

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 054711

2009 AUG -7 AM 9:14

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT 620093577

CHICAGO TITLE INSURANCE COMPANY

On this 7-31-09 before me personally appeared Nancy C. Baginski
(insert date)

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

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

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Harry A. Baginski and Nancy C. Baginski

4. Said Harry A. Baginski
(fill in name of co-tenant who died)

died on 11-30-2008

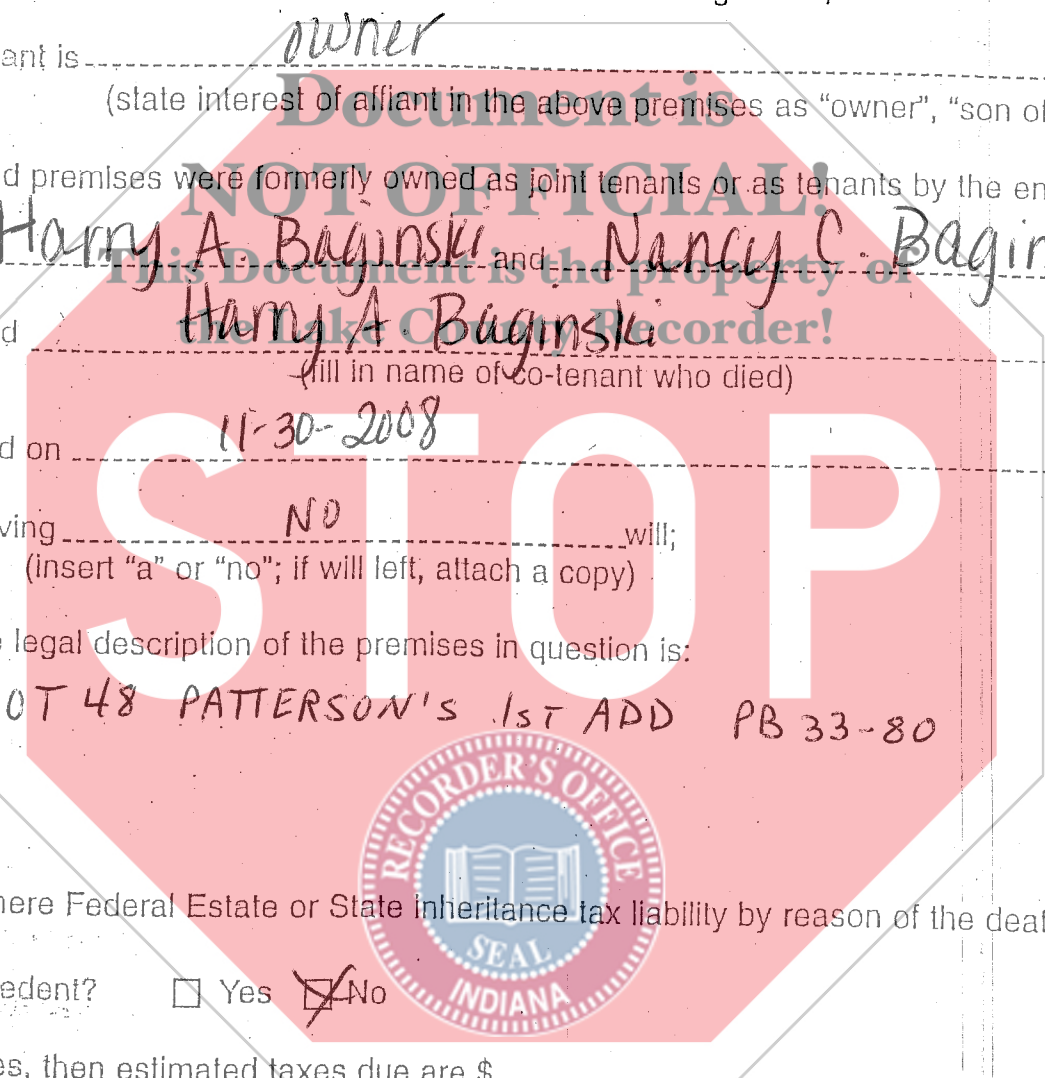
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
LOT 48 PATTERSON'S 1st ADD PB 33-80

6. 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 \$

The taxes due are paid or unpaid.



FILED

AUG 06 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003754

150
CT
RM

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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 wife

Signature: Nancy C. Baginski

Printed Name Nancy C. Baginski

Address: 2371 Deep path Dr
unit 212

Schererville, In 46375

Subscribed and sworn to before me by the affiant

this

7-31-09

(insert date)

Melissa Yanez
Notary Public

Printed Name

Melissa Yanez



My County of Residence is:

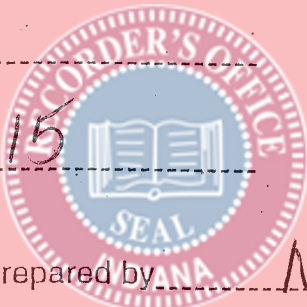
LAKE

In the State of

IN

My Commission Expires

9-12-15



This instrument prepared by

NANCY C. Baginski

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.
Barbara Megquier

STATE OF ILLINOIS
CERTIFICATE OF DEATH

620093577

REGISTRATION DISTRICT NO. 16.10

LOCAL FILE NUMBER 616245

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) HARRY A BAGINSKI, Sr. 2. SEX MALE 3. DATE OF DEATH (Month/Day/Year) (Spell Month) NOVEMBER 30, 2008

4. COUNTY OF DEATH COOK 5a. AGE AT LAST BIRTHDAY (Years) 75 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) July 18, 1933

7a. CITY OR TOWN CHICAGO 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) THE UNIVERSITY OF CHICAGO MEDICAL CENTER

7c. PLACE OF DEATH (Check only one: see instructions)
 IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN 9. SOCIAL SECURITY NUMBER 311-28-0977 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Nancy Benckendorf 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) 802 N. Glenwood 13b. APT. NO. 13c. CITY OR TOWN Griffith 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY Lake 13f. STATE IN 13g. ZIP CODE 46319 14. FATHER'S NAME (First, Middle, Last) Anthony Baginski 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Catherine Lach

16a. INFORMANT'S NAME GWEN SMITH 16b. RELATIONSHIP HOSPITAL RECORDS 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

17. METHOD OF DISPOSITION: Burial Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Oakland memory Lanes 19. LOCATION - CITY, TOWN AND STATE Dolton, Illinois 20. DATE OF DISPOSITION (Month/Day/Year) December 4, 2008

21a. FUNERAL HOME NAME Chapel Lawn Funeral Home STREET AND NUMBER 8178 Cline Avenue CITY OR TOWN Schererville INDIANA STATE INDIANA ZIP 46375

21b. FUNERAL DIRECTOR'S SIGNATURE *Terry Mason* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010865

22. LOCAL REGISTRAR'S SIGNATURE *Terry Mason* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 1 20 308

CHICAGO TITLE INSURANCE COMPANY (Based on the 2003 U.S. Standard Certificate)
Illinois Department of Public Health Division of Vital Records
VR200 (Rev 1/08)

24. 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 etiology. If the decedent had dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RESPIRATORY FAILURE DUE TO MYASTHENIA GRAVIS
 Due to (or as a consequence of):
 b.
 Due to (or as a consequence of):
 c.
 Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED? Yes No
 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH: Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) N/A 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 11/30/2008 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) NOVEMBER 30, 2008 40. TIME OF DEATH 12:00 A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/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 stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) JANNY JUN-KIM, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637 43. PHYSICIAN'S LICENSE NUMBER 125-054894

44. TITLE OF CERTIFIER M.D. 45. DATE CERTIFIED (Month/Day/Year) DECEMBER 1, 2008 46. SIGNATURE OF CERTIFIER *Terry Mason*

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

120308

I, TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBEYANCE OF SAID LAWS AND ORDINANCES.

Terry Mason MD

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE