4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059387

2012 AUG 31 AM 10: 37

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

#45-19-24-302-002.000-008

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE } S.S

62012584

On this 8/20/2012 (insert date) before me personally appeared Claudia Shown, Pers. Rep

to me personally known, who being duly sworn on oath did say that

1 Affiant resides at the address given below affiant's signature,

2 Affiant is owner,
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3 Said premises were formerly owned as joint tenants or as tenants by the entireties by Theresa D Sabol and Cl. Floyd J Sabol;

4. Said Cl. Floyd J Sabol
(fill in name of co-tenant who died)
died on 3-2-2012.
leaving No will,
(insert "a" or "no", if will left, attach a copy)

5 The legal description of the premises in question is
SEE ATTACHED.

6 To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent

FILED
AUG 30 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT $ 17
CASH ___ CHARGE CT
CHECK# ___
OVERAGE ___
COPY ___
NON-CONF ___
DEPUTY AV

003566

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entirties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings

).

8 Affiant's relationship to the deceased was Sister

Signature Claudia Shown

Address: Claudia Shown
PO Box

Subscribed and sworn to before me by the affiant

this August 20, 2012
(insert date)

Wayne S. Holmes
Notary Public

My Commission Expires 1-2-2012

This instrument prepared by Claudia Shown

No 620121524

LEGAL DESCRIPTION

The East Half of that part of the North 10 acres of the West Half of the Northwest Qaurter of the Southwest Quarter of Section 24, Township 33 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at a point 330 feet East of the Northwest corner of said above described 10 acre tract; thence South 495.98 feet; thence East 332.90 feet, more or less, to the East line of said tract; thence North 495.98 feet; thence West 332.90 feet to the place of beginning.

CITY OF DETROIT

LF

CF 001251

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH
#45-19-24-302-002.000-008

STATE FILE NUMBER 3548617

1 DECEDENT'S NAME (First Middle Last)	2 DATE OF BIRTH (Month Day Year)	3 SEX	4 DATE OF DEATH (Month Day Year)
Clifford John Sabol	November 29, 1942	Male	March 2, 2012

5 NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA s if any)	6a AGE - Last Birthday (Years)	6b UNDER 1 YEAR MONTHS	DAYS	6c UNDER 1 DAY HOURS	MINUTES
Clifford John Sabol	69				

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a 7b 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either give street and number and zip code)	7b CITY, VILLAGE OR TOWNSHIP OF DEATH	7c COUNTY OF DEATH
St John Hospital	Detroit	Wayne

8a CURRENT RESIDENCE STATE	8b COUNTY	8c LOCALITY (check the box that describes the location)	8d STREET AND NUMBER (Include Apt No if applicable)
Michigan	Macomb	☒ CITY OR VILLAGE (inside limits of) ☐ TOWNSHIP ☐ UNINCORPORATED PLACE: St Clair Shores	23000 St Joan

8e ZIP CODE	9 BIRTHPLACE (City and State or Country)	10 SOCIAL SECURITY NUMBER	11 DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?
48080	Hammond, Indiana	308-44-2840	Juris Doctorate

12 RACE - American Indian White Black etc (If Asian give nationality ie Chinese Filipino Asian Indian etc) (Enter all that apply)	13a ANCESTRY Mexican Cuban Arab African English French Dutch etc (Enter all that apply) If American Indian race enter principal tribe	13b HISPANIC ORIGIN (Yes or No)	14 WAS DECEDENT EVER IN THE U S ARMED FORCES? (yes or no)
White	Slovak	No	No

15 USUAL OCCUPATION Give kind of work done during most of working life Do not use retired	16 KIND OF BUSINESS OR INDUSTRY	17 MARITAL STATUS Married Never Married Widowed Divorced (Specify)	18 NAME OF SURVIVING SPOUSE (If wife give name before first married)
Attorney	Insurance Company	Never Married	

