STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 086046

2017 DEC 19 AM 10: 01

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Flora L. Schweitzer by James E. Schweitzer, Her Attorney In Fact, of adult age, being first duly sworn, upon deposes and says:

That Flora L. Schweitzer, is the Wife of Vernon H. Schweitzer, deceased, who died on July 16, 2016 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Lucia M. Mager recorded April 21, 1992 as Document No. 92-24235 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and ex have been fully paid and satisfied. That the gross value of he estate of said decedent including all jointly held property, all gifts made in the contemplation of death, or made within the three years next premade within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Flora L. Schweitzer by James E. Schweitzer, Her Attorney In Fact, surviving spouse of the decedent.

And further affiant sayeth not this 11th day of December, 2017

Flora L. Schweitzer by James Schweitzer, Her Attorney In Fact

State of Indiana, County of Lake ss

Subscribed and sworn to before me, the undersigned, ublic in and for the County and State aforesaid, this 11th day of December, 2017.

WITNESS my hand and Notarial Seal

My Commission Expires:

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

7809 Madison Street Merrillville, IN 46410

AMUETTU MUMMEZ

Signature of Notary Public

SEAL

SEAL

SEAL

Grantee's Address and Mail Tax Statements To:

17-42316 File No.:

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. Debra A. Guy

2158806-1753

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

DEC 15 2017

HOLD FOR MERIDIAN TITLE COR

JOHN E PETALAS

LAKE COUNTY AUDITOR

032323

LEGAL DESCRIPTION

Part of the East 1/2, Northeast 1/4, Section 21, Township 35 North, Range 8 West of the 2nd P.M. described as follows: Beginning at a point on the West line of the East 1/2, Northeast 1/4 of said Section 21 and 939.66 feet South of the Northwest corner thereof; thence North along said West line a distance of 200 feet; thence East parallel to the North line of said Section 21 a distance of 210 feet; thence South parallel to the West line of the East 1/2 of the Northeast 1/4 of said Section 21 a distance of 200 feet; thence West parallel to the North line of said Section 21 a distance of 210 feet to the point of beginning, containing 0.964 acres, more or less.

