN	46322								
25a. Method Of Disposition		_		b. Place (Of Disposition (N	ame Of Cemetery, Cr	ce Of Dispositematory, Other		25c. L	ocation - City	, Town, An	d State				
☐ Burlat ☑ Cremation ☐ Removal From State	Donatio	n 🔲 En		SAAAA	INUTY COE	MATION SER	WOE -		CCL	EDEBY	U 1 E 16					
Other (Specify): 26. Was Coroner Contacted	17	27.	Name And Cor	nplete Ad	Idress Of Funeral	Facility SER	VIGE		Jack	EHENV	ILLE, IN	-		27a. F	uneral Home License Number:	
MI MI			JNSTER_I	THONY & DZIADOWIC <mark>Z FUNERAL HOME</mark> NSTER, IN 46321					H'H' C A						83002916	
27b. Signature Of Indiana F LARRY D. ANTHO				o⁄sigi	NATURE						7c. License D0100.1		(Of Licensee)):		
28. Part I. Enter The Ch	nain Of Ev	rents - C	Diseases, Injuri	es, Or C	omplications - T		The Death.	Do Not E	Enter Ter	a) CTU minal Event	OI s		V V	I rout. ANI	Approximate COMI Interval: Onset	
Such As Cardiac Arrest, A Line. Add Additinal Li Immediate Cause (Final	ines If Ne	cessary.				VASCULAR COLL	Julie			£ 4.3"	7., 195		CALLER IS	Ath OK t M	UNKNOWN	
mmediate Cause (Fria)	i Disease	Of COR	AUDON MUSULUM	I III Dead	7.	VASCOLAR COLL	AF SE DUE 1	VARIE		As A Consequence		ILAN NE	ANI DISEA	<u> </u>	10 YEARS	
Sequentially List Conditions, If Any, Li Line A. Enter The Underlying Cause (The Events Resulting In Death) Last		ny, Lead	ding To The Ca	use Liste	ou OII	HYPERTENSION	ERTENSION		Due to (Or Ar		э Ођ:	يو هـــار أر ي	10	2011	MINIMUM	
						HYPERCHOLEST	EROLEMIA			ž ž		, F &		LUTI	10 YEARS	
									Due to (Or	As A Consequence	ο Oη:				10 YEARS	
Part II. Enter Other Significa	ant Conditio	ons Cont	ributing to Death	But Not		HYPERTRIGLYCE Underlying Cause Gir			29. Wa	s An Autopsy	Performed	1?			MINIMUM	
													Yes Complete The			
31. Did Tobacco Use Contr	ribute To D	eath?		Female:			_				33. Ma	anner Of	Death:			
☐ Yes ☐ Probably 🖾	No □ U	nknown			_	Pregnant At Time Of Death to 1 year Before Death	Not Pregnar Unknown II						Homicide Could Not Be	-	Pending Investigation	
34. Date Of Injury (Month/D	Day/Year)			. Time Of Injury				ce Of Injury (E.G., Decedent's I							37. Injury At Work?	
														☐ Yes ☐ N		
38. Location Of Injury - Sta	ite		38a.	City Or To	nwo	38b. S	Street & Numb	er G					38c. Apt.	No.	38d. Zip Code	
							القبرجا	1/								
39. Describe How Injury Ox						EHL	SEAL.	, unit	7		40. If	r/Operator	lation Injury, S	Pedestrian [Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death: DAVID JOHN FLORES, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:											ertifier (Cho ertifying Ph	ysician ´	One) Coror	ner	Heath Officer 45. Date Certified	
											l.					
DAVID JOHN FLORES , 1573 NORTH CLINE AVENUE, GRIFFITH, IN 46319 46. Additional Funeral Service Provider:											_	10600 47. *Aka			02/18/2011	
								_		140 = =				# M	Α.	
49. Signature of Local Health Officer. SUSAN W. BEST, VIA ELECTRONIC SIGNATURE									49. For F	P. For Registrar Only - Date Filed (Month/Day/Year): FEB 18 2011						
COOMIT TI, DEOT,				J. 17 11	AMENDME	NT TO CERTIFICA	TE OF DEA	TH (ENT	RY OR	ORIGINAL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.