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This Document was  
Prepared By  
*W. Lee Newell, Jr.*  
*134 Pulaski Rd*  
*Calumet City, IL 60409*

2007 04 10 18

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When recorded  
Return to:  
*W. Lee Newell, Jr.*  
*134 Pulaski Rd*  
*Calumet City, IL 60409*



[Space Above This Line For Recording Date]

10E4



**FILED**

MAY 18 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

1200  
P.M.

006586

CK# 88590

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF ILLINOIS        )  
                                          ) ss:  
COUNTY OF COOK        )

KATHLEEN A. PERSFUL, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, DAVID L. PERSFUL, died (without leaving a will) (leaving a will) on June 17, 2006.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

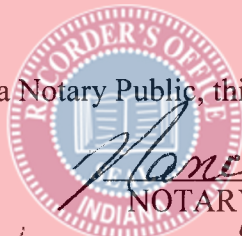
SEE ATTACHED

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Kathleen A. Persful*  
\_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this 30<sup>th</sup> day of April, 2007.

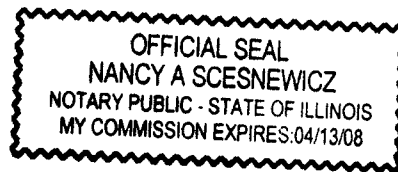


*Nancy A. Scesnewicz*  
\_\_\_\_\_  
NOTARY PUBLIC

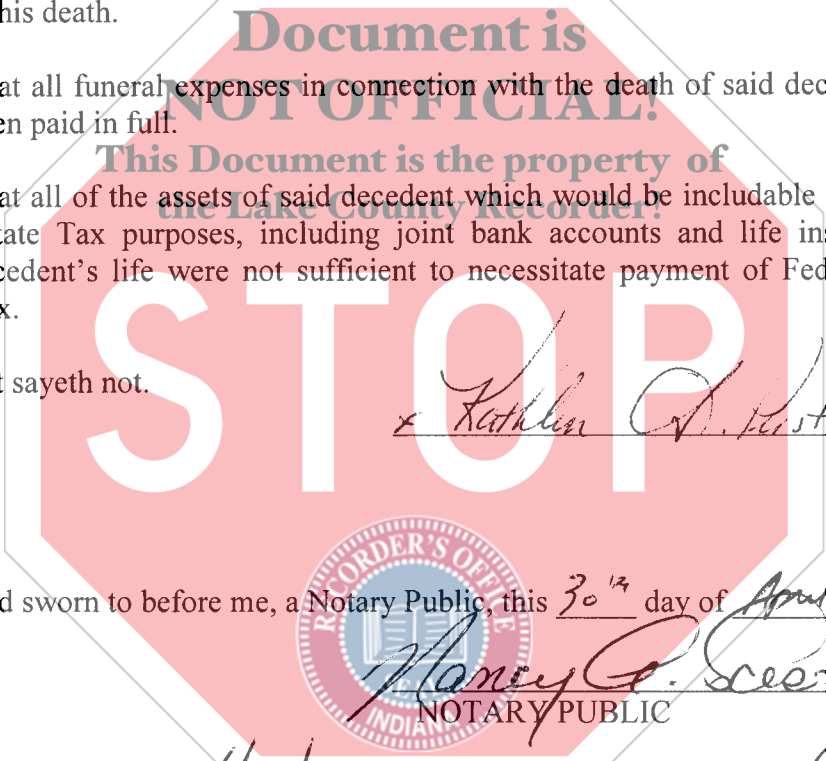
My commission expires: 04/13/08

County of Residence: Cook Ill

This Instrument prepared by: Lee Newell, Jr., Attorney at Law



1077



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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1507-06

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED-NAME (First, Middle, Last) DAVID LEE PERSFUL; 2 SEX Male; 3a TIME OF DEATH 11:00 A.M.; 3b DATE OF DEATH (Month, Day, Year) June 17, 2006; 4 SOCIAL SECURITY NUMBER 316-44-0268; 5a AGE-Last Birthday (Years) 60; 5b UNDER 1 YEAR; 5c UNDER 1 DAY; 6 DATE OF BIRTH (Mo, Day, Yr) May 21, 1946; 7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana; 8a WAS DECEDENT A U.S. VETERAN? No; 8b YEAR LAST SERVED IN U.S. ARMED FORCES? -; 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: Inpatient; 9b FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center; 9c CITY, TOWN, OR LOCATION OF DEATH Crown Point; 9d COUNTY OF DEATH Lake; 10 MARITAL STATUS (Specify) Married; 11 SURVIVING SPOUSE (If wife, give maiden name) Kathleen Moran; 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter; 12b KIND OF BUSINESS/INDUSTRY Local 597; 13a RESIDENCE-STATE Indiana; 13b COUNTY Lake; 13c CITY, TOWN, OR LOCATION Crown Point; 13d STREET AND NUMBER 11808 Burr Street; 13e ZIP CODE 46307; 13f INSIDE CITY LIMITS No; 13g ON A FARM? No; 14 CITIZEN OF WHAT COUNTRY? USA; 15 WAS DECEDENT OF HISPANIC ORIGIN? No; 16 RACE-American Indian, Black, White, etc. (Specify) White; 17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12; 18 FATHER'S NAME (First, Middle, Last) Max Persful; 19 MOTHER'S NAME (First, Middle, Maiden Surname) Jennie Schoon; 20a INFORMANT'S NAME (Type/Print) Kathleen Persful; 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11808 Burr Street Crown Point, IN 46307; 20c Relationship Wife; 21a METHOD OF DISPOSITION Burial; 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 21, 2006 Calumet Park Cemetery; 21c LOCATION-City or Town, State Merrillville, Indiana; 22a EMBALMER'S NAME Ronald J. Mesarch; 22b EMBALMER'S LICENSE NO. FDO1005912; 23 WAS DEATH REPORTED TO CORONER? No; 24a SIGNATURE OF FUNERAL DIRECTOR Ronald J. Mesarch; 24b LICENSE NUMBER (of Licensee) FDO1005912; 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. FH83007762 7905 Broadway Merrillville, IN 46410; 26 PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure; 26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I; 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No; 28a WAS AN AUTOPSY PERFORMED? No; 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No; 29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN; 29b SIGNATURE AND TITLE OF CERTIFIER Troy Stovall, M.D.; 29c MEDICAL LICENSE NO. 02001581; 29d DATE SIGNED (Month, Day, Year) 06-29-2006; 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Troy Stovall, M.D. 952 South Court Street Crown Point, IN 46307; 31 HEALTH OFFICER'S SIGNATURE Susan J. Burt D.O.; 32 DATE FILED (Month, Day, Year) June 20, 2006; 33 MANNER OF DEATH Natural; 34a DATE OF INJURY; 34b TIME OF INJURY; 34c INJURY AT WORK?; 34d DESCRIBE HOW INJURY OCCURRED; 34e PLACE OF INJURY; 34f LOCATION (Street and Number or Rural Route Number, City or Town, State); 34g DATE PRONOUNCED DEAD (Month, Day, Year); 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Legal Description:**

Lot 28 in Pon and Co's Oak Hills, as per plat thereof, recorded in Plat Book 25 page 11, in the Office of the Recorder of Lake County, Indiana.

**Permanent Index Number:**

Property ID: 03-07-0195-0004

**Property Address:**

11808 Burr Street  
Crown Point, IN 46307