Tax ID Number(s): State ID Number Only

45-12-21-226-009.000-030







INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	al No 002		<u>.</u>	EDR No 00000522441				State No					
Decedent's Legal Name (First, Middle, Last)				1a. Maiden Name (If female)				2. Sex	2. Sex 3. Time Of De		Death 4. Date Of Death (Month/Day/Year)		
VERNON H SCHW 5. Social Security Number		6b. Under 1	Year So Hade	er 1 Month	6d. Under 1 Day	6e, Under 1 Ho	ur 17 Date	MA MA		6:22 PM	Thy and State	07/16/2016 or Foreign Country)	
	-				-	-	/ . Ball		,	. ,			
86 Months Days Hours Minutes 04/24/1930 SCHERERVILLE, IN 9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital:													
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify) 11. Facility Name (If Not institution, Give Street and Number)													
LINCOLNSHIRE HEALTH CARE CENTER													
12. City Or Town, State, And Zip Code 13. County Of Death										14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced			
MERRILLVILLE, IN, 46410 15. Surviving Spouse's Name					15a. (if Wife)Give Maiden Last Name			18. Decedent's Usual Occupation			Mdowed Never Married Unknown 17. Kind Of Business/Industry		
FLORA SCHWEITZ	MAGER			OWNER-OPERATOR				OR	AUTOMOTIVE TOOLS				
18. Residence - State			18a. County			18b. City Or Town							
INDIANA 18c. Street And Number	·		AKE			MERRILL	VILLE	r	18d. Apt. No.	18e, Zi	n Code	18f. Inside City Limits?	
7809 MADISON ST	DEET								iou. Apr 140,			⊠ Yes □ No	
19. Decedent's Education			20. Decedent	Of Hispan	c Origin	100 0 21	Decedent's	Race		46	5410	<u> </u>	
HIGH SCHOOL GRADUATE OR GED COMPLETED White													
22. Father's Name (First, Midd	le, Last)			NO	TO	23. Mother's Nam	re (First, Mid	die, Last)		23a.	Mother's Ma	iden Last Name	
JOHN SCHWEITZE 24. Informant's Name	R			Non and To	e men	LAURETTA	SCHWE	ITZER	City California Via C	SCH	HUMACH	IER	
FLORA SCHWEITZ	FR				Lake Co			L 💞			110		
					25, Place	e Of Disposition							
25a. Method Of Disposition Burial Cremation Removal From State Other (Specify):	Donation Ent	ombment	LUMET P		me Of Cemetery, Crer	matory, Other Place		RRILLVILI	Town, And State				
26. Was Coroner Contacted?	I .	Name And Com	plete Address O	f Funeral F	acility	50 7005 P					27a. Fun	eral Home License Number:	
☐ Yes ☒ No	464	10-5559	ERAL & C	REMA	TION SERVIC	ES, 7905 BI	ROADW				FB408	00005	
27b. Signature Of Indiana Fun RONALD J. MESAR			IC SIGNAT	URE					 c. License Numb D01005912 				
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.											Approximate Interval: Onset To Death		
Immediate Cause (Final Di	sease Or Condi	tion Resulting	In Death)	A. <u>1</u>	DIABETES MELLIT	SER'S	Due to (Or /	As A Consequence	On:			YEARS	
Sequentially List Condition	s. If Anv. Leadir	na To The Cau	use Listed On	В. <u>Н</u>	YPERTENSION		E			<u>/ </u>		YEARS	
Line A. Enler The Underly The Events Resulting In Do		ase Or Injury	Nat Initiated	C. E	DEMENTIA		Pue lo (Or /	As A Consequence	οη:			YEARS	
			c .	-	E i W	/ اتعہد	Oue to (Or A	As A Consequence	Ο ή:	e			
Part II. Enter Other Significant (Conditions Contrib	outing to Death	But Not Resulting	n In The III	TROKE Children Global Called Children	IMPAINTY OF	29. Was	An Autopsy 8	erformed?	☐ Yes	—————————————————————————————————————	YEARS	
				LAKE	RECORD ON	ELLE WITH	THE WER	Autopsy Fin	ding Available To	Complete The		ath? Yes No	
31. Did Tobacco Use Contribu		32. If F	emale: Pregnant Wilhin Paul 1	rear P	ennahl Al Tene Of Death	Not Pregnant, But Pre	egnani Wihin 42	Days Of Death	33, Manner C		Accident [Pending Investigation	
34. Date Of Injury (Month/Day/			Pregnant, But Pregnan ne Of Injury	1 43 Days To 1	year Belore Gein [Ol Iulini) (E.C." Di				Could Not Be I		, Injury At Work?	
												☐ Yes ☐ No	
38. Location Of Injury - State		38a. Ci	ty Or Town		38b. Stre	et & Number				38c. Apt.	No. 38	d. Zip Code	
39. Describe How Injury Occur	red			LA	E COUNTY H	EALTH OFF	ICER_	<u>.</u>	40. If Transpo	rtation Injury, Sp	ecify:	,	
· .											Pedestrian 📙 O	ther (Specify)	
11. Signature, Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death:								42. Certifier (Check Only One) ☐ Certifying Physician ☐ Coroner ☐ Health Officer ☐ 44. License Number ☐ 45. Date Certified					
ADI ISSA ALZEIDAN , 311 E. 89TH AVE, MERRILLVILLE, IN 46410									01053	003A		08/01/2016	
46. Additional Funeral Service									47. *Ak				
48. Signature of Local Health C		ECTRONI	C SICNAT	HDF				49. For Reg	istrar Only - Da				
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AUG 01 2016 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													