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AFFIDAVIT OF JOAN S. LUERSSSEN

I, JOAN S. LUERSSSEN, being duly sworn, affirm under the penalties for perjury that I am an adult under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

1. I am the surviving spouse of Frank Wonson Luerssen, also known as Frank W. Luerssen, who died on or about the 24th day of August, 2013, in Munster, Indiana. A certified copy of the Certificate of Death of Frank W. Luerssen is attached hereto.

At the time of his death, my husband and I owned real estate situated in Lake County, Indiana which is described as follows:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 FEB 12 AM 9:42
MICHAEL BROWN
RECORDER

Lot Seventeen (17), Block Three (3), Wicker Park Addition to the Town of Munster, Lake County, Indiana.

Lot Eighteen (18) in Block No. Three (3), as marked and laid down on the recorded plat of Wicker Park, Munster, in Lake County, Indiana, as the same appears of record in Plat Book 20, page 40, in the Recorder's Office of Lake County, Indiana.

Commonly known as 8226 Parkview Avenue, Munster, Indiana 46321.

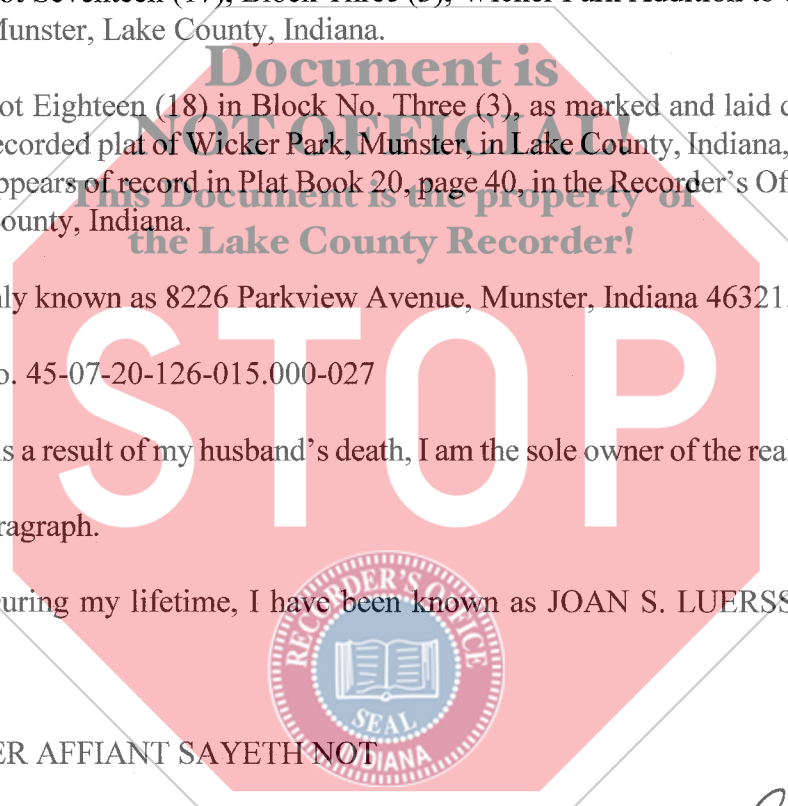
Parcel No. 45-07-20-126-015.000-027

3. As a result of my husband's death, I am the sole owner of the real estate described in the foregoing paragraph.

4. During my lifetime, I have been known as JOAN S. LUERSSSEN and JOAN M. LUERSSSEN.

FURTHER AFFIANT SAYETH NOT

AMOUNT \$ 16-
CASH _____ CHARGE _____
CHECK # 2909
OVERAGE _____
COPY _____
NON-COM ✓
CLERK Rm



Joan S. Luerssen
JOAN S. LUERSSSEN **FILED**

FEB 12 2014

20809 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

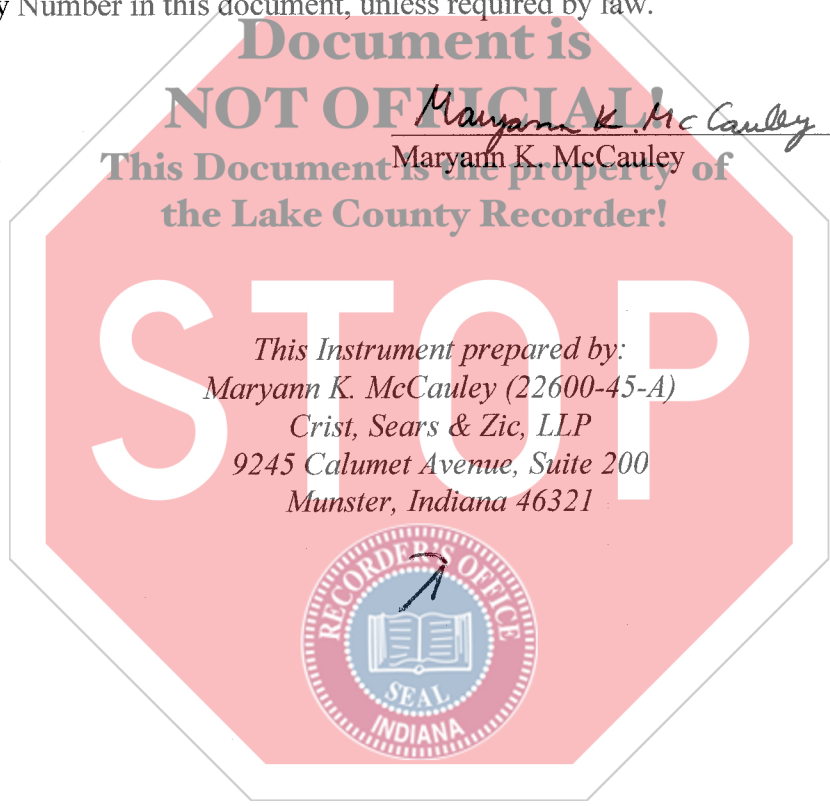
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me, a Notary Public, this 31st day of January, 2014.

Maryann K. McCauley
Maryann K. McCauley, Notary Public

My Commission Expires: 10/05/2016
Resident of Lake County.

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.



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



Local No **002869**

EDR No **000000339999**

State No **039493**

1. Decedent's Legal Name (First, Middle, Last) FRANK W LUERSSSEN				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:09 PM		4. Date Of Death (Month/Day/Year) 08/24/2013		
5. Social Security Number		6a. Age - Yrs 86		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) 08/14/1927		8. Birthplace (City and State or Foreign Country) READING, PA										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL												
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 JOAN LUERSSSEN				15a. (If Wife) Give Maiden Last Name SCHLOSSER				16. Decedent's Usual Occupation EXECUTIVE			17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MUNSTER			18d. Apt. No.		18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 8226 PARKVIEW AVENUE												
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) GEORGE V LUERSSSEN						23. Mother's Name (First, Middle, Last) MARY ANN LUERSSSEN			23a. Mother's Maiden Last Name SWOYER			
24. Informant's Name JOAN LUERSSSEN				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 8226 PARKVIEW AVENUE, MUNSTER, IN 46321				
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 KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number. FH10700038				
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01021590						
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications, 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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CONGESTIVE HEART FAILURE - NOT KNOWN</u> Due to (Or As A Consequence Of): 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. <u>CARDIOMYOPATHY</u> Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): 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		
29. Were Autopsy Finding 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				
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: MARK ALLAN FELDNER, 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: MARK ALLAN FELDNER, 9660 WICKER AVENUE, SAINT JOHN, IN 46373			
44. License Number 01035622A						45. Date Certified 08/28/2013			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): AUG 28 2013						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						