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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 AUG 28 AM 11:14
LAKE COUNTY ASSESSOR
HANK ADAMS

STATE OF INDIANA
COUNTY OF LAKE

2012 SS 058520

2012 AUG 28 AM 11:14
MICHELLE R. FAJMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Juan Hernandez, and upon being duly sworn does attest and say:

1. That the affiant is the Brother of Ernesto Alma, deceased.
2. That Juan Hernandez, acquired the following property as sole owner during his life:

Lot No. One (1) in Block No. Sixteen (16), as marked and laid down on the recorded plat of Second Subdivision to East Gary, in Lake County, Indiana as the same appears of record in Plat Book 7 page 25 in the Recorder's Office of Lake County, Indiana.

Commonly known as: 2683 Gibson Street, Lake Station, IN 46405
Parcel No.: 45-09-18-451-002.000-021

3. That Juan Hernandez is the only living heir of Ernesto Alma.
4. That Juan Hernandez became the fee simple owner of the property at the death of Ernesto Alma on the 21st of April, 2012.

I affirm under the penalties for perjury that the above and foregoing statements are true.

Juan Hernandez

Juan Hernandez

STATE OF IL, COUNTY OF Cook, SS: 326-62-8043
Subscribed and sworn to before me this 25 day of July, 2012.

My Commission Expires: 12/03/2012

Maria C. Arrico

OFFICIAL SEAL
MARIA C ARRICO, Notary Public
Resident of Cook County
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/03/12

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees

Patricia A. Rees
FILED *CH 11531*
AUG 28 2012

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

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25740
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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11531
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CERTIFICATION OF DEATH RECORD

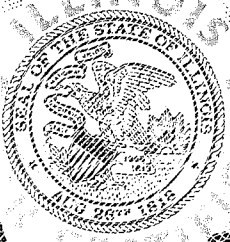
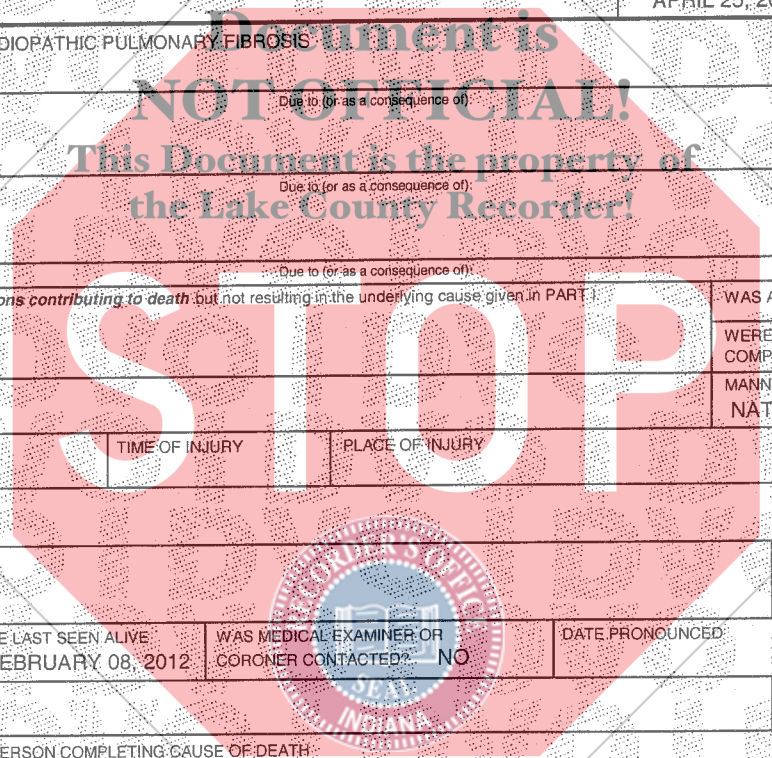
**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0031094

DATE ISSUED 05/03/2012

| | | | | |
|--|--|---|---|--|
| DECEDENT'S LEGAL NAME ERNESTO ALMA | | | SEX MALE | DATE OF DEATH APRIL 21, 2012 |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 44 YEARS | DATE OF BIRTH SEPTEMBER 25, 1967 | | |
| CITY OR TOWN CHICAGO | HOSPITAL OR OTHER INSTITUTION NAME OUR LADY OF THE RESURRECTION MEDICAL CTR | | | |
| PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT | | | | |
| BIRTHPLACE CHICAGO, IL | SOCIAL SECURITY NUMBER 581-97-6924 | STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 5319 W PATTERSON | APT. NO. | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60641 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ERNESTO ALMA | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA AYALA |
| INFORMANT'S NAME SHARON PETERSON | | RELATIONSHIP FRIEND | MAILING ADDRESS 5319 W PATTERSON, CHICAGO, IL, 60641 | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY | LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL | DATE OF DISPOSITION APRIL 25, 2012 | |
| FUNERAL HOME CARIBE FUNERAL HOME, 3314 W ARMITAGE AVE, CHICAGO, IL, 60647 | | | | |
| FUNERAL DIRECTOR'S NAME REBECA M BISHOP | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015220 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR APRIL 25, 2012 | |
| CAUSE OF DEATH | PART I | IDIOPATHIC PULMONARY FIBROSIS | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. | Due to (or as a consequence of) | | |
| | b. | Due to (or as a consequence of) | | |
| | c. | 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 | | | WAS AN AUTOPSY PERFORMED? NO | |
| | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| 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 FEBRUARY 08, 2012 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 09:11 AM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED APRIL 25, 2012 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NEIL ROSENBERG, 2800 N SHERIDAN ROAD, CHICAGO, ILLINOIS, 60657 | | | PHYSICIAN'S LICENSE NUMBER 036060137 | |

THE WORD VOID APPEARS WHEN PHOTOCOPIED



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