

2010 JUL -2 AM 10: 52

2010 038151

MICHELLE R. FAJMAN
RECORDER

STATE OF IL)
COUNTY OF Cook) SS:

SURVIVORSHIP AFFIDAVIT

On the 28 day of June, 2010, before me personally appeared **VERONICA PAYNE** to me personally known, who being duly sworn upon oath, did say that:

- Affiant resides at 55 W. Greeley Street, Unit 426, Palatine, IL 60067. <<GRANTEE'S ADDRESS
- Affiant is the owner of the following described property:

Lot 31 in Block 4 in the 3rd Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book 5, Page 24, in Lake County, Indiana.
Commonly known as: 3928 Butternut Street, East Chicago, IN 46312
Key No. 45-03-22-451-035.000-024
- Said premises were formerly owned as tenants by the entireties by ARCHIE PAYNE and VERONICA PAYNE, husband and wife.
- Said ARCHIE PAYNE died on April 15, 2010. A certified copy of the death certificate of ARCHIE PAYNE is attached hereto as "Exhibit A".
- That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
- That Affiant and ARCHIE PAYNE were never divorced, and Affiant is the surviving spouse of said decedent.

Veronica Payne
VERONICA PAYNE

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 28 day of June, 2010.

SHANE JUDE WILLIAMS
Notary Public - State of Illinois
My Commission Expires Apr 25, 2011

Shane Jude Williams
, Notary Public
Resident of LAKE County.

My Commission Expires: 4/25/2011

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13.00
3897

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. Thomas J. Schab

PREPARED BY and MAIL TO: THOMAS J. SCHAB, 131 Ridge Road, Munster, IN 46321
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER



053662

JUL 02 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **2010 0028403** DATE ISSUED **04/19/2010**

DECEDENT'S LEGAL NAME ARCHIE PAYNE			SEX MALE	DATE OF DEATH APRIL 15, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH SEPTEMBER 30, 1926		
CITY OR TOWN ARLINGTON HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE PARKIN, AR	SOCIAL SECURITY NUMBER 360-12-1072	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME VERONICA GLOWACKI		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 55 SOUTH GREELEY		APT. NO. 426	CITY OR TOWN PALATINE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60067	FATHER'S NAME FLOYD PAYNE		MOTHER'S NAME PRIOR TO FIRST MARRIAGE PHRONI EARL
INFORMANT'S NAME VERONICA PAYNE		RELATIONSHIP WIFE	MAILING ADDRESS 55 SOUTH GREELEY, PALATINE, IL, 60067		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION APRIL 19, 2010	
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - PALATINE, 185 E NORTHWEST HWY, PALATINE, IL, 60067					
FUNERAL DIRECTOR'S NAME ROBERT JAY SMITH JR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012032		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 19, 2010		

CAUSE OF DEATH PART I: **MYOCARDIAL INFARCTION**

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. _____ Due to (or as a consequence of)

b. _____ Due to (or as a consequence of)

c. _____ Due to (or as a consequence of)

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.

WAS AN AUTOPSY PERFORMED? **NO**

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? **N/A**

DID TOBACCO USE CONTRIBUTE TO DEATH? _____ FEMALE PREGNANCY STATUS
NOT APPLICABLE

MANNER OF DEATH
NATURAL

DATE OF INJURY: _____ TIME OF INJURY: _____ PLACE OF INJURY: _____ INJURY AT WORK? _____

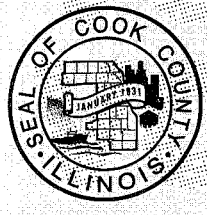
LOCATION OF INJURY: _____

DESCRIBE HOW INJURY OCCURRED: _____ IF TRANSPORTATION INJURY, SPECIFY: _____

ATTEND THE DECEASED? **YES** DATE LAST SEEN ALIVE **MARCH 30, 2010** WAS MEDICAL EXAMINER OR CORONER CONTACTED? **YES** DATE PRONOUNCED _____ TIME OF DEATH **12:35 PM**

CERTIFIER **PHYSICIAN** DATE CERTIFIED **APRIL 16, 2010**

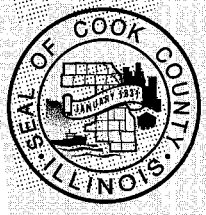
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: **GHAMSHYAM SHAH, 1700 WEST CENTRAL ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005** PHYSICIAN'S LICENSE NUMBER **036-096146**



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

David Orr
David Orr
Cook County Clerk

EXHIBIT A



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE