STATE OF HALLS A LAKE COUNTY FILED FOR RECORD

2014 049163

2014 AUG 15 AH 10: 35

MICHAEL B. BROWN RECORDER

## **SURVIVORSHIP AFFIDAVIT**

Comes now Janet J. Schlobobohm, by Steven L. Schlobohm, her attorney-in-fact, who being duly sworn upon his oath, deposes and says:

That Janet J. Schlobohm, by Steven L. Schlobohm, her attorney-in-fact is the surviving spouse of Roger L. Schlobohm, deceased, who died domiciled in \_\_\_\_\_\_\_ County, \_\_\_\_\_\_, on February 25, 2008.

That affiant and Roger L. Schlobohm acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 33, HAYES FIRST EAST PARK ADDITION TO CROWN POINT AS SHOWN IN PLAT BOOK 11, PAGE 9, IN LAKE COUNTY, INDIANA.

230 Pettibone Avenue, Crown Point, IN 46307;

Affiant states that Janet J. Schlobobohm, by Steven L. Schlobohm, her attorney-in-fact and Roger L. Schlobohm 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 Roger L. Schlobohm'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 Seth N Kramer and Caitlyn R Kramer.

Executed this July 18, 2014.

attorney-in-fact

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said-Gounty and State this 18th day of July, 2014.

CORLE, KALE
Lake County
// Commission Expires
August 31, 2017

Notary Public / Cori-E. Kale

My Commission Expires: August 31, 2017

Schlobohm, by Steven L. Schlobohm, her

My County of Residence: Lake

This document prepared by: Steven L. Schlobohm File No. 1401999

I affirm, under the penalties for perjury, that I have taken reasonalbe care to redact each Social Security number in this document, unless required by law. Steven L. Schlobohm

AUG 13 2014

AUG 13 2014

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PEGGY MOLINGA KATONA
LAKE COUNTY AUDITOR

