

2015 026279

2015 MAY -1 AM 10:10

MICHAEL B. BROWN
RECORDER

7



Fidelity National Title
Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Lloyd W. Schiemann, Jr., being first duly sworn upon oath, deposes and says:

1. That Lloyd Schiemann aka Lloyd Schiemann, Sr. died on March 10, 2007 at Hammond, Indiana.
aka Lloyd Schiemann (City/State)
2. That Lloyd Schiemann Sr. and Jeffery Schiemann were Joint Tenants at the time they acquired title to the following described real estate:
Lot 10, except the South 10 feet thereof, and all of Lot 9 in Block 2 in Parkside Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 16 page 25, in the Office of the Recorder of Lake County, Indiana. Parcel: 45-02-24-380-020,000-023 Property: 4020 Sheffield Ave, Hammond IN 46327
3. That the relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.



Further affiant sayeth not.



Lloyd W. Schiemann, Jr.
Lloyd W. Schiemann, Jr. Affiant Signature

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

ACKNOWLEDGEMENT



Before me, a Notary Public in and for said County and State, personally appeared Lloyd W. Schiemann, Jr. who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 17th day of April, 2015.

Resident of Lake County, Indiana Signature [Signature]

My Commission Expires: 7/29/18 Printed Dawn Stanley

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. Dawn Stanley
[Name]

This instrument prepared by Attorney Timothy R. Kulper, Austgen Kulper Jasaitis P.C.

Mail to Lloyd W. Schiemann, Jr.

**FIDELITY NATIONAL
TITLE COMPANY**

92015-0772

FILED

APR 27 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

20781

13.
FW
DR

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Tracking No. 34695

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 145

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) LLOYD SCHIEMANN
2. SEX MALE
3a. TIME OF DEATH 3:23P.M.
3b. DATE OF DEATH (Month, Day, Yr.) MARCH 10, 2007
4. SOCIAL SECURITY NUMBER
5a. AGE—Last Birthday (Years) 76
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH (Mo, Day, Yr.) FEB 8, 1931
7. BIRTHPLACE (City and State or Foreign Country) CHICAGO IL
8a. WAS DECEDENT A U.S. VETERAN? NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a. PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL: Inpatient, ER/Outpatient, DOA
OTHER: Nursing Home, Residence (checked)

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) 4020 SHEFFIELD AVE
9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND
9d. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) DIVORCED
11. SURVIVING SPOUSE (If wife, give maiden name) N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) MANAGER
12b. KIND OF BUSINESS/INDUSTRY DRUG STORE

13a. RESIDENCE—STATE IN
13b. COUNTY LAKE
13c. CITY, TOWN, OR LOCATION HAMMOND
13d. STREET AND NUMBER 4020 SHEFFIELD AVE
13e. ZIP CODE 46327
13f. INSIDE CITY LIMITS? No
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? No
16. RACE—American Indian, Black, White, etc. (Specify) WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12, College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last) ERNEST SCHIEMANN
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARIE BLUM

INFORMANT

20a. INFORMANT'S NAME (Type/Print) JEFF SCHIEMANN
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4020 SHEFFIELD HAMMOND IN 46327
20c. Relationship SON

DISPOSITION

21a. METHOD OF DISPOSITION: Burial (checked), Entombment, Cremation, Removal from State, Donation, Other
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CONCORDIA CEMETERY 4/2007
21c. LOCATION—City or Town, State HAMMOND IN

CAUSE OF DEATH

22a. EMBALMER'S NAME: THOMAS OWENS
22b. EMBALMER'S LICENSE NO. 1001049
23. WAS DEATH REPORTED TO CORONER? No
24a. SIGNATURE OF FUNERAL DIRECTOR (Thomas Owens)
24b. LICENSE NUMBER (of Licensee) 1001049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: OWENS F.H. 3007291, 816-119TH WHITING IN 46394

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Esophageal cancer
a. DUE TO (OR AS A CONSEQUENCE OF)
b. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d.
Approximate Interval Between Onset and Death 3 years

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
- Anemia, Malnutrition
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? NO
28. WAS AN AUTOPSY PERFORMED? NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN (checked), HEALTH OFFICER, CORONER
29b. SIGNATURE AND TITLE OF CERTIFIER
29c. MEDICAL LICENSE NO. 01058603A
29d. DATE SIGNED (Month, Day, Year) 3/13/07

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) WASSIM ATASSI, M.D., 7400 Columbia Ave, Hammond, IN 46324
31. HEALTH OFFICER'S SIGNATURE
32. DATE FILED (Month, Day, Year) March 13, 2007

33. MANNER OF DEATH: Natural, Pending Investigation, Accident, Suicide, Could not be Determined, Homicide
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. DESCRIBE HOW INJURY OCCURRED
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
RAISED SEAL AFFIXED