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1302026

Chicago Title Insurance Company

AFFIDAVIT

Parcel No.: 45-10-12-253-011.000-034

On this 26th day of April, 2013, before me personally appeared Douglas R. Schmal

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. That Douglas R. Schmal held a life estate interest in the following described land:

See attached

3. Said BARBARA J. SCHMAC (fill in name of co-tenant who died) died on OCTOBER 9th 2012

4. 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 \$ _____

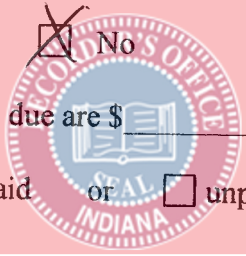
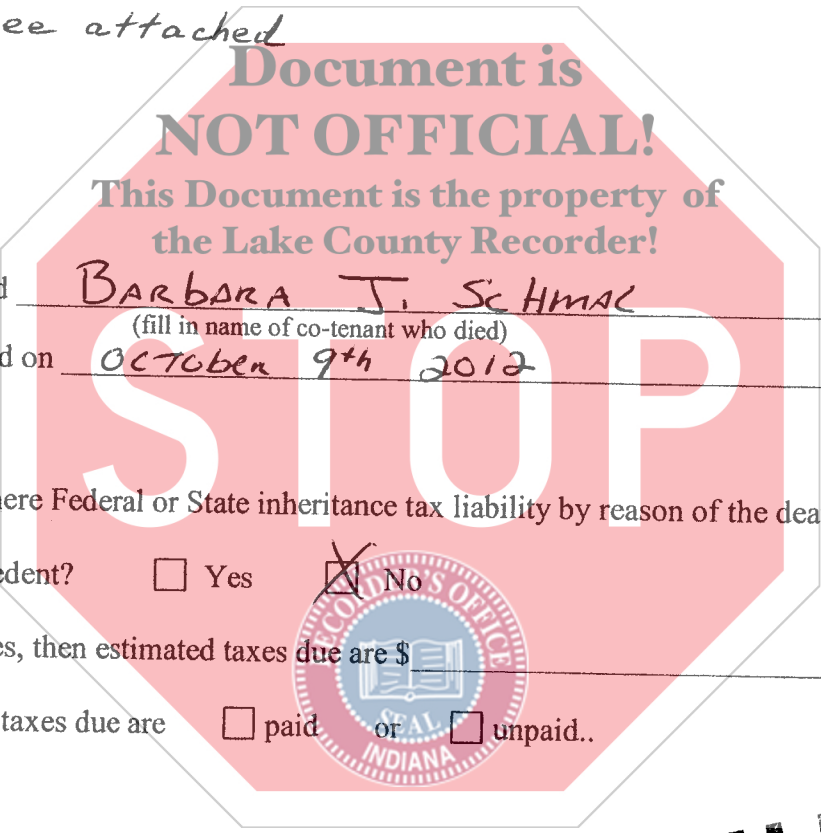
The taxes due are paid or unpaid..

2013 050901

2013 JUL 15 AM 10: 01

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

MICHAEL D. BROWN
RECORDER



FILED

JUL 11 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24240

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CHICAGO TITLE

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5. Affiant's relationship to the deceased was SON

Signature: [Handwritten Signature]

Printed Name Douglas R. Schme

Address: 555 N. Nichols St
Lowell, IN 46356

Subscribed and sworn to before me by the affiant

This 26th day of April, 2013
(insert date)

[Handwritten Signature]
Notary Public

Printed Name Paul A. Rossi

My County of Residence is: Lake

In the State of Indiana
This Document is the property of the Lake County Recorder!

My Commission Expires 02/15/2016

Paul A Rossi
Notary Public Seal State of Indiana
Lake County
My Commission Expires 02/15/2016

This instrument prepared by Paul A. Rossi, Attorney

"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." Katherine Adams



EXHIBIT A

LOT 1, IN SUBURBAN TERRACE ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 31, PAGE 94, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





1302026

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

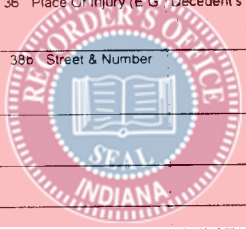
Local No 003156

EDR No 00000283800

State No 044815

Form containing fields for decedent information (BARBARA J SCHMAL), date of death (10/09/2012), cause of death (A COPD, B HYPOTENSION), certifier information (BRETT ALAN BRECHNER), and local health officer signature (SUSAN W. BEST).

CHICAGO TITLE



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law. Katherine Adams