

2011 053878

2011 SEP 29 AM 11:43

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 27 day of Sept., 2011 before me personally appeared Amado Arceo, to me personally known, who being first duly sworn upon oath, deposes and says:

1. Affiant resides at the address given below Affiant's signature;
2. The legal description of the premises in question is:

Part of Lot 16, Tucson Townhomes, an addition to Lake County, Indiana, as shown in Plat Book 81, page 88, in Lake County, Indiana, more particularly described as follows:

Beginning at the East most corner of said Lot 16; thence North 49 degrees 03 minutes 47 seconds West a distance of 140.00 feet; thence South 40 degrees 56 minutes 13 seconds West a distance of 44.34 feet; thence South 48 degrees 38 minutes 37 seconds East a distance of 156.80 feet; thence Northerly along a curve concave to the Northeast, having a radius of 70.00 feet and a chord bearing of North 20 degrees 40 minutes 13 seconds East an arc distance of 49.52 feet to the point of beginning.

Known as 17740 Indiana Court, Lowell, IN 46356

3. That Affiant is the surviving owner.
4. Said premises were formerly owned as tenants by the entireties by Affiant, Amado Arceo and Irene Arceo, husband and wife.
5. That the said Irene Arceo died on July 28, 2011 at Northwestern Memorial Hospital, Chicago, Illinois a resident of Lowell, Indiana leaving no will. A copy of the Certification of Death Record is attached.
6. That Amado Arceo and Irene Arceo were duly and legally married at the time they acquired title as husband and wife and were never divorced.

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SEP 29 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15:00
CASH
LR

7. 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 her death.
8. 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.

Affiant Signature: *Amado Arceo*
 Printed Name: Amado Arceo
 Address: 17740 Indiana Court
 Lowell, IN 46356



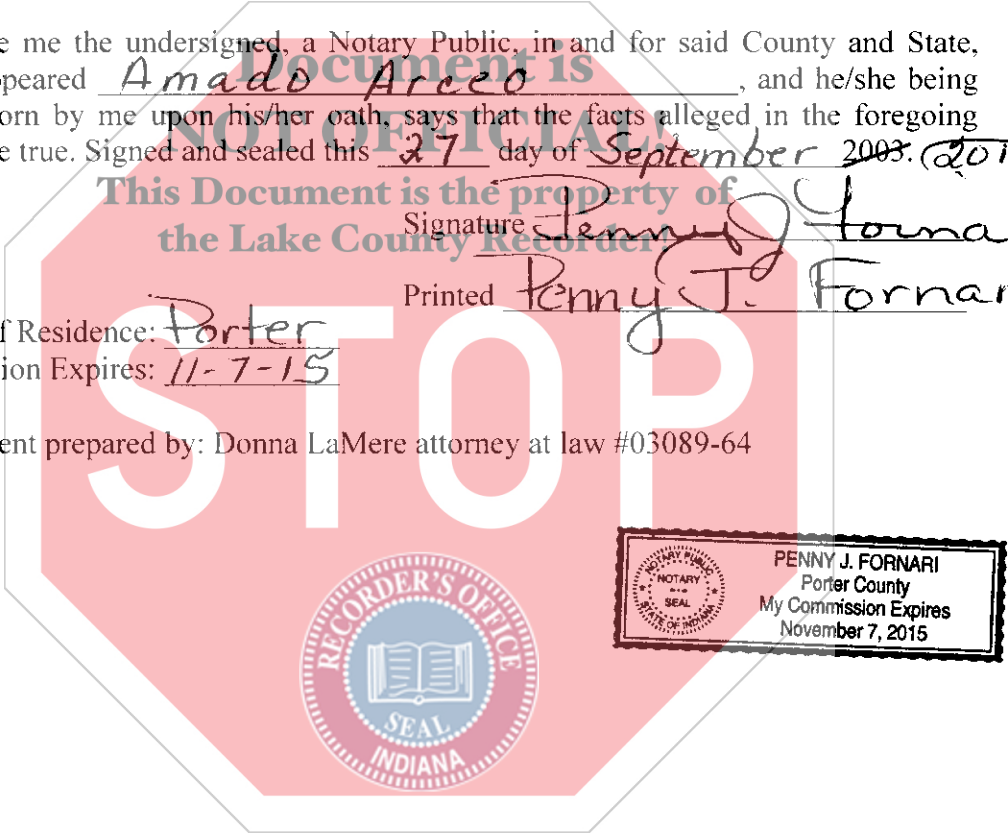
STATE OF INDIANA)
)SS:
 COUNTY OF LAKE)

