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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059428

2012 AUG 31 AM 11:03

MICHAEL LAJMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Affiant, CATHY M ARROYO, after being first duly sworn upon her oath, deposes and states as follows:

- 1 That she is an adult Daughter of MARY J SCHRAMM, who is now deceased, a copy of the Death Certificate is attached
2. That MARY J. SCHRAMM died testate, a resident of Lake County, Indiana, on April 2, 2012
3. That CHARLES R SCHRAMM and MARY J. SCHRAMM, Husband and Wife, held title to the following-described real estate:
Lot Four Hundred Seventy-three (473), Southtown Estates 10th Addition, to the Town of Highland, as shown in Plat Book 34, page 43, in Lake County, Indiana
Commonly known as 3517 44th Street, Highland, Indiana 46322
Parcel Number 45-07-27-379-021.000-026
4. That the expenses of the last illness and burial of MARY J SCHRAMM have been paid in full; that no estate has been or will be opened in any Court of record in the State of Indiana or any other State; and that there is no federal estate tax due and owing in said Decedent's Estate.
5. T That Affiant makes this Affidavit to induce the proper governmental authorities of Lake County, Indiana, to remove MARY J SCHRAMM from the chain of title to the Real Estate.

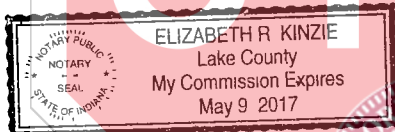
FURTHER YOUR AFFIANT SAYETH NOT

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Cathy M. Arroyo
CATHY M ARROYO

Before me, a Notary Public, in and for said County and State, personally appeared CATHY M ARROYO, and acknowledged the execution of the foregoing Instrument In Witness whereof, I have hereunto subscribed my name and affixed my Official Seal

My Commission Expires



Elizabeth R Kinzie
Elizabeth R Kinzie, Notary Public
Residing in Lake County, Indiana

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Timothy R Kuiper, AUSTGEN KUIPER & ASSOCIATES, P C, 130 North Main Street, Crown Point, Indiana, 46307

AMOUNT \$ 13
 CASH _____ CHARGE Cm
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY _____ ao

FILED

AUG 29 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003534

COMMUNITY TITLE COMPANY
FILE NO 122910



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001132

EDR No 00000255279

State No

1 Decedent's Legal Name (First, Middle, Last) MARY J SCHRAMM		1a Maiden Name (if female) KRACHENFELS		2 Sex FEMALE	3 Time Of Death 11 30 AM	4 Date Of Death (Month/Day/Year) 04/12/2012	
5 Social Security Number [REDACTED]	6a Age - Yrs 78	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) 03/12/1934	8 Birthplace (City and State or Foreign Country) HAMMOND, IN
9 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital <input 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11 Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN							
12 City Or Town, State, And Zip Code MUNSTER, IN, 46321				13 County Of Death LAKE		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15 Surviving Spouse's Name CHARLES R SCHRAMM			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 HIGHLAND		18d Apt No	18e Zip Code 46322
18c Street And Number 3517 44TH STREET							
19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race White			
22 Father's Name (First, Middle, Last) LUDWIG KRACHENFELS			23 Mother's Name (First, Middle, Last) ANTONIA SCHRAMM			23a Mother's Maiden Last Name SCHWATZWELDEN	
24 Informant's Name CHARLES R SCHRAMM		24a Relationship To Decedent HUSBAND		24b Mailing Address (Street And Number, City, State, Zip Code) 3517 44TH STREET, HIGHLAND, IN 46322			
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, IN			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322				27a Funeral Home License Number FH10300021	
27b Signature Of Indiana Funeral Service Licensee CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE					27c License Number (Of Licensee) FD01014511		
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 A Line Add Additional Lines If Necessary							
Cause Of Death (See Instructions And Examples)							
Immediate Cause (Final Disease Or Condition Resulting In Death)							
A COPD, END STAGE							
B APR 16 2012							
C							
D							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input 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)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38 Location Of Injury - State		38a City Or Town		38b Street & Number		38c Apt No	
38d Zip Code		39 Describe How Injury Occurred					
41 Signature, Of Person Certifying Cause Of Death ANASS ZAITOON, BY ELECTRONIC SIGNATURE				42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43 Name, Address And Zip Code Of Person Certifying Cause Of Death ANASS ZAITOON, 7905 CALUMENT AVENUE, MUNSTER, IN 46321				44 License Number 01067223A		45 Date Certified 04/16/2012	
46 Additional Funeral Service Provider				47 *Akas			
48 Signature of Local Health Officer SUSAN W BEST, VIA ELECTRONIC SIGNATURE				49 For Registrar Only - Date Filed (Month/Day/Year) APR 16 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							