STATE OF INDIANA

**COUNTY OF LAKE** 

) SS: 2012 042252

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 JUN 26 PM 1: 06



Comes now JANICE M. KLEINSCHMIDT, being duly sworn upon her oath, and states as follows:

**AFFIDAVIT OF SURVIVORSHIP** 

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 14 IN BLOCK 6 IN FAIRVIEW HEIGHTS, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 81, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No. 45-16-08-329-016.000-042

commonly known as: 417 Fairview, Crown Point, Indiana 46307

That JANICE M. KLEINSCHMIDT and CHARLES L. KLEINSCHMIDT were married on August 9, 1969. That JANICE M. KLEINSCHMIDT and CHARLES L. KLEINSCHMIDT were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 7<sup>th</sup> day of July, 1988, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between JANICE M. KLEINSCHMIDT and CHARLES L. KLEINSCHMIDT continued unbroken from the time they so acquired title to said real estate until the death of CHARLES L. KLEINSCHMIDT on December 30, 2008, at which time JANICE M. KLEINSCHMIDT acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, CHARLES L. less than the value required for the tring, and the subject to Federal Estate TaxAKE COUNTY AUDITOR KLEINSCHMIDT as determined for the purpose of Federal Estate Taxes, was and the decedent's estate was not

013022

That the decedent's, CHARLES L. KLEINSCHMIDT, estate was not subject to Indiana Inheritance Tax.

JANICE M. KLEINSCHMIDT

STATE OF INDIANA

) SS:

**COUNTY OF LAKE** 

Before me, the undersigned, a Notary Public in and for the county and state aforesaid, personally appeared JANICE M. KLEINSCHMIDT, and executed the foregoing Affidavit of Survivorship.

WITNESS my hand and seal this <u>→ TH</u> day of June, 2012.





## DEATH CERTIFICATE

DECEDENT'S NAME | CHARLES L KLEINSCHMIDT

DECEDENT'S ALIAS

SEX, SOCIAL SECURITY MALE

NUMBER

RESIDENCE (COUNTY AND

CITY, STATE)

DATE AND PLACE OF BIRTH JUNI

JUNE 22, 1946

**LAKE** 

OSHKOSH, WISCONSIN

CROWN POINT, INDIANA

MARITAL STATUS

SPOUSE'S NAME

MARRIED

JANICE M BABEL

PARENT(S) NAME(S)

DONALD KLEINSCHMIDT

**DECEMBER 30, 2008** 

**HELEN STILLE** 

DATE OF DEATH

PLACE OF DEATH (COUNTY AND CITY) OLMSTED

ROCHESTER

FUNERAL HOME

CAUSE OF DEATH

IMMEDIATE

MULTIPLE ORGAN SYSTEM FAILURE.

MACKEN FUNERAL HOME, INC.

UNDERLYING

END-STAGE CONGESTIVE HEART DISEASE.; FABRY'S DISEASE.

the Lake County Recorder!

RENAL TRANSPLANT; IMMUNOSUPPRESSION.

OTHER CONTRIBUTING CONDITIONS

MANNER

CORONER, MEDICAL EXAMINER OR PHYSICIAN

NATURAL

WILLIAM D EDWARDS, M.D.

200 SW 1ST STR, ROCHESTER, MINNESOTA 55905

55A-0066695

THIS IS A TRUE AND OFFICIAL RECORD OF THE DEATH REGISTERED IN THE OFFICE OF THE STATE REGISTRAR. DATE FILED: JANUARY 02, 2009

PLACE ISSUED: OLMSTED

DATE ISSUED: JANUARY 08, 2009

Stone Ellins

State Registrar





