

AFFIDAVIT

On this 9/15/12 before me personally appeared _____
(insert date)

Charles F. Schweikert Jr

2012 064941

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is son of owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said Margaret Schweikert
(fill in name of life estate tenant who died)
died on 05/20/2012

4. The legal description of the premises in question is of the Lake County Recorder!
See attached legal description
45-03-18-278-021-000-023

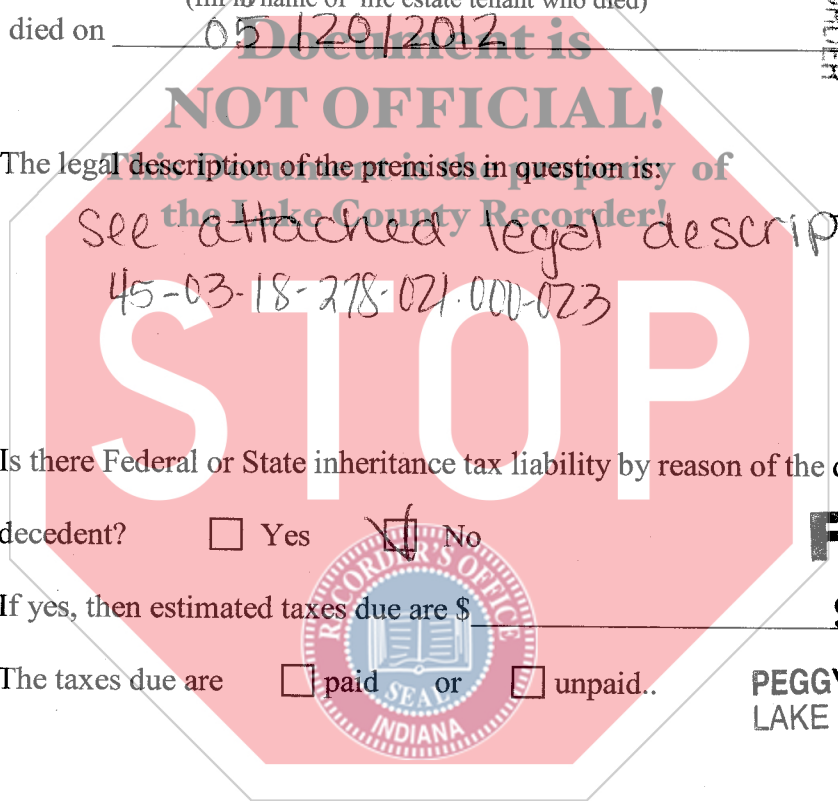
5. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

6. Where this affidavit relates to a Life Estate Interest only.
7. Affiant's relationship to the deceased was son of owner

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 SEP 17 AM 9:08
MICHELLE R. JAJMAN
RECORDER



FILED
SEP 14 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

180
mm
cm
FR
dr

FIDELITY NATIONAL
TITLE COMPANY
92012-3450

003784

SV

Signature: Charles F. Schweikert Jr.
Printed Name: Charles F. Schweikert Jr.
Address: 6053 N. Butterfield Loop
Monon, IN 47959

Subscribed and sworn to before me by the affiant

This 9/5/12
(insert date)

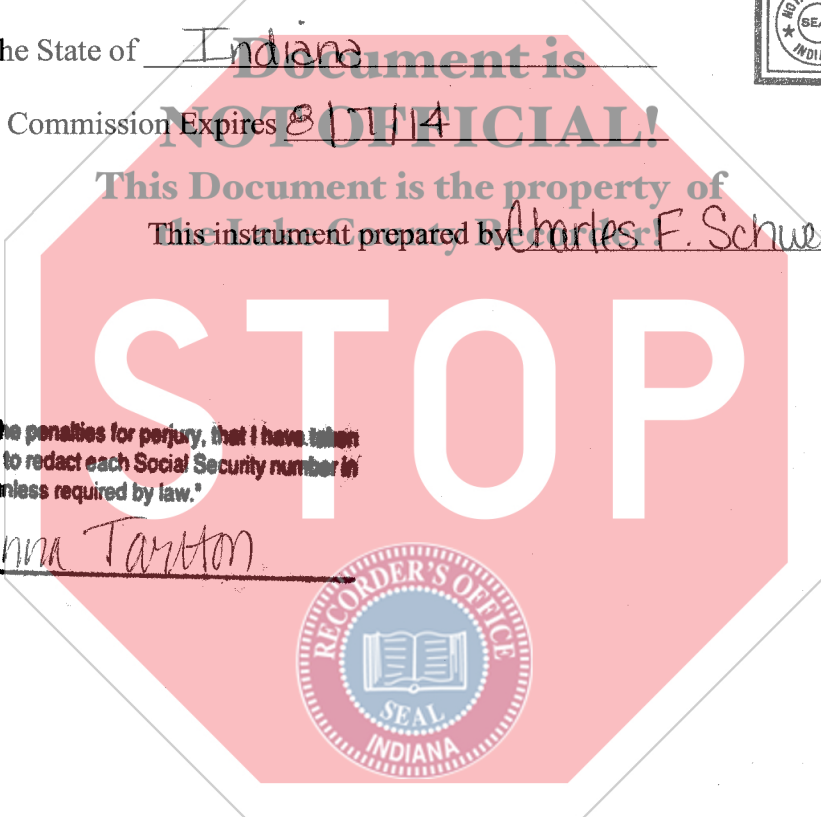
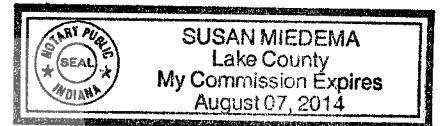
Susan Miedema
Notary Public

Printed Name Susan Miedema

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 8/7/14



"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."

Diana Tartton



920123450

EXHIBIT A

Lot 4 and the North 15 feet of Lot 5, in Block 2 in Wilcox First Addition to Whiting, in the City of Hammond, Lake County, Indiana as per plat thereof, recorded in Plat Book 2, Page 51, in the Office of the Recorder of Lake County, Indiana.





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

Local No **001588**

EDR No **00000261089**

State No **022972**

1. Decedent's Legal Name (First, Middle, Last) MARGARET JULIA SCHWEIKERT				1a. Maiden Name (If female) GABOR		2. Sex FEMALE	3. Time Of Death 10:30 AM	4. Date Of Death (Month/Day/Year) 05/20/2012	
5. Social Security Number		6a. Age - Yrs 94	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) 07/18/1917		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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) HAMMOND-WHITING CARE CENTER						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	
12. City Or Town, State, And Zip Code WHITING, IN, 46394						15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER	17. Kind Of Business/Industry OWN HOME
15. Surviving Spouse's Name			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 WHITING				
18c. Street And Number 2712 BIRCH AVENUE						18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOHN GABOR				23. Mother's Name (First, Middle, Last) SOPHIE GABOR			23a. Mother's Maiden Last Name NOT AVAILABLE		
24. Informant's Name CHARLES F SCHWEIKERT JR			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6053 NORTH BUTTERFIELD LOOP, MONON, IN 47959				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY		25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility OWENS-RUZICH FUNERAL HOME AND CREMATION SERVICE, 816-119TH STREET, WHITING, IN 46394						27a. Funeral Home License Number: FH10700040	
27b. Signature Of Indiana Funeral Service Licensee: JAMES F SEEBERG, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900076			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE MYOCARDIAL INFARCTION 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									
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 checked="" 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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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						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: PAULA BENCHIK-ABRINKO, 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: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394						44. License Number 01045436A	45. Date Certified 05/23/2012		
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): MAY 24 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									