

estate (nine (9) months from date of death) expired on February 24, 2009.

8. The heirs at law pursuant to the Indiana law of intestate succession, are decedent's two sons, namely, Mark Janas and Michael D. Janas, Jr., both of whom are competent adults.

9. The gross value of the estate of the decedent, Rosalie B. Benko, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. The decedent's estate was not subject to Indiana Inheritance Tax after the deduction of applicable exemptions and no inheritance tax return needed to be filed.

11. To the best of the Affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above to decedent's heirs at law, namely:

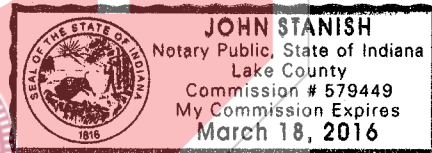
ms
Mark Janas and Michael D. Janas, Jr., as tenants in common.

This affiant says nothing further.

Mark Janas MARK JANAS

Subscribed and sworn to before me, a Notary Public, in and for said County and State this September *30*, 2011, by Mark Janas, known to me personally.

[Signature]



THIS INSTRUMENT PREPARED BY: → John R. Stanish
Attorney at Law
5231 Hohman Ave., Suite 818
Hammond, IN 46320

Return to →

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**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **607331**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **ROSALIE BENKO** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **MAY 24, 2008**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **81** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **SEPTEMBER 19, 1926**

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) **RUSSELLVILLE, AL** 9. SOCIAL SECURITY NUMBER **423-24-2444** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown **NONE** 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **NONE** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **2111 CARDINAL DRIVE** 13b. APT. NO. 13c. CITY OR TOWN **EAST CHICAGO** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **LAKE** 13f. STATE **IN** 13g. ZIP CODE **46312** 14. FATHER'S NAME (First, Middle, Last) **ARCHIE HAMILTON** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **BESSIE HARGETT**

16a. INFORMANT'S NAME **DONNA NAVARRETE** 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 Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **HERITAGE CREMATORY** 19. LOCATION - CITY, TOWN AND STATE **PORTAGE, INDIANA** 20. DATE OF DISPOSITION (Month/Day/Year) **JUNE 2, 2008**

21a. FUNERAL HOME NAME **AERO REMOVALS** STREET AND NUMBER **919 N. GARFIELD STREET, LOMBARD, ILLINOIS 60148** CITY OR TOWN **LOMBARD** STATE **ILLINOIS** ZIP **60148**

21b. FUNERAL DIRECTOR'S SIGNATURE *Theresa M. Mason* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014287**

22. LOCAL REGISTRAR'S SIGNATURE *Terri M. Mason* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **053008**

CAUSE OF DEATH (See instructions and examples)
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 a 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. **CARDIOPULMONARY ARREST**
Due to (or as a consequence of):
b. **SUBARACHNOID HEMORRHAGE S/P TRAUMA DUE TO FALL**
Due to (or as a consequence of):
c. **SUBDURAL HEMATOMA S/P TRAUMA DUE TO FALL**
Due to (or as a consequence of):
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 Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Pregnant within one year of death but time unknown 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) 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)

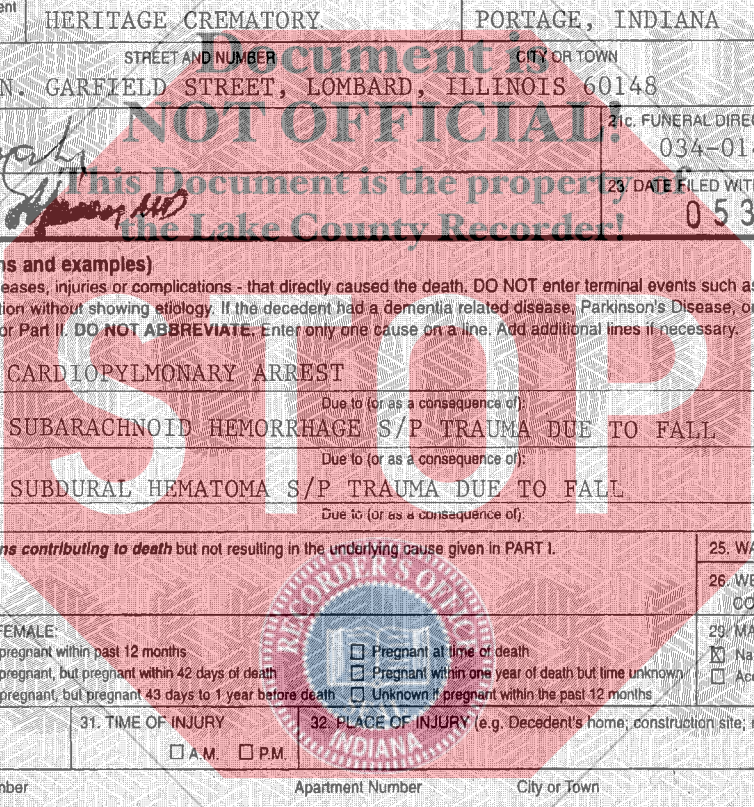
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **05/24/2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **MAY 24, 2008** 40. TIME OF DEATH **12:30** A.M. P.M.

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) **RITESH KAUSHAL, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637** 43. PHYSICIAN'S LICENSE NUMBER **125-052085**

44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **MAY 25, 2008** 46. SIGNATURE OF CERTIFIER *Ritesh Kaushal*

Based on the 2003 U.S. Standard Certificate
Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/06)



This is to certify that this is a true and correct copy of the official death record
THIS CERTIFICATE COPY VALID WHEN EMBOSSSED SEAL IS AFFIXED OVER REGISTRAR'S SIGNATURE
CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
053008
1. TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CERTIFY THAT I AM THE KEEPER OF THESE 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 OBNANCE OF SAID LAWS AND ORDINANCES.