Chicago Title Insurance Company

SURVIVO

SURVIVORSHIP AFFIDAVIT

0	this Ary 13, 2012 before me personally appeared 152 Landons insert date) Shameca Landers	
Or	In this $f(g)$ / Soil Corolle the personally appeared	
and	Shameca Landers	
	sonally known, who being duly sworn on oath did say that:	
1.	Affiant resides at the address given below affiant's signature:	
2.	Affiant is	
3.	Said premises were formerly owned as joint tenants or as tenants by the entireties by Cura Landers and Lisa Landers;	
4.	Said Cora Lander SIAI fill in name of co-tenant who died) died on Magain 2012 the property of	
5.	leaving the Lake County Recorder will; insert "a" or "no"; if will left, attach a copy The legal description of the premises in question is:	
	THE THE PARTY OF T	
6	Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No If yes, then estimated taxes due are \$)
	The taxes due are paid or unpaid	
	AUG 28 2012 OO3509 PEGGY HOLINGA KATONA NOW LAKE COUNTY AUDITOR LOYN (COYN)	_

7. Where this	s affidavit relates to a tenancy b	by the entireties, were the parties ever
divorced?	N/H	
(If answer	is "Yes", identify the divorce	proceedings:
8. Affiant's re	elationship to the deceased was	Signature: Sim Youder (claughter)
Shameca .	Lander 5	Printed Name <u>Lisa Landens</u>
Speedury 1	ewood Drive Apt A N 46224	Address: 432 Hovey St
V O	/	CANY, IN 46406
Subscribed and	d sworn to before me by the aff	fiantS
This	(insert date) (insert date) (he Lake ounty Renormalization of the lake of the lake ounty Renormalization of the lake of th	OFFICIAL SEAL LASHAWN JOHNSON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 3-3-2013
Printed Name_ My County of In the State of	Laskaun Ja Residence is: Cook	chasol
My Commission		Lisa landers
I afterm, un	der fenalties to	sperjury, that I have fater Social Security number in
this docume	A, unless require	
		Kland

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LAST WILL AND TESTAMENT OF

July 30th 2010

I, Cora Landers, a resident of the STATE OF Indiana,
COUNTY OF Lake, being of sound mind and memory, do hereby declare that this is my
will. My Social Security number is: 9840
FIRST: I revoke all former wills and codicils that I have previously made.
SECOND: I give, devise, and bequeath the following money or personal property:
Money From hank accounts to be shared 50,50 by List
Landers & Shameca Landers. And atrust fund to be
Setill for Raven Jones by Lish Landers Allhouse
Pull Money Obtained from Cascissique of Raven
Ltd from Ashestors algums Settlements. Will be split
50,50 between 1 sp & Shameca, 1 ish Will deposit
money out of these funds in the trust for kaven,
Lish Will Pay Ensurance Premiums Already Set UP
For shamecon the 2000 Hunda tuson, 15-10 begiven
to shameca, she will make gay ments until poid off, It it's
Mot baid 084 Clycady OFFICIAL
This Document is the property of
the Lake County Recorder!
HOWEVER, in the event that the above person or persons predeceases me, I give that same money or
personal property to his or her surviving beneficiaries.
If there are no surviving beneficiaries, this money or personal property shall go to:
THE DER'S O'THE
THIRD: I direct all my just debts and funeral expenses be paid as soon as possible after my death.
Trinds. I direct air my just deeds and railet at expenses of part as soon as possess and my
FOURTH: I name 154 anders (executive) representative
(executor) of this will without bond. If this person or institution shall for any reason fail to qualify or cease
to act as personal representative, I name Shameca Landers as
personal representative, again without bond, instead.

FIFTH: I hereby empower my Executor to sell property, real or personal, for cash or on time, without an order of Court, at such time and upon such terms and conditions as shall seem best.

I,
Being duly sworn, I declare to the undersigned authority that I sign this document as my last will, that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed. I declare that I am of the age and majority or otherwise legally empowered to make a will, and under no constraint or undue influence. We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 20+10 day of 10-10 day of
it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed. I declare that I am of the age and majority or otherwise legally empowered to make a will, and under no constraint or undue influence. We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 30+10 day of 100 metally 10
We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 30+10 day of 100 years at: 253 which with the foregoing at: 253 which will be supplied to the foregoing at: 253 which will be supplie
We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 30+10 day of 100 , 20 10 . Tesiding at: 233-11 11 11 11 11 11 11 11 11 11 11 11 11
We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 30+10 day of 100 , 20 10 . Tesiding at: 233-11 11 11 11 11 11 11 11 11 11 11 11 11
foregoing is true and correct, this 30+10 day of 40404 residing at: 2939 W. H. May Document is the property of the foregoing is true and correct, this 30+10 day of 40404 This Document is the property of 40404
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Mille Money ding at: 015 de No 1 th Avertary IN 46409.
* FOR NOTARY PUBLIC *
THE STATE OF Indiana, COUNTY OF Lake
Subscribed, sworn to and acknowledged before me by
and, Patricin Owenshipe , and
Ren ac Long, witnesses, personally known to me (or proved to me on the basis of satisfactory evidence to be the persons), this 30 day of 300.
SIGNED: (aprille Notar)
Official Capacity of Officer
© SJT Enterprises, Inc.

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

ecadent's Legal Name (First, Middle, Last)	087		EDR No 0000			2. Sex	State N	e Of Death	4. Date C	Death (Month/Day/Year
•				•		FEMALE		3:51 AM	1	05/01/2012
RALL LANDERS ocial Security Number 6a, Age - Yrs 6	b. Under 1 Ye	er 6c. Under 1	MORRIS Month 8d. Under 1 Day	Se. Under 1 Hour	7. Date	of Birth (Month/Day				r Foreign Country)
	Months Occurred in A i	Caya	Hours	Minutes	cond Some	12/10/1937		EUFAULA	AL	
'es 🖾 No 🗌 Unknown 🖾 Inpettent	☐ Emergeno		patient Descript Arrivel	Hospice Facility	D 0	ecedent's Home		g Hame/Long-ter	m Care Facili	ity .
Facility Name (If Not Institution, Give Street a CATHERINE HOSPITAL INC City Or Town, State, And Zip Code				I 13. County	Of Death			14, Marital S	letus At Time	Of Death
CAY OF TOWNS COMES, AND ESP COME						*		Merried [Merried, B	ut Separated Divor
ST CHICAGO, IN, 46312 Surviving Spouse's Name			15e. (If Wile)Give Meide	ILAKE		16. Decedent's L	sual Occu			Of Business/Industry
						HOMEMAKI	ER		HOME	
Residence - State	1	les. County		166. City Or To	DAT)					
DIANA Street And Number	با	AKE		GARY		184	Apt No.	180. 2	p Code	18f. Inside City Limit
									6406	Ø Yes □ No
2 HOVEY STREET Decedents Education	<u> </u>	20. Decedent Of	Hispanic Origin	1 21.	Decedent	Race			0-00	<u> </u>
SHISCHOOL GRADUATE OF MPLETED	R GED	NOT HISPA	ANIC			rican America	n		1400000	Day Carl Marie
Father's Name (First, Middle, Lest)				23. Mother's Name	(First, Mid	ide, Let)		234	. Mother's Ma	iden Last Name
OLPHUS MORRIS		1 74 a Batello	nship To Decedent	ELIZABETH		And Number, City,	State, Zio (<u>OMPSOI</u>	<u> </u>
Informant's Name		DAUGH			•	ET. GARY, II				
		100.		aca Of Dissocillos						
. Method Of Disposition Buriet		b, Place Of Disposi	Docus	ment	is		,			
Other (Specify):		RN OAKS (GR	FFITH, IN			27a. Fu	neral Home Ucaree Nun
Signeture Of Indians Funeral Service Licer ACY CHERI WILLIAMS BY	ELECTR	N 46312 ONIC SIGN		is the property of the Desire Daniel	rope	erty FDO	Joshee Nur 360023	nber (Of Ucense 8		- Approximate Intervet One To Death
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mmedista Cause (Final Disease Or Cond	idon Resulting	g In Oeath)	A COLON CANCER		Due to (C	or As A Compaquence OI;				<u> </u>
Sequentially List Conditions, If Any, Lead	ing To The Co	suse Listed On That initiated	B		Due to (C	As A Corresponde CII;				
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