

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

Parcel No. 45-16-17-226-004.000-042

Property Address: 708 Pettibone Street  
Crown Point, Indiana

**AFFIDAVIT OF SURVIVORSHIP**

ALICE L. STAHL, being first duly sworn, deposes and says:

- 1) Richard A. Stahl and Alice L. Stahl were husband and wife.
- 2) Richard A. Stahl died on December 11, 1979. Death Certificate attached hereto.
- 3) During the time of their marriage, Richard A. Stahl and Alice L. Stahl acquired title to the following real estate described as:

Lot 20 in Greenmeadow Manor, Unit No. 3, to the City of Crown Point, as recorded in Plat Book 35, page 10, in the office of the Recorder of Lake County, Indiana.

Commonly Known as 708 South Pettibone Street, Crown Point, IN 46307

and they were husband and wife at the time that Richard A. Stahl died.

Further your affiant sayeth not.

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

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Alice L. Stahl

2013 016269  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
RECORDER  
2013 MAR -4 AM 9:30

BEFORE me, the undersigned, a Notary Public, in and for said County and State, this 19th day of February, 2013, personally appeared: Alice L. Stahl and acknowledged the execution of the above and foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Debra L. Volk

Debra L. Volk, Notary Public

My Commission Expires:  
06/29/2017

County Residence: Porter

This Instrument Prepared By: Steven A. Kurowski, Attorney at Law, 7803 West 75<sup>th</sup> Avenue, Suite 1, Schererville, Indiana 46375 (219)322-4100. E-mail: [stevenkurowskilaw@comcast.net](mailto:stevenkurowskilaw@comcast.net)

RETURN TO: Steven A. Kurowski, Esq., 7803 West 75<sup>th</sup> Avenue, Suite 1, Schererville, IN 46375

**FILED**

MAR 04 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

21381

14.00  
CASH  
NON COMP  
PP.

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

180	REGISTRATION DISTRICT NO. 16.32										
REGISTERED NUMBER 613											
Type or Print in Permanent Ink or Funeral Directors', Hospital, or Physicians' Handbook for INSTRUCTIONS											
DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)											
1. RICHARD A STAHL 2. MALE 3. DECEMBER 11, 1979											
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH											
4a. WHITE 4b. FRENCH 5a. 53 5b. 1 5c. 1 6. MARCH 30, 1926 7a. COOK											
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM, INPATIENT (SPECIFY)											
7b. CHICAGO HEIGHTS 7c. ST. JAMES HOSPITAL 7d. INPATIENT											
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)											
8. ILLINOIS 9. U.S.A. 10. MARRIED 11. ALICE L. MILES											
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE											
12. 333-12-6556 13a. STONE CUTTER 13b. SELF-EMPLOYED 13c. YES 13d. WORLD WAR II											
RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE											
14a. 708 PETTIBONE AVENUE 14b. CROWN POINT 14c. YES 14d. LAKE 14e. INDIANA											
PARENTS											
FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST											
15. ERNEST STAHL 16. (MOUSSEAU) ALICE STAHL											
INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)											
17a. <i>Ernest A. Kuder</i> 17b. MEDICAL RECORDS 17c. 1423 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS 60411											
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
PART I. IMMEDIATE CAUSE											
(a) Massive Intra Cerebral Hemorrhage											
(b) Hypertension											
(c)											
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)											
Coma 20 to Above											
AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH											
19a. NO 19b.											
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION											
20a. 20b.											
I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) HOUR OF DEATH											
21a. 12-10-79 21b. 12-11-79 21c. 12-11-79 21d. 2:25 P.M.											
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.											
22a. SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)											
22b. <i>Bansi Sharma</i> 12-12-79											
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER											
22c. Dr. Bansi Sharma 17577 S. Kedzie Hazelcrest, Ill 60429 22d. 3651949											
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.											
23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)											
24a. REMOVAL 24b. GEISEN FUNERAL HOME INC 24c. Crown Point, IN. 46307 24d. 12/11/79											
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP											
25a. SCHROEDER - LAUER FUNERAL HOME 3227 RIDGERD LAWSONG, ILL. 60438											
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER											
25b. <i>Joseph C. Lauer</i> 25c. 7285											
LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)											
26a. <i>John M. Costabile (el)</i> 26b. Dec. 13, 1979											

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH record for the decedent in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, deaths, and stillbirths.

DATE:

DEC 13 1979

SIGNED:

*John M. Costabile*

AT:

CHICAGO HEIGHTS, ILLINOIS 60411

TITLE:

LOCAL REGISTRAR