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Chicago Title Insurance Company

620102224

SURVIVORSHIP AFFIDAVIT

On this 8/18/2010 before me personally appeared _____

Denise L. Semesky

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 Daughter
(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 WALTER JAMES HAMEL and GARNET D. HAMEL;

4. Said WALTER JAMES HAMEL
(fill in name of co-tenant who died)
died on 6/18/2004
leaving — will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

~~XXXXXXXXXX~~

Attached legal

6. Is there Federal 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..

2010 050187

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 SEP -1 AM 10:07
MICHELLE R. FAJMAN
RECORDER

1800
CT
RM

FILED

AUG 31 2010

003786

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE COMPANY

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No: 620102224

LEGAL DESCRIPTION

Lot 27, in Block 6, in Frank Hammond's Addition to Hammond, as shown in Plat Book 17, page 19, in the Office of the Recorder of Lake County, Indiana.

NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

608726

DECEASED-NAME: WALTER James Hamel; COUNTY OF DEATH: COOK; DATE OF DEATH: JUNE 18, 2004; SEX: MALE; DATE OF BIRTH: September 5, 1933; CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO; BIRTHPLACE: West Marion, IL; MARRIAGE STATUS: Married; USUAL OCCUPATION: Laborer; RESIDENCE: 1633 163rd Place, Hammond, IL; RACE: White; MOTHER-NAME: Neva Clendenin; FATHER-NAME: Goldman P. Hamel; RELATIONSHIP: HOSPITAL RECORDS; MAILING ADDRESS: 384 SOUTH MARION, CHICAGO, ILLINOIS 60637

18. PART I. Immediate Cause (Final disease or condition resulting in death): (a) RIGHT VENTRICULAR FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) RIGHT VENTRICULAR ISCHEMIA DUE TO, OR AS A CONSEQUENCE OF (c) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. MAJOR FINDINGS OF OPERATION: ANITRA ROMFH, MD; DATE OF OPERATION, IF ANY: JUNE 18, 2004; AUTOPSY (YES/NO): NO; IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: Anitra W Romfh; NAME AND ADDRESS OF CERTIFIER: 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637; 23. MICHAEL O'CONNOR, MD; 24. CEMETERY OR CREMATORY-NAME: Kelly-Carroll; 25a. FUNERAL HOME: Corona Funeral Service 5935 West Belmont Ave. Chicago, IL. 60634; 25b. LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.; 26a. DATE FILED BY LOCAL REGISTRAR: JUN 21 2004

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUN 21 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

Signature of John L. Wilhelm, M.D., LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.