

BY: JAS GINA PIMENT
PG #: 2 RECORDER
RECORDED AS PRESENTED

FILED

Dec 05 2023 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

AFFIDAVIT OF SURVIVORSHIP

DONNA SCHMIDT, being first duly sworn upon oath, states as follows:

- 1. FRANCIS E. SCHMIDT died on June 23, 2023 in Dyer, Indiana;
- 2. DAWN A. SCHMIDT and FRANCIS E. SCHMIDT were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The East 146.66 feet of the West 293.32 feet of the South 445.52 feet of the South 1,485.00 feet of the East 586.67 feet of the West 60 rods of the Southeast Quarter of Section 1, Township 34 North, Range 10 West of the 2nd P.M., in Lake County, Indiana.

see Death Certificate Exhibit A"

- 3. The marital relationship which existed between DAWN A. SCHMIDT and FRANCIS E. SCHMIDT at the time they acquired title to said real 'estate' remained in effect and unbroken until the date FRANCIS E. SCHMIDT's death at which time DAWN A. SCHMIDT acquired title to the real estate as surviving tenant by the entireties.
- 4. All funeral expenses in connection with the death of FRANCIS E. SCHMIDT have been paid in full;

5. There is no Federal or State inheritance tax liability by reason of FRANCIS E. SCHMIDT's death.

Janua Schneid

ACKNOWLEDGEMENT

STATE OF INDIANA

COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, personally appeared DONNA SCHMIDT who acknowledged the execution of the foregoing instrument, and who, having been duly awar, stated that any representations therein contained are true. Witness my hand minimum, seal this 21 day of NOVEMBER 2014 May 14 May 15 May 15 May 16 May 16 May 16 May 16 May 16 May 16 May 17 May 18 May

SEAL S

ONNUMBER

Resident of Port County, Indiana

Commission Number 650421

My commission expires

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.

ANNETU Marfinez

THIS INSTRUMENT PREPARED BY: Jamey Glynn, JOSTES & GLYNN, LLP, 13321 Wicker Avenue, Cedar Lake, Indiana 46303, (219) 232-6112, at the specific request of the owner or the owner's representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any remaining or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.

23-25993

/Signature

CERTIFICATE OF DEATH EDR No 000011559559 Local No 002259 State No 2023-032459 Maiden Name (friemze 4. Date Of Death (Monta/Day/Year) Decedent's Local N 08:21 PM 06/23/2023 Male Francis F Schmidt 8. Birthorice (City and State or Foreign Country) 5. Social Security Number | 8a. Age - Yrs 6b: Under I Year | 6c: Under t Month | 6d. Under I Day Se. Under 1 Hou Date of Birth (Month/Dec/Vend) 12/13/1946 Over Indiana Mistes Montre Days Hours 9. Ever in U.S. Armed Forces? 10a M Daalis Occu ed Somewhere Other Than & Hospital ☐ Hospice Facility
☐ Other (Specify) ☐ Inpatien: ☐ Emergency Department Outpatient ☐ Dead on Arrivati ₩ Yes □ No □ Unknown 11. Facility Name 18 Not Institution Give Street and Number: 15048 W 109th Avenue 13. County Of Death 14 Martie Status Al Time Of Death 12. City Or Town, State, And Zig Code | Married | Married But Separated | Divorced | Widowed | Never Married | Unknown Dyer, Indiana 46311 aka 15. Surviving Spouse's Name Ex I and Name Balove First b 16. Decedents Up a Occ 17 Kind Of Rusiness industry Boarding Stable Gustason Self Employed Dawn 18 Residence - State 18a Court 18b. City Or Town IN Lake Dyer 16c. Street And Number 16d Apt No 184. Zp Code 187 Inside Cey Limits? □Yes: □ No 15048 W 109th Avenue 46311 19. Deceders's Educator 20 Decedent Of Hispanic Origin 21. Decedent's Race High School graduate or GED completed Not Scanish/Hispanic/Latino MINIO 22 Parent's Name (First Middle Last) 23 Parent's Name (First, Middle, List) 23a Parent's Last Name Batore First Marriage Linknown Francis E Schmidt Jennie Schmidt 245, Malling Address (Smeat And Number, City, State, Zip Code) 24 Informant's Name hip To Deceden Chad Schmidt 317 N Union Street, Lowell, IN, 46356 Son 25. Place Of Disposition INemie Of Cernel 25c, Location - City, Town, And Stelle 25s Malbod Of Cosposition ☐ Burisl Cremation ☐ Conation ☐ Enternament Removal From State Heights Crematory Chicago Heights, IL Other (Specify) 274 Funeral Home License Number 27. Name And Complete Address Cf Funeral Facility.
Castle Hill Funeral Home 1219 Sheffield Ave. Dyer, Indiana, 46311 FH10900001 TI Yes TO No 275. Signature Of Indiana Funeral Service Licenses (Nicole Chelbana) 23r | Lease Burton (CV) reas FD21800054 Electronically Signed Cause Of Death (See Instructions And Examples) Approximate interval: Onset To Death 28. Part I. Enfor The Chain Of Eyyatts - Diseases, Injuries, Or Comptications - That Directly Caused The United Part Enfort Terminal Events Such as Candac Arrest, Recognition Arrest, or Venticular Fabrilation Webour Strowing The Editory, On Not Aboresiate Enfort Only One Cause On A Lips. Acid Additional Linca In Necessary. NON-ISCHEMIC CARDIOMYOPATHY AND CHRONIC SYSTOLIC AND YEARS immediate Cause (Final Disease Of Condition Resulting in Death) DIASTOLIC CONGESTIVE HEART FAILURE YEARS Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Gause (Disease Or Injury That Indiated The Events Resulting In Death) Last 0.4 1. (0. 14.10.2.4 SAL IF ALL POWNERS OF Part II. Erner Other Significant Comptions Contitioning to Depth But Not Requiring in The Underlying Cause Given in Part I 29. Was An Autopsyll Yes No 30. Were Autopay Finding Available To Co. TYES NO

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, KIDNEY DISEASE 12. Mismel Of Cests 52, if Farts 31. Did Tobacco Use Contribute To Death? Yes Probably II No E Unknown Suicide C Could Not Be Deferrined on Nos Restaurant Wooded Area! THE RECORD ON FILE WINDSHIP ES 34: Dale Of Injury (Mohlly Day Year) THE RECORD ON FIL TI Yes □ No AKE COUNTY HEALTH DEPARTMENT 202 Street & Northins ter 2m Code 38. Location Of Injury - State 28 39. Describe How Injury Occurred DOWN DNOTDMED UNLESS 42 Conter (Chao Chili Chil)

[2] Centung Physician [3] Contract [3] Hauth Office 41. Signature, Of Person Certifying Cause Of Death Lyle R Munn Electronically Signed 5. Date Certified se. Address And Zip Code Of Person Certifying Ger A DOMANE COUNTY HEALTH OFFICER 01031582A 06/26/2023 Lyle R Munn 600 Superior Avenue, Munster, IN 46321 47, 'Akas. 46 Additional Funeral Service Provider 49 For Registrar Only - Date Fried - Mouth/Day/Years: 46. Signature of Local Health Officer 06/27/2023 Chandana Warifala **Electronically Signed** AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)