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2002 NOV -4 AM 9:46

MORRIS W. CARTER  
RECORDER

①

**Chicago Title Insurance Company**

**SURVIVORSHIP AFFIDAVIT**

620028537

On this 10-25-02 before me personally appeared CARL J.  
(insert date)

Sossong

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner;  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

- Said premises were formerly owned as joint tenants or as tenants by the entireties by CARL J. Sossong and Jacquelyn R Sossong;

- Said Jacquelyn R. Sossong  
(fill in name of co-tenant who died)

died on July 10th 2001

leaving \_\_\_\_\_ will;  
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:  
Lot 3, in Hanover Plat 'D', an Addition to the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 47 page 108, in the Office of the Recorder of Lake County, Indiana.

- Is there Federal Estate or State inheritance tax liability by reason of the death of said

decedent?  Yes  No

If yes, then estimated taxes due are \$ 00005

The taxes due are  paid or  unpaid.

**FILED**

NOV 1 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

1900  
KM  
CT

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

-----);

8. Affiant's relationship to the deceased was Spouse

Signature: Carl J. Sossong

Printed Name Carl J. Sossong

Address: 10928 W 135 P1

This Document is the property of the Lake County Recorder Callie Lake QM

46303

Subscribed and sworn to before me by the affiant

this October 25 2002  
(insert date)

Tina Brakley  
Notary Public

Printed Name Tina Brakley

My County of Residence is: Lake

In the State of INDIANA

My Commission Expires 12-26-07



TINA BRAKLEY  
Notary Public, State of Indiana  
County of Lake  
My Commission Expires Dec 26, 2007

This instrument prepared by Carl J. Sossong

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

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.

Local No. 1545-01 State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>JACQUELYN R. SOSSONG</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>6:15A M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>JULY 10, 2001</b>	
4 *SOCIAL SECURITY NUMBER <b>342-14-7088</b>	5a AGE—Last Birthday (Years) <b>76</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>MAR. 25, 1925</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>KANKAKEE, IL</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>WITTENBURG MANOR</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>CROWN POINT</b>	9d. COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>CARL SOSSONG</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SERVICE</b>		12b. KIND OF BUSINESS/INDUSTRY <b>RETAIL SALES</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>CEDAR LAKE,</b>		13d. STREET AND NUMBER <b>10928 W. 135TH PLACE</b>	
13e. ZIP CODE <b>46303</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify) <b>WHITE</b>	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) <b>WILLIAM BRADLEY</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>URSULA MARX</b>		20a. INFORMANT'S NAME (Type/Print) <b>CARL SOSSONG</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>10928 W. 135TH, CEDAR LAKE, IN</b>		20c. Relationship <b>HUSBAND</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>JULY 13, 2001 HOLY NAME CEMETERY</b>		21c. LOCATION—City or Town, State <b>CEDAR LAKE, IN</b>	
22a. EMBALMER'S NAME <b>WILLIAM E. BURDAN</b>		22b. EMBALMER'S LICENSE NO. <b>FD01007697</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01007697</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURDAN FUNERAL HOME, FH83002461 12901 WICKER AVE, CEDAR LAKE, IN</b>	
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) a. <b>CONGESTIVE HEART FAILURE</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>CORONARY ARTERY DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>PRIMAARY EMBOLUS HEMISPANIES &amp; OLD DEBRIS SACRUM ACCIDENT DIABETES</b>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>R. J. [Signature]</i>		29c. MEDICAL LICENSE NO. <b>61035397</b>		29d. DATE SIGNED (Month, Day, Year) <b>7-11-01</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR ZIMMERMANN MD 300 W. [Address] Merrillville IN 46410</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts, D.O.</i>					
32. DATE FILED (Month, Day, Year) <b>July 12, 2001</b>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <b>FILED</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>NOV 1 2001</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>			

# Last Will and Testament

OF

JACQULYN R. SOSSONG

I, JACQULYN R. SOSSONG, of Calumet City, Illinois, revoke all prior wills and codicils and make this my Will.

## ARTICLE I

I give all of my personal effects, household goods, automobiles, and all other goods and chattels to my husband, CARL J. SOSSONG, (hereinafter called "my husband"), if he survives me, or if he predeceases me, to my children who survive me in shares of substantially equal value. My children on the date hereof are, GLORIA WATERS, RICHARD SOSSONG, and DEBRA UMGELDER. If my children cannot agree on a division of this property within six months after my death, as my executor shall determine.

## ARTICLE II

I give the residue of my estate, excluding any property over which I have power of appointment, to my husband, or if he does not survive me, per stirpes to my descendants who survive me.

## ARTICLE III

No person hereinabove named or described in this Will shall be deemed to have survived me unless he or she is living on the thirtieth (30th) day after the day of my death.

## ARTICLE IV

1. I name my husband as the executor of this Will. If for any reason my husband fails or ceases to act as executor, I name my daughter DEBRA UMGELDER, and if she resigns, refuses, or is unable to act, I name my daughter GLORIA WATERS, as successor executor.

2. I direct that no security on the executor's bond be required of any executor named herein.

3. I direct the executor to pay out of the residue of my estate passing hereunder all of my debts (other than debts

**COPY**  
For Your Record  
Edward F. Stanula  
Attorney At Law

55

secured by life insurance), all expenses of administering my estate and all estate, inheritance, transfer and succession taxes other than any tax on a generation-skipping transfer which is not a liability of my estate (including interest and penalties, if any) which become due by reason of my death. I waive on behalf of my estate any right to recover from any person, including any beneficiary of insurance upon my life, any part of such taxes.

4. I give the executor the following powers and discretions, in each case to be exercisable without court order.

(a) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate;

(b) To settle claims in favor of or against my estate;

(c) To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death, even though such exercise or non-exercise increases or decreases estate principal or income, without adjustment to principal or income;

(d) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the executor as to the value of any property distributed in kind shall be conclusive; and

(e) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of the executor's powers and discretions.

I have signed this Will, consisting of three pages, this page included, on \_\_\_\_\_, 1985

**COPY**

F. Your Record  
Edward F. Stanula  
Attorney At Law



We certify that in our presence on the date appearing above JACQULYN R. SOSSONG signed the foregoing instrument and acknowledged it to be her Will, that at her request and in her presence and in the presence of each other we have signed our names below as witnesses, and that we believe her to be of sound mind and memory.

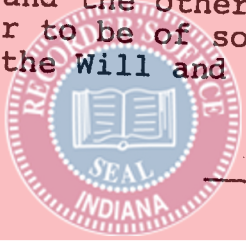
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**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

STATE OF ILLINOIS )  
                          ) SS  
COUNTY OF COOK   )

We, the attesting witnesses to the Will of JACQULYN R. SOSSONG, on oath state that each of us was present and saw the testator sign the Will, to which this affidavit is attached, in our presence; that the Will was attested by each of us in the presence of the testator and the other witnesses; and that each of us believe the testator to be of sound mind and memory at the time the testator signed the Will and at the time we signed as witnesses.



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED and SWORN to  
before me this                    day  
of                                    ,1985

\_\_\_\_\_  
Notary Public

**COPY**  
For Your Record  
Edward F. Stanula  
Attorney At Law