Before me the undersigned, a Notary Public, in and for said County and State, personally appeared Amado Arceo, and he/she being first duly sworn by me upon his/her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 27 day of September 2003 (2011)

This Document is the property of the Lake County Recorder
 Signature: *Penny J. Fornari*
 Printed: Penny J. Fornari

My County of Residence: Porter
 My Commission Expires: 11-7-15

This instrument prepared by: Donna LaMere attorney at law #03089-64



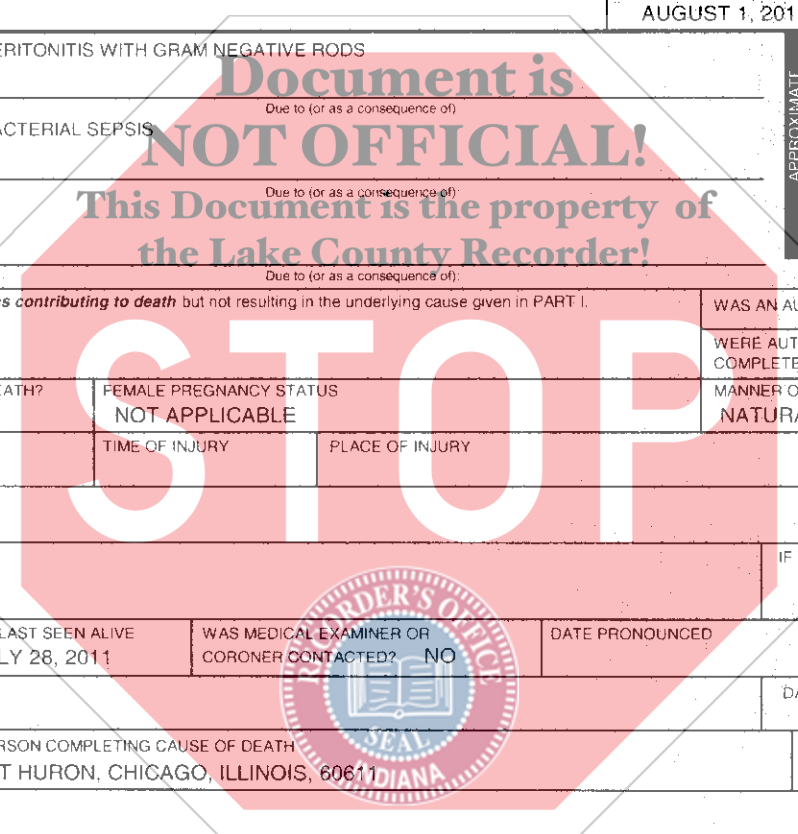
CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0056445

DATE ISSUED 08/08/2011

DECEASED'S LEGAL NAME IRENE ARCEO			SEX FEMALE	DATE OF DEATH JULY 28, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH OCTOBER 07, 1934	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE GARY, IN		SOCIAL SECURITY NUMBER 304-34-2945	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME AMADEO ARCEO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 17740 INDIANA COURT			APT NO	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER'S NAME ENRIQUE GOMEZ		MOTHER'S NAME PRIOR TO FIRST MARRIAGE TOMASA GUERRERO
INFORMANT'S NAME JACKIE SMITH		RELATIONSHIP HOSPITAL RECORDS		MAILING ADDRESS 251 EAST HURON, CHICAGO, IL, 60611	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION KELLY-CARROLL CREMATORY		LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION AUGUST 01, 2011
FUNERAL HOME GERHARZ FUNERAL HOME LTD, 501 STATE STREET, LEMONT, IL, 60439					
FUNERAL DIRECTOR'S NAME ANTHONY P CAPPETTA				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR AUGUST 1, 2011	
CAUSE OF DEATH					
PART I		PERITONITIS WITH GRAM NEGATIVE RODS			
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of)</small>			
		b. BACTERIAL SEPSIS <small>Due to (or as a consequence of)</small>			
		c. _____ <small>Due to (or as a consequence of)</small>			
<small>Due to (or as a consequence of)</small>					
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 JULY 28, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 04:03 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 28, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KRISTA BRUCKER, 251 EAST HURON, CHICAGO, ILLINOIS, 60611					PHYSICIAN'S LICENSE NUMBER 12558501



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER