STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 001192

2014 JAN 10 AH 9: 35

MICHAEL B. BROWN RECORDER

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Case # 920133648

SURVIVORSHIP AFFIDAVIT

Comes now David L. Stuhlmacher a/k/a David Stuhlmacher, who being duly sworn upon his/her oath, deposes and says:

That, David L. Stuhlmacher a/k/a David Stuhlmacher is the surviving spouse of Leona T. Stuhlmacher, deceased who died domiciled in Lake County, Indiana, on April 20, 2008.

That David L. Stuhlmacher a/k/a David Stuhlmacher and Leona T. Stuhlmacher acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 34 in Block 7 in Ellendale 2nd Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 33 page 92, in the Office of the Recorder of Lake County, Indiana.

Affiant states that David L. Stuhlmacher a/k/a David Stuhlmacher and Leona T. Stuhlmacher continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Leona T. Stuhlmacher's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to David L. Stuhlmacher a/k/a David Stuhlmacher.

Executed: December 23, 2013

Signature David L. Stuhlmacher a/k/a David Stuhlmacher

920133148

FIDELITY MATIONAL TITLE COMPANY 92013-2018 FIDELITY HBT

20128

JAN 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF

INDIANA

COUNTY OF

LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 23rd day of December, 2013.

Witness my hand and Notarial Seal on this 23rd day of December, 2013.



Notary Public Michaelene I. Fazekas

Resident of Lake County

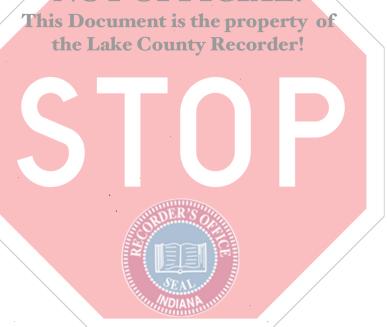
My Commission expires: 6/15/2017

Prepared by:

Austgen Kuiper & Assoc, 130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Michaelene I. Fazekas.

Return to: David L. Stuhlmacher TOFFICIAL!



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

Local No.		State No								
LEONA T. STUHLMACHER			1a, Maiden Last Na COOMER	ime (If Female)	2.S			P.M. APRIL 20, 2008		
5. Social Security Number 6a. As		1 Year Sc. Under 1 Days	Month 6d, Under 1 Day Hours	Ge_Under 1 Hour	7. Date Of Birth (Me October 19		Birthplace (City And State Or Foreign Country) HAMMOND, IN		Country)	
9. Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospitat. 10. If Death Occurred Somewhere Other Than A Hospitat. 10. Hospice Facility Decedent's Home Nursing Income Nursing Income Decedent's Home Nursing Income Nursing Inc									☐ Nursing Home/Long-	
11. Facility Name (If Not Institution, GM 3144 FARMER DRIVE	Street And Number)									
12. City Or Town, State, And Zip Code HIGHLAND, IN 46322		13. County Of Death LAKE			14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown					
15. Surviving Spouse's Name DAVID STUHLMACHER			1 ' '	15a. (If Witte)Give Maiden Last Name NVA		16. Decedent's Usual Occupation OWNER		17. Kind Of BusinessAndustry RESTAURANT		
18. Residence - State	18a. County	140	18b. City Or Tox	ity Or Town						
INDIANA LAKE				HIGHLAND						
18c. Street And Number 3144 FARMER DRIVE					No. 18e. Zip Code 46322		TBI, Unside City Limits?			
19. Decedent's Education High school graduate or G	X Hispanic Origin anish/Hispanic/Latir	1								
22. Father's Name (First, Middle, Last) CARL COOMER			į		Mother's Name (First, Middle, Last) RMELA COOMER			Z3a, Mother's Maiden Last Name VALENTINO		
24. INFORMANT & NAME DAVID STUHLMACHER	SASHIP TO DECORDER	24b. Mastery Address (Sheef And Number, City, State, Ep Code) 3144 FARMER DRIVE, HIGHLAND, IN 46322								
			25. P	lace Of Disposition	25e. Location - City	Town And State				
25a. Method Of Disposition. Burial Donation Entermient Remo Other (Specify): 26. Was Coroner Contacted?	val From State O/	AKLAND MEMOR	Y LANES	FIC	DOLTON, IL			27a. Fungral	forme License Number:	
⊠ Yes □ No	KUIPER FUN	ERAL HOME, 90	9 KLEINMAN RD.,H	IGHLAND, INDIA	NA 46322.	of		FH103000	21	
276. Signature Olyndaria Funeral Servi	ce Ucensey!		Lake Cou			FDO860	ise Number (Of Licer 01 585	rsee)		
28. Part I. Enter The Chain Of E Such As Cardiac Arrest, Respirat A Line. Add Additional Lines If N	ory Arrest, Or Ventri	juries, Or Complication With	ons—That Directly Cause out Showing The Etiology	e Of Death (See Instructions And Examples) at Directly Caused The Death, Do Not Enter Terminal Events wing The Etiology. Do Not Abbreviate. Enter Only One Cause On Vascular collapse			Approximate Interval: Onset To Death Unknown			
Immediate Cause (Final Disease	Or Condition Resulti	ing In Death			Due To (Or As A Consec				Olikilowii	
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 B. Due to arteriosclerotic heart and vascular disease										
Part II. Enter Other Stantificant Condition	ns Contributing To Death	But Not Resulting in The	D. e Underlying Cause Given In I	Part I	29. Was An Autops		☐Yes ☑ No			
31. Did Tobacco Use Contribute To De	42 33	If Female:	COUNTY OF THE PERSON OF THE PE	R CO		33. Manner Of			Yes No	
☐ Yes ☐ Probably ☐ No ☐ Unknown	П	Not Precent Wilhin Past Yea	r [] Pragnact/4 Time Of Duals 3 Days To 1 Year Before Builts	Not Progned, But Progra	ct Within 42 Days Of Death in The Peat Year		micide [] Accident [] uld Not Be Delevained	Pending Investigation		
34. Date Of Injury (Month/Day/Year)		Time Of Injury			pederif's Home, Constru			1	ry Al Work? Yes 🔲 No	
38. Location Of Injury - State	38a	. City Or Town	385.	Street & Number	P.		38c. Apt. No	o. 38d. Zap	Code	
39 Describe How Injury Occurred COPY CERTIFIES 40 If Transportation Injury, Specify: LAKE COUNT CENTY CENTY Description Description Other (Specify) 41. Signature, Of Person Certifying Cause Of Death: APP COUNT APP										
41. Signature, Of Person Certifying Cas	son Of Deadh:	Ws		357	42. Ca	ritiser (Check Only On ACT)	Coroner L Hoath	Officer:		
43. Name, Address And Lip Code					/	14	nse Number 1008	45. Date C		
Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Ave., Crown Point, IN 46307 N/A April 22, 2008 46. Additional Funeral Service Provider:										
48. Signature of Local Health Difficer.	m W E	Sut o	<i>O</i> .	49. For Registro	r Only - Date Filed (Mo	9, 20 athograms	98			

FIDELITY HBT 920133448