

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 068261

2015 OCT -5 PM 1:39

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-07-08-356-025.000-023

Frank Stiglitz, being first duly sworn upon oath, deposes and says:

1. That Lucille Schubert a/k/a Lucille C. Schubert, died on the 21st day of July, 2015 at Crown Point, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:  

**Document is NOT OFFICIAL!**  
 This Document is the property of the Lake County Recorder!

LOT FOUR (4), BLOCK ONE (1), UNIVERSITY GARDENS SECOND ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 32, PAGE 57, IN LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 7204 NORTHCOTE AVENUE, HAMMOND, IN 46324
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Lucille Schubert a/k/a Lucille C. Schubert.
4. That this Affiant's relationship to the Decedent was Nephew.

FURTHER, your Affiant saith naught.

STATE OF INDIANA, COUNTY OF LAKE ) SS:



*Frank Stiglitz*  
FRANK STIGLITZ  
Deanna L. Griggs  
Lake County  
My Commission Expires  
February 20, 2021

Subscribed and Sworn to before me, a Notary Public this 29 day of September, 2015.

My Commission Expires: 2-20-21  
Resident of Lake County

Signature: *Deanna L. Griggs*  
Printed: Deanna L. Griggs, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

*Matthew W. Deulley*  
Signature of Preparer

*Deanna L. Griggs*  
Printed Name of Preparer

04657

FILED

OCT 02 2015

COMMUNITY TITLE COMPANY  
FILE NO 158641

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

B  
MM  
CM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 62039

Local No 002443

EDR No 00000459819

State No 034603

Form containing decedent information (Lucille C. Schubert), birth details (10/17/1925), death date (07/21/2015), cause of death (Acute ST Elevation Myocardial Infarction), and certifier information (Shoab H. Rasheed).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUL 23 2015

Susan W. Best, M.D. (Signature)

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED