

2

AFFIDAVIT OF SURVIVORSHIP

ON THIS 27 DAY OF December, 2011, personally appeared Kathleen R. Schell, Personal Representative of the Estate of Darline G. Seligman a/k/a Gertrude Darline Seligman, the affiant, who being duly sworn upon her oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Darline G. Seligman and Willis P. Seligman were husband and wife at the time the premises located at 6831 Idaho, Hammond, Indiana, and described below was acquired by them;
3. Said premises were formerly owned as tenants by the entireties by Willis P. Seligman and Darline G. Seligman.
4. Said Willis P. Seligman died intestate on the 30th day of August, 2006.
5. The legal description of the said premises in question is:

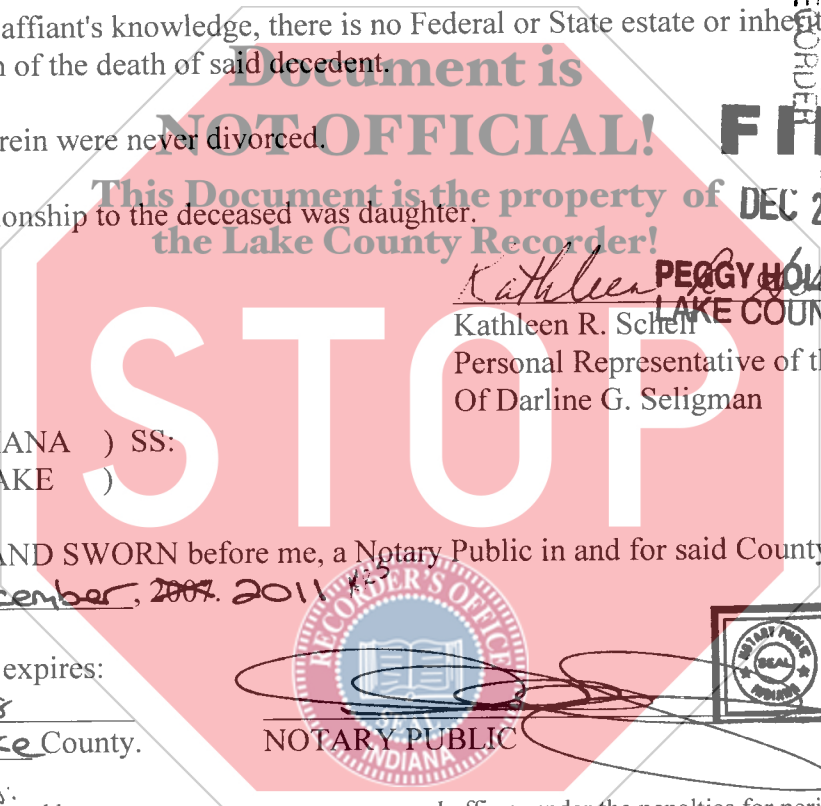
Lots 33 and 34 in Block 22 in Manufacturer's Addition to Hammond, as per plat there recorded in Plat Book 2 page 24, in the Office of the Recorder of Lake County, Indiana

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance liability by reason of the death of said decedent.
7. The parties herein were never divorced.
8. Affiant's relationship to the deceased was daughter.

2011 DEC 29 07:56:81

RECORDER OF DEEDS
LAKE COUNTY
INDIANA
DEC 29 2011

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



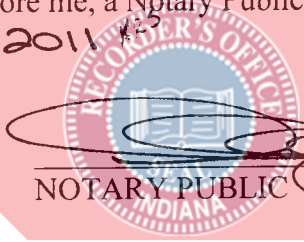
Kathleen R. Schell
PEGGY HOJINGA KATONA
 LAKE COUNTY AUDITOR
 Kathleen R. Schell
 Personal Representative of the Estate
 Of Darline G. Seligman

14¹⁰
FN
non com
AD

STATE OF INDIANA) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 27 day of December, ~~2007~~ 2011

My Commission expires:
7/29/18
Resident of Lake County.



+ mail so.
This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200

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.

Barbara M Shaver

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 279-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

INFORMANTS

FORMANT

DISPOSITION

USE OF
ATH

CERTIFIER

ALTH
ICER

1. DECEASED—NAME (First, Middle, Last) Willis P. Seligman				2. SEX Male	3a. TIME OF DEATH 17:58 PM	3b. DATE OF DEATH (Month, Day, Yr.) August 30, 2006	
4. SOCIAL SECURITY NUMBER XXXXXXXXXX	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) July 6, 1926	7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) Community Hospital			9c. CITY, TOWN OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Darline Nowicki		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanics		12b. KIND OF BUSINESS/INDUSTRY Local 701		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 6831 Idaho Av			
13e. ZIP CODE 46323	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 	
18. FATHER'S NAME (First, Middle, Last) Charles Seligman			19. MOTHER'S NAME (First, Middle, Maiden Surname) Gertrude Frownick				
20a. INFORMANT'S NAME (Type/Print) Darline Seligman		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6831 Idaho Av., Hammond, IN 46323			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 2, 2006 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana			
22a. EMBALMER'S NAME Leonard Gregorczyk		22b. EMBALMER'S LICENSE NO. FDO8800305		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonard Gregorczyk</i>		24b. LICENSE NUMBER (of Licensee) FDO8800305		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond, IN 46323 FH10300032			
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Seconds			
		b. Cerebral Vascular Accident DUE TO (OR AS A CONSEQUENCE OF)		Hours			
		c. Atherosclerosis DUE TO (OR AS A CONSEQUENCE OF)		Years			
		d. _____					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
				No	No	No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>John A. Hoehn</i>				29c. MEDICAL LICENSE NO. 02000872	29d. DATE SIGNED (Month, Day, Year) 9/01/06		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JOHN A. HOEHN, D.O., 505 W. LINCOLNWAY HIGHWAY, SCHERERVILLE, IN 46375							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>				32. DATE FILED (Month, Day, Year) September 1, 2006			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED SEP 1 2006		
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					