

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of December, 2014, personally appeared Carol A. Schmid, as Power of Attorney for Alyce J. Schmid, and acknowledged the execution of the foregoing Survivorship Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Violet Terziosi
Notary Public

My Commission Expires: 11-27-2020
My County of Residence: LAKE



This instrument was prepared by: Victor H. Prasco
Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410
(219) 769-1313

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.

By: [Signature]
Agent for Professionals' Title Services
Lisam. Metzger



WHEN RECEIVED RETURN TO:
PROFESSIONALS' TITLE
SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 25844

Local No 002471

EDR No 000000398919

State No 035484

1. Decedent's Legal Name (First, Middle, Last) DENNIS JEROME SCHMID
 1a. Maiden Name (if female)
 2. Sex MALE
 3. Time Of Death 01:15 AM
 4. Date Of Death (Month/Day/Year) 08/08/2014
 5. Social Security Number -1652
 6a. Age - Yrs 71
 6b. Under 1 Year
 6c. Under 1 Month
 6d. Under 1 Day
 6e. Under 1 Hour
 7. Date of Birth (Month/Day/Year) 07/04/1943
 8. Birthplace (City and State or Foreign Country) CHICAGO, IL

9. Ever in U.S. Armed Forces? Yes No Unknown
 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead on Arrival
 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER
 12. City Or Town, State, And Zip Code DYER, IN, 46311
 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 WYER, IN, 46311
 15a. (If Wife) Give Maiden Last Name WIGGINS
 10. Decedent's Usual Occupation TOLL COLLECTOR
 17. Kind Of Business/Industry STATE OF ILLINOIS

18. Residence - State INDIANA
 18a. County LAKE
 18b. City Or Town CEDAR LAKE
 18c. Street And Number 2517 MARSH LANDING PARKWAY
 18d. Apt. No.
 18e. Zip Code 46303
 18f. Inside City Limits? Yes No

19. Decedent's Education ITH - 12TH GRADE; NO DIPLOMA
 20. Decedent Of Hispanic Origin NOT HISPANIC
 21. Decedent's Race White
 22. Father's Name (First, Middle, Last) OHN SCHMID
 23. Mother's Name (First, Middle, Last) DOROTHY SCHMID
 23a. Mother's Maiden Last Name BARTLEY

24. Relationship To Decedent WIFE
 24b. Mailing Address (Street And Number, City, State, Zip Code) 12517 MARSH LANDING PARKWAY, CEDAR LAKE, IN 46303
 25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY-CARROLL CREMATION SERVICES, GARY, IN
 25c. Location - City, Town, And State

15a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify):
 16. Was Coroner Contacted? Yes No
 27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC., SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373
 27a. Funeral Home License Number: FH10200006
 27c. License Number (Of Licensee): ED01008015

28. Part I. Enter The Chain Of Events - Diseases, Injuries, 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. LIVER CIRRHOSIS Due to (Or As A Consequence Of): 2 YEARS
 B. ACUTE BACTERIAL ENDOCARDITIS Due to (Or As A Consequence Of): 2 WEEKS
 C.
 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? Yes No
 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
 32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death
 33. Manner Of Death: Nature Homicide Accident Pending Investigation Suicide 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? Yes No

38. City Or Town
 38b. Street & Number
 38c. Apt. No.
 38d. Zip Code
 39. Describe How Injury Occurred
 40. If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: NYEBUCHI ACHUFUSI, BY ELECTRONIC SIGNATURE
 42. Certifier (Check Only One): Certifying Physician Coroner Health Officer
 44. License Number: 01061802A
 45. Date Certified: 08/08/2014

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NYEBUCHI ACHUFUSI, 5454 HOHMAN AVENUE, HAMMOND, IN 46320
 46. Additional Funeral Service Provider:
 47. *AK#:
 48. For Registrar Only - Date Filed (Month/Day/Year): AUG 11 2014

49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

