

NOT AN OFFICIAL DOCUMENT

FILED

Dec 17 2021 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2021-543434
12/20/2021 10:59 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Property Number:
45-07-34-476-016.000-006

Tax Mailing Address:
~~226 N ERNEST ST~~ * 121 N WEST St. Apt 15
~~GRIFFITH IN 46319-2629~~ CrownPoint IN
460307

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

TE

Comes now Carol L. Schuster, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations: TE

1. Carol L. Schuster is an adult residing at ~~226 North Ernest Street, Griffith, IN 46319~~*, in the County of Lake, State of Indiana, and has personal knowledge of the facts stated herein as the surviving spouse of Robert E. Schuster.
2. Carol L. Schuster is the owner of the following described real estate:

Lots 38 and 39 Block 11, Ridgewood Addition to Griffith, as per plat thereof, recorded in Plat Book 2, page 80, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 226 North Ernest Street
Griffith, IN 46329

Property Number: 45-07-34-476-016.000-006

3. Said real estate was formerly owned by Robert E. Schuster and Carol L. Schuster, husband and wife.
4. Robert E. Schuster and Carol L. Schuster, husband and wife, obtained title to said real estate by the Quitclaim Deed dated 12th day of October, 1978, and recorded October 12, 1978, as Document No. 495662, in the Office of the Recorder of Lake County, Indiana, made by Carol L. Cather, a divorced person to Robert E. Schuster and Carol L. Schuster, husband and wife.

(Survivorship Affidavit – GITC File No. IN013455 - page 1 of 3)

IND13455

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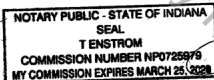
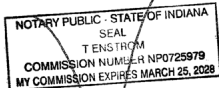
5. Robert E. Schuster died on August 29, 2019, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
6. Robert E. Schuster and Carol L. Schuster were husband and wife at the time they acquired title to said real estate and they were never divorced.
7. There were no Federal Estate taxes due by reason of Robert E. Schuster's death.
8. As a result of the death of Robert E. Schuster, Carol L. Schuster, as his surviving wife, became the sole owner of said real estate.
9. The purpose of this Survivorship Affidavit is to place of record with the Lake County Auditor's and Recorder's Offices evidence of the death of Robert E. Schuster and that Carol L. Schuster, as the surviving spouse of Robert E. Schuster, became the sole owner of said real estate as a result of the death of Robert E. Schuster.

Further Affiant saith not.

Carol L. Schuster
Carol L. Schuster

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Carol L. Schuster, the Affiant, on this 24th day of November, 2021.

1st of December 18



Notary's Signature: _____

Notary's Printed Name: T Enstrom

Notary's County of Residence: Lake

Notary's Commission Expires: 3/25/28

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After recording return to and Mailing Address of Affiant:

Carol L. Schuster

~~226 N ERNEST ST~~

121 N West St. Apt 15

~~GRIFFITH IN 46319-2629~~

Crown Point IN 46007

TE

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company Commitment no. IN013455.

(Survivorship Affidavit – GITC File No. IN013455 - page 3 of 3)

Property of Lake County Recorder



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 206512

Local No 903176

EDR No 00000728860

State No 042446

1. Decedent's Legal Name (First, Middle, Last) ROBERT E SCHUSTER		1a. Maiden Name (If female)		2. Sex MALE		3. Time of Death 04:03 AM		4. Date of Death (Month/Day/Year) 08/29/2019			
3. Social Security Number [REDACTED]		5a. Age - Yrs 84		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours			
5. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		7. Date of Birth (Month/Day/Year) 08/23/1935		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN			
11. Facility Name (If Not Institution, Give Street and Number) 226 NORTH ERNEST STREET		12. City Or Town, State, And Zip Code		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name CAROL SCHUSTER		15a. Last Name Before First Marriage RUF		16. Decedent's Usual Occupation METALLURGIST		17. Kind Of Business/Industry STEEL					
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18d. Apt. No.		18e. Zip Code 46319			
18c. Street And Number 226 NORTH ERNEST STREET		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent: Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) GEORGE SCHUSTER		23. Parents Name (First, Middle, Last) MARY SCHUSTER		23a. Parent's Last Name Before First Marriage JONES		24. Informant's Name CAROL SCHUSTER					
24. Informant's Name		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 226 NORTH ERNEST STREET, GRIFFITH, IN 46319		25. Place Of Disposition CHAPEL LAWN MEMORIAL GARDENS					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		25c. Location - City, Town, And State CROWN POINT, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322		27a. Funeral Home License Number: FH11700003							
27b. Signature Of Indiana Funeral Service Licensee: KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD29600005		Cause Of Death (See Instructions And Examples)							
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.		A. CARDIOPULMONARY ARREST		Due To (Or As A Consequence Of):		B. MALIGNANT LUNG CANCER WITH METASTASIS TO THE BONE		Due To (Or As A Consequence Of):			
Immediate Cause (Final Disease Or Condition Resulting In Death)		C.		Due To (Or As A Consequence Of):		D.		Approximate Interval: Onset To Death SECONDS			
Securionally List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		E.		Due To (Or As A Consequence Of):		F.		Approximate Interval: Onset To Death 3 WEEKS			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant With Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Onset Of Death <input type="checkbox"/> Pregnant With Past Year <input type="checkbox"/> Pregnant, But Pregnant 42 Days To 1 Year Before Onset Of Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Location Of Injury - State		35a. City Or Town		35b. Street & Number SEP 03 2019		35c. Construction Site, Restaurant, Wooded Area		36. Apt. No.		36d. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		NOT VALID UNLESS							
41. Signature, Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01034378A		43. Date Certified 08/30/2019					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, 8560 BROADWAY, MERRILLVILLE, IN 46410		44. Additional Funeral Service Provider:		45. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		46. For Registrar Only - Date Filed (Month/Day/Year): SEP 03 2019					
46. Additional Funeral Service Provider:		47. Signature of Local Health Officer:		48. For Registrar Only - Date Filed (Month/Day/Year):		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					