ALE OF MIDIANA LAME COUNTY FILED FOR RECORD

2012 057350

2017 AUG 23 PM 12: 10

MEGGREER WMAN

003488

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA) SS: COUNTY OF LAKE
STEPHEN J. VODE AND THERESA A. VODE being first duly sworn upon oath, deposes and says:
1. That JOAN V. CAREY died on 30 THEY JOHN at 13:30 AM (date of death) 2. That JOAN V. CAREY and STEPHEN J. VONEY THERESH A, VONE
2. That John V. CIREY and STEPHEN J. VONEY MERESA A, VONE were duly and legally all retained on title as joint tenancy with rights of survivorship to the following described real estate
Lot 50, Cedar Point Park, to the Town of Cedar Lake, as shown in Plat Book 15, page 5 in the office of the Recorder of Lake County, Indiana, Recorder!
More commonly known as: 13517 Cedar St., Cedar Lake, IN. 46303
More commonly known as: 13517 Cedar St., Cedar Lake, IN. 46303 Tax Numbers: 45-15-26-152-021.000-043
3. That the relationship which existed between all parties on said title of the real estate remained
in effect and unbroken until the date of HER death
4. That the survivor(s) of the joint tenancy shall be held solely as the responsible parties from this Date forward for the due taxes, insurance, upkeep and mortgage payments until the time that
the stated property is sold or refinanced into the survivor(s) custody. The survivor(s) jointly
are responsible for any payment of Federal Estate Tax.
5. The survivor(s) of the joint tenancy are NOT the Executor of the Estate.
Further Affiant sayeth not.
Affiant Signature of Miles St. Laste. Affiant Signature
Subscribed and sworn to before me, a Notary Public this 23.82 day of 449457, 2012.
AUG 2 3 2012
PEGGY HOLINGA KATONA NOTARY PUBLIC OFFICIAL SEAL State of Indiana, Lake County My Commission Expires May 16, 2016
My Commission Expires: May 16, 2014
County of Residence Lake
This instrument was prepared by: STEPHEN J. VODE + THERESH A. VOTE

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER	2012:0056761				DATE	\$3UED 87/2
DECEDENTS LEGALINA JOAN V CAREY				SEX FEMALE	DATE OF DEATH	
COUNTY OF DEATH	5. 1 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AGE AT LAST BIRTHDAY		DATE OF BIRTH	1 JULE 30, 201	
COOK		77 YEARS		MAY 18, 1935	1812 - 151 1812 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512 - 1512	
CHICAGO			HOSPITAL OR OTHER INS	TITUTION NAME Y MEDICAL CENTE		
PLACE OF DEATH			ROSHORIVEROIT	T WILLIAM OLIVIE		
INPATIENT					-03F44. 37	
BARY, IN	308-36-0	17 NUMBER STATUS AT TIME 891 WIDOWED	ta in the first of	VANG SPOUSE/CIVIL UNION P	ARTHERIS MAIDEN HAME	FORCES? NO
RESIDENCE 12020 BROWNS	CANYON RD	APT.N	CHATS	WORTH	<u> </u>	ISIDE CITY LIMITS?
LOS ANGELES	STATE ZIP CODE	FATHERICO-PARENT'S NAME PR	OR TO FIRST MARRIAGE CIVIL		ME MARY VODOPE	
INFORMANT & NAME	INSTHOMPSON	RECATIONSHIP NIECE		NG ADDRESS 33 E DESERT CANYON DI	R CHATSWORTH CA'S	ian a la l
METHOD OF DISPOSITI		CE OF DISPOSITION		TION - CITY OR TOWN A		
BURIAL		ALUMET PARK CEMET		RILLVILLE, IN		T-06, 2012
FUNERAL HOME	ATORY 230 F 11TH S	T. CHICAGO HÉIGHTS	.IL 604ta			
FUNERAL DIRECTOR'S	NAME				RECTOR'S ILLINOIS LICE	NSE NUMBER
JOHANNA MOR				034015		
LOCAL REGISTRARS N			្ន ស៊ូ ស៊ី ស៊ី ស៊ី ស៊ី លិ ស៊ី		WITH LOCAL REGISTRAL T 2, 2012	
CAUSE OF DEATH	PART INTRACERE		cument	-10		
MMEDIATE CAUSE (Chal Disease or condition			as a consequence of)	10		
resulting in death)	b. HYPERTENS		ORRIC	TALL		
	c		its consequence while p	roperty of		
		the Lake	County Re	corder!		
		the second secon	as a consequence of)	04071	WAS AN AUTOPSY PERE	
PARI & Enter other augu	imeant conditions contribut	ng to death but not resulting in t	ne undanying cause given in		2 2 2 2 2	
					MERE ALETOPSY FUNDING	BATHE RVA
FEMALE PREGNANCY	- <u> </u>	<u></u>			NATURAL	
NOT APPLICABLE	Little Control of the	TIME OF INJURY	PLACE OF INJURY		MATURAL	INJURY AT WORKY
DATE OF MICH.		TIME OF INSOIT				
LOCATION OF INJURY						
DESCRIBE HOW INJUR	W OCCHEDED				I F TRANSPORTA	TION WOLFRY, SPECIFY
			CURDER SO			
AFTEND THE DEGEASE	DATE LAST SEEN			DATE PRONOUNCED		THE OF DEATH
YES	JULY 30, 20	12 CORONER CON	TACTED? NO			12-30 AM
CERTIFIER PHYSICIAN				1 2 2 2 2 1/2/		2012
NAME ADDRESS AND	ZIP CODE OF PERSON COM	LETING CAUSE OF DEATH	You Mount of		PHYSICIANS	LICENSE NUMBER



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

COOK