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## $\mathcal{C}$

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	712-	58									
Decedent's Legal Name (First, Mid	ent's Legal Name (First, Middle, Last)		1a. Maiden Last I	Name (If Female) 2.		Sex	Stat 3. Time o	tate No			
Roger L.  5. Social Security Number   6a, Age		Schlobohm			Male		4 :40 PM		1		
5. Social Security Number 6a. Age	- Yrs 6b. Under 1 Ye	ar 6c. Under 1 Mont	h 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Bir	th (Month/Day/)	'ear) 8.	Birthplace (C	ity And State	Or Foreign Country)	
9. Ever In U.S. Armed Forces?	Months	Days	Hours	Minutes	July 12		- 1			3,, 3-1,10,1,	
TTVes PTNs that	10. If Death Occurred In A			10a. If Death Occurred	Somewhere Othe	r Than A Hospi	ial;	bart,			
11. Facility Name (If Not Institution, Gi	☑ Inpatient ☐ Emergency ve Street And Number)	Department Outpatient L	Dead On Arrival	☐ Hospice Facility ☐	Decedent's Home	☐ Nursing Home	/Long-Term	Care Facility	Other (Spe	cify)	
St. Anthony Med	ical Center	•									
12. City Or Town, State, and Zip Cod	odicer			13. County Of	Death		1.44	Marian			
Crown Point IN							14. Marital Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ Divorced				
15. Surviving Spouse's Name	15a. (If Wife)	Give Maiden Last Nam	Lake  16. Decedent's Usual Occupation				☐ Widowed ☐ Never Married ☐ Unknown				
Janet Schlobohm		Emare						17. Kind Of Business/Industry			
19 Decidence Co.		Frey 18a. County		Electrician			!	Steel Mills			
Indiana		Lake		Crown Point							
18c. Street And Number				Crown Po	oint	18d. Apt. N	0	18e. Zip	0.4	149	
230 Pettibone					100.700.11				18f. Inside City Limits  8 Yes D No		
19. Decedent's Education		20. Decedent Of Hisp	anic Origin	21. Dec	edent's Race			4630	7-		
12		N/A		Whit							
22. Father's Name (First, Middle, Last)		1	T	23. Mother's Name (Fi				234	Mother's Maid	en Last Name	
August Schloboh		j	Towns G 13 1 1								
24. Informant's Name	24a. Relationship	To Decedent	Irene Schlobohm  24b. Mailing Address (Street And Number, City, State, Zip Co				Stephanson				
Janet Schlobohm		Wife /		230 Pettil				TN 465	007		
25a. Method Of Disposition	1 25b Pla	on Of Diagram	25. Plac	ce Of Disposition				403			
☑ Burial ☐ Cremation ☐ Donation ☐ E	intombment 250. Flat	ce Of Disposition (Name	Of Cemetery, Cremato	ory, Other Place) 2	25c. Location - City	y, Town, And St	ale				
☐ Removal from State ☐ Other (Specify):	-	Marrie Con	TOF	PICI.	ATI						
26. Was Coroner Contacted?	27. Name And Complete Geisen Fund	Mary Ceme	cility	ricia	rown Po	int, I	ndiar	ıa	- C		
☐ Yes ☑ No	606 E. 113	th Ave	e ument i	s the pro	perty	of		ĺ		Home License Number:	
27b. Signature Of Indiana Funeral Service	e Licensee:			nty Reco					FH107	00031	
Dans		the La	ake Cou	nty Neco	1	7c. License Nu	1	censee):			
	Jun	Caus	e Of Death (See	Instructions And E		D09000	013	·	<del></del>		
28. Part I. Enter The Chaig Of Eve Such As Cardiac Arrest, Respiratory A Line. Add Additional Lines If Neco	n <u>ts</u> Diseases <mark>, Injuries</mark> Arrest, Or Ventricular F	Or Complications—	That Directly Caused	The Death, Do Not E	Enter Terminal E	vents				Approximate	
			C (	To Parignate.	nter Only One Ca	ause On	7			Interval: Onset To Death	
Immediate Cause (Final Disease Or			- July	e y Ku	ue to (Or as A Conseque	nogron:	e, no	2			
Sequentially List Conditions, If Any, I Line A. Enter The Underlying Cause The Events Population to Day	eading To The Cause I	Listed On B.	Usu	le Cen	el k	tall	use				
The Events Resulting In Death) Last	(Disease Of Injury Tha	c.	1000	to Win	Or As A Conseque	120	T	ha ==	,		
		D.	5	7 A /	TO OTAS A CONSTITUTION		7	The	×42-		
Part II. Enter Other Significant Condition	s Contributing To Death Bu	of Not Resulting In The U	Inderlying Cause Give	ALLX 129	Was An Autope	Herionnea?	J Ve/	No Z	<del></del>		
11. Did Tobacco Use Contribute To Deat			TUNDE	R'S 030	. Were Autopsy Fi	ndings Available	To Compl	ete The Caus	e Of Death?	☐Yes   ☑No	
Yes Probably Who Unknown	02. II CIII		ÆÇ.	100		33. Manner					
4. Date Of Injury (Month/Day/Year)	35. Time C	call, but I regulativas pays to	Year Before Death U	ot Pregnant, But Pregnant Withir nknown If Pregnant Within The F	n 42'Days Of Death Past Year	Natural D Suicide D	Homicide 1	Accident 🗖 Pen Determined	ding Investigation		
,	33. Time C	or injury	THIS CERTIFIE	SCHILLING OF DEA	TIS Home Constru TIJ ON EU E MU	ction Site, Rest.	aurant, Woo	ded Area)	37. Inj	ury At Work?	
8. Location Of Injury - State	38a. City C	Or Town	TARREDO INTO	VIN HEATTH DEPART St & Number		IN THE				Yes 🔲 No	
		4	(e,/ND	ANA			38	c. Apt. No.	38d. Zip	Code	
3. Describe How Injury Occurred				FFC 20 7	ana	40 (6)	enortation !	njury, Specify			
				FEB 28 Z	mao	1 1		mjury, Specily senger □ Ped		(0	
. Signatury, Of Person Certifying Cause	of Date: 2		1 1 1 1 1	<u> </u>					estrar 🖸 Other	(specify)	
DIMMI!	1 Th	/			ı	er (Check Only		·			
J. Warne, Address And 7in Code Of Do	Son Certifying Course			:	E Certify	ring Physician E	Coroner I				
Name Address And Zip Code Of Pe ernardo S. Lucen 121 S. Indiana A	6207				X						
. Additional Funeral Service Provider.	6307		01039302 0210				<u> 47/2008</u>				
Signature of Local Health Officer:											
Tagnetor of Local Fleatin Officer;					49. For Re	gistrar Only - I	Date Filed (	Month/Day/Ye	ar):		
	Susan	· w B	17. DO		Fo	bruar	., -	29 -	2008		
Form 10110 (R7/9-07) ATTENTION ESTATE: The	Social Security # is being requeste	ed by this state agency in order to	pursue its statutory responsib	itity. Disclosure is voluntary and t	here will be no penalty for	refusal. THE RECO	TROS IN THE	PEDICO :==	<u> </u>		
				,	pornary 10	INC NEC	SIHI III COL	OCIVIES ARE CO	NFIDENTIAL PER	IC 16-3 7 1-10	