19 FATHER S NAME (First Middle Last)	20 MOTHER S NAME BEFORE FIRST MARRIED (First Middle Last)
John Edward Sabol	Theresa Dorothy Daunicka

21a INFORMANT S NAME (Type/Print)	21b RELATIONSHIP TO DECEDENT	21c MAILING ADDRESS (Street and Number or Rural Route Number City or Village State Zip Code)
Claudia Shown	Sister	1630 N Brandywine Court, Monticello, Indiana 47960

22 METHOD OF DISPOSITION Burial Cremation Entombment Donation Removal Storage (Specify)	23a PLACE OF DISPOSITION (Name of Cemetery Crematory or other location)	23b LOCATION - City or Village, State
Cremation	Resurrection Cemetery	Clinton Township, Michigan

24 SIGNATURE OF MORTUARY SCIENCE LICENSEE	25 LICENSE NUMBER (of Licensee)	26 NAME AND ADDRESS OF FUNERAL FACILITY
	7400	Chas Verheyden, Inc 16300 Mack Avenue, Grosse Pointe Park, Michigan 48230

27a CERTIFIER (Check only one)

☒ Certifying Physician To the best of my knowledge death occurred due to the cause(s) and manner stated

☐ Medical Examiner 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

Signature and Title

28a ACTUAL OR PRESUMED TIME OF DEATH	28b PRONOUNCED DEAD ON (Mo Day Yr)	28c TIME PRONOUNCED DEAD
02 55am M	March 2, 2012	02 55AM M

27b DATE SIGNED (Mo Day Yr)	27c LICENSE NUMBER	29 MEDICAL EXAMINER CONTACTED? (Yes or No)	30 PLACE OF DEATH (Home Hospice Nursing Home Hospital Ambulance) (Specify)	31 IF HOSPITAL, Inpatient Outpatient Emergency Room DOA (Specify)
3-5-12	AT 008217	No	Hospital	In Patient

32 MEDICAL EXAMINER'S CASE NUMBER (If applicable)	33 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

34 NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)
ARCHS TASVEER 28111 HOOVER RD STE 2A WARREN MI 48093

35a REGISTRAR S SIGNATURE Rochelle M Collins

35b DATE FILED (Month Day Year) MAR 0 6 2012

36 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 the etiology Enter only one cause on a line

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section as appropriate		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Cardio pulmonary failure DUE TO (OR AS A CONSEQUENCE OF)	few days
	b CVA DUE TO (OR AS A CONSEQUENCE OF)	few days
Sequentially list conditions IF ANY leading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c Hypertension DUE TO (OR AS A CONSEQUENCE OF)	years
	d Diabetes	years

PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

37 DID TOBACCO USE CONTRIBUTE TO DEATH?	38 IF FEMALE
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant but pregnant within 42 days of death ☐ Not pregnant but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

39 MANNER OF DEATH - Accident, Suicide, Homicide Natural Indeterminate or Pending (Specify)	40a WAS AN AUTOPSY PERFORMED? (Yes or No)	40b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
Natural	No	

41a DATE OF INJURY (Mo Day Yr)	41b TIME OF INJURY M	41c DESCRIBE HOW INJURY OCCURRED

41d INJURY AT WORK (Yes or No)	41e PLACE OF INJURY - At home farm, street construction site, wooded area etc (Specify)	41f IF TRANSPORTATION INJURY - Driver/Operator Passenger Pedestrian etc (Specify)	41g LOCATION - Street or RFD No	City Village or Twp	State

183 (Rev 9/15/09)

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY NOT VALID IF PHOTOCOPIED LAMINATION MAY VOID CERTIFICATE

DETROIT VITAL RECORDS

1563679

MAR 0 6 2012
Dated

Rochelle M Collins
Rochelle M Collins, Registrar
City of Detroit Health Department

Department of Health
Death Records

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND ON WHITE PAPER - THE BACK OF THIS PAPER CONTAINS A WATERMARK - HOLD AT LIGHT TO VIEW