

4

Deed # 17894810
Woodward

STATE OF INDIANA
COUNTY OF LAKE

SURVIVORSHIP AFFIDAVIT

Becky S. Woodard f/k/a Becky S. Taylor ("Affiant"), being first duly sworn on oath states:

- 1. That the following is based upon Affiant's personal knowledge.
- 2. That Affiant is the owner of the following described real estate:

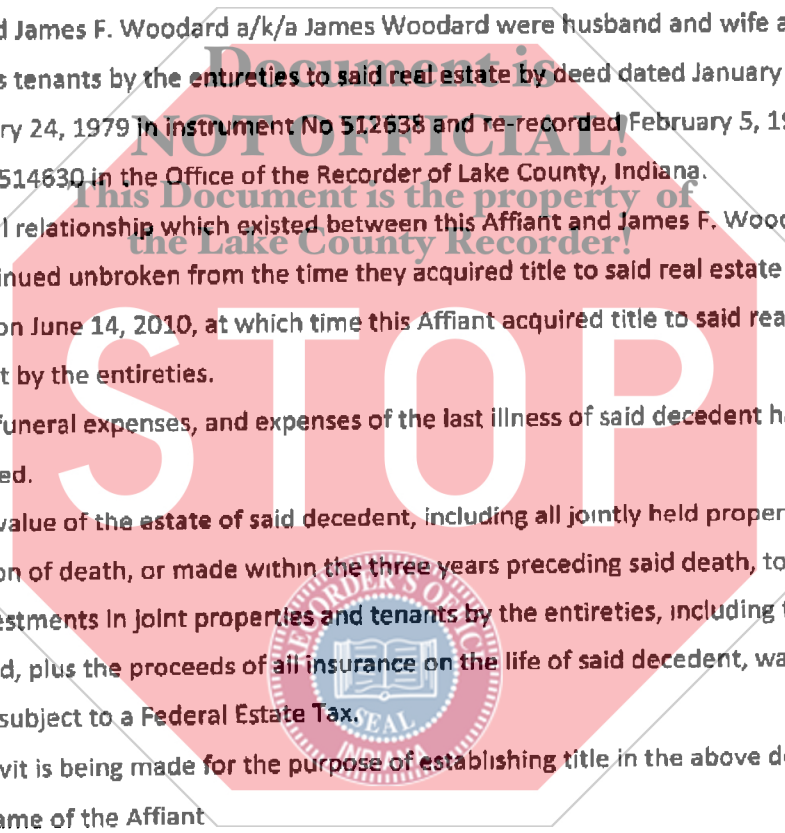
Situated in Lake County, Indiana, to-wit:

Lot 70, Resubdivision of parts of Indiana Ridge Subdivision in the City of Hobart, as shown in Plat Book 31, page 38, Lake County, Indiana.

- 3. That Affiant and James F. Woodard a/k/a James Woodard were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed dated January 4, 1979, recorded January 24, 1979 in Instrument No 512638 and re-recorded February 5, 1979 in Instrument No 514630 in the Office of the Recorder of Lake County, Indiana.
- 4. That the marital relationship which existed between this Affiant and James F. Woodard a/k/a James Woodard continued unbroken from the time they acquired title to said real estate until the death of said spouse on June 14, 2010, at which time this Affiant acquired title to said real estate as surviving tenant by the entireties.
- 5. That all debts, funeral expenses, and expenses of the last illness of said decedent have been fully paid and satisfied.
- 6. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.
- 7. That this affidavit is being made for the purpose of establishing title in the above described real estate in the name of the Affiant.

FILED
SEP 18 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2012 065731



2012 SEP 19 AM 9:39

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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CONF

06:26 Tue Aug 07, 2012

QSCN FQPV
E039917 Nfn T02
User Id: e039917

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Loc 0101000000

IN WITNESS WHEREOF, The Affiant has executed this Survivorship Affidavit this ____ day of _____, 20__.

Becky S. Taylor n/k/a Becky S. Woodard
Becky S. Taylor n/k/a Becky S. Woodard

Before me, a Notary Public, in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing Survivorship Affidavit on the ____ date of _____, 20__.

Notary Public

My Commission Expires: _____

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

County, Indiana

This instrument was prepared by: Becky S. Taylor n/k/a Becky S. Woodard
Mail Tax Statement to: 2801 W. 38th PL Hobart, IN 46342

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

ACAPS: 17894810



Before me, a Notary Public, in and for said County and State, personally appeared Becky S. Woodard, who acknowledged the execution of the foregoing Survivorship Affidavit on the 31st date of August, 2012



Andre Hernandez
Notary Public

Andre Hernandez
Printed Name

My Commission Expires:

Jan 17, 2013

Residing in:

Porter County, Indiana

This Instrument was prepared by: Becky S. Taylor n/k/a Becky S. Woodard
Mail Tax Statement to: 2801 W. 38th Pl Hobart, IN 46342

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ACAPS: 17894810



Return To
Southwest Financial Services, LTD
P O Box 300
Cincinnati, OH 45273-8043



17894810

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0043896		DATE ISSUED 06/21/2010	
DECEDENT'S LEGAL NAME JAMES WOODARD		SEX MALE	DATE OF DEATH JUNE 14, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 58 YEARS	DATE OF BIRTH FEBRUARY 29, 1952	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL	
PLACE OF DEATH INPATIENT			
BIRTHPLACE VALPARAISO, IN	SOCIAL SECURITY NUMBER 311-58-4653	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME BECKY TAYLOR
RESIDENCE 2901 WEST 38TH PLACE		APT. NO.	CITY OR TOWN HOBART
COUNTY LAKE	STATE IN	ZIP CODE 46342	FATHER'S NAME HOWARD J WOODARD
INFORMANT'S NAME JACKIE SMITH		RELATIONSHIP HOSPITAL RECORDS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE KATHERINE BROCKWAY
METHODOF DISPOSITION BURIAL		PLACE OF DISPOSITION GRACELAND CEMETERY	LOCATION: CITY OR TOWN AND STATE VALPARAISO, IN
DATE OF DISPOSITION JUNE 18, 2010		FUNERAL HOME GERHARZ FUNERAL HOME LTD, 501 STATE STREET, LEMONT, IL, 60439	
FUNERAL DIRECTOR'S NAME ANTHONY P CAPPETTA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JUNE 17, 2010	
CAUSE OF DEATH PART I. SUBDURAL HEMATOMA IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) Due to (or as a consequence of) 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 CEREBRAL VASCULAR ACCIDENT		WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE	MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY
DESCRIBE HOW INJURY OCCURRED.			
ATTEND THE DECEASED? YES	DATE LAST BEEN ALIVE JUNE 14, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		DATE CERTIFIED JUNE 14, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PETER LEE, 251 EAST HURON, CHICAGO, ILLINOIS, 60611		PHYSICIAN'S LICENSE NUMBER 36-123293	

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE