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2011 048892

FILED FOR RECORD
LAKE COUNTY
2011 SEP -7 AM 9:27
MUNSTER, INDIANA
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

William J. Fodor, as Personal Representative of the Estate of William Fodor, being first duly sworn, states:

1. William Fodor and LaVerne Fodor, Husband and Wife, are the owners of record of the following described real estate located in Lake County, Indiana:

Lot 2, Vanderwall Addition to Munster, in Munster, Lake County, Indiana, as per plat thereof, recorded in Plat Book 33, page 25, in the office of the Recorder of Lake County, Indiana.

Commonly known as: 8506 Schreiber Dr, Munster, Indiana
Key No.: 45-07-19-401-003.000-027

2. The real estate was transferred by deed to William Fodor and Laverne Fodor, husband and wife, as tenants by the entireties on December 2, 1967

3. William Fodor and Laverne Fodor were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Laverne Fodor on February 8, 1998, at which time William Fodor acquired title to the real estate as surviving tenant by the entireties. (A certified copy of the death certificate of Laverne Fodor is attached hereto and incorporated herein by reference as Exhibit "A".)

Fait-Highland FB1100497 (Buznet)
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SEP 06 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16-10**
REGISTERED NUMBER

STATE FILE NUMBER

602466

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 11 1998

L. SINEILA LYNE, RSM, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN
WITH COLOR SIGNATURE SEAL IS
AFFIXED.

DECEASED-NAME Laverne Marie Fodor		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) February 8, 1998
COUNTY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) May 3, 1930	IF HOSP. OR INST. INDICATE D.O.A. OR EMERGENCY (SPECIFY) Inpatient
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwestern Memorial Hospital	6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) East Chicago, Ind.		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIDED) William Fodor	9. NO
SOCIAL SECURITY NUMBER 311-28-2201		11a. DISPATCHER Dispatcher	12. 12
RESIDENCE (STREET AND NUMBER) 8506 Scriber Dr. Indiana 46321		13b. MUNSTER Munster	13c. Yes
STATE INDIANA		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	14b. NO
FATHER-NAME FIRST MIDDLE LAST MACCO Miskulin		16. BERTHA VIVE	17c. lake
MOTHER-NAME FIRST MIDDLE LAST Jackie Smith		17b. RECORDS Records	17d. 303 E. Superior Chicago, IL 60611
INFORMANT'S NAME (TYPE OR PRINT) Jackie Smith		18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) Neuroendocrine Cancer of the Bowel	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
DATE OF OPERATION, IF ANY 20a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON		20b. MAJOR FINDINGS OF OPERATION I did last attend February 8, 1998	
SIGNATURE Charles Von Gonten		20c. HOURS OF DEATH 9:00 P. M.	
NAME AND ADDRESS OF CERTIFIER Charles Von Gonten, M.D., 233 E. Erie Chicago, IL 60611		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22a. DATE SIGNED (MONTH, DAY, YEAR) Feb. 9, 1998	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Bucial		22b. ILLINOIS LICENSE NUMBER 36-80223	
CEMETERY OR CREMATORY-NAME Bronswood Cemetery		22c. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
STREET AND NUMBER OR RFD 11200 S Ewing		23. DATE (MONTH, DAY, YEAR) Feb. 12, 98	
CITY OR TOWN Chicago		24a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012243	
FUNERAL DIRECTOR'S SIGNATURE Althea Spivey		25a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 11 1998	
FUNERAL DIRECTOR'S NAME Althea Spivey		26b.	