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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2013 018334

**AFFIDAVIT OF SURVIVORSHIP
FOR TRANSFER ON DEATH DEED**

TERRANCE L. CROSS a/k/a TERRANCE LEMONT CROSS, being first duly sworn upon his oath, states:

1. That the affiant resides at 575 Tompkins Street, Gary, Lake County, Indiana.
2. The affiant is the designated beneficiary of CHARLIE K. CROSS a/k/a CHARLIE KATHERIN CROSS, who died a resident of Gary, Lake County, Indiana on February 9, 2013.
3. The affiant is the surviving and exclusive owner of the following parcel of real property, which is located at 575 Tompkins Street, Gary, Lake County, Indiana (Parcel No. 45-07-01-011.000-004 and Parcel No. 45-07-01-329-012.000-004), and legally described as:

Lot 15 and Lot 16 in Block "H" in Gary City Estates, in the City of Gary, as per plat thereof, recorded in Plat Book 15 Page 28, in the Office of the Recorder of Lake County, Indiana.

4. The Transfer on Death Deed was recorded in the Office of the Recorder of Lake County, Indiana on January 9, 2013 (2013-001602).
5. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of Charlie K. Cross a/k/a Charlie Katherin Cross.

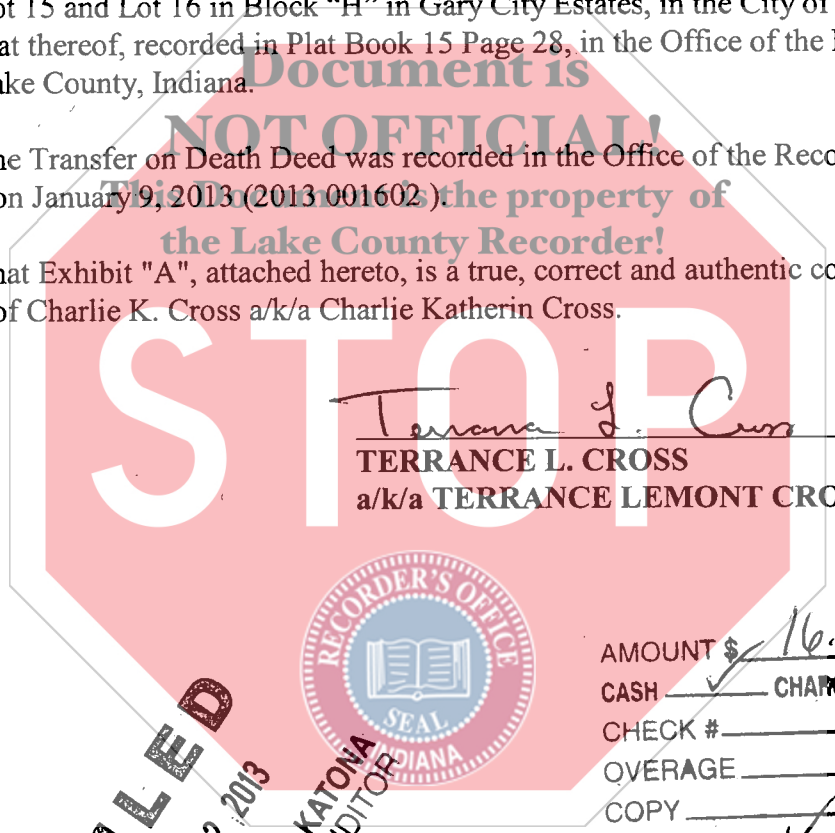
Terrance L. Cross
TERRANCE L. CROSS
a/k/a TERRANCE LEMONT CROSS

FILED
MAR 12 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



AMOUNT \$ 16.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM
CLERK CP

001412



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL BROWN
RECORDER
2013 MAR 12 PM 12:49

SUBSCRIBED and SWORN to before me, a Notary Public, this 11th day of March, 2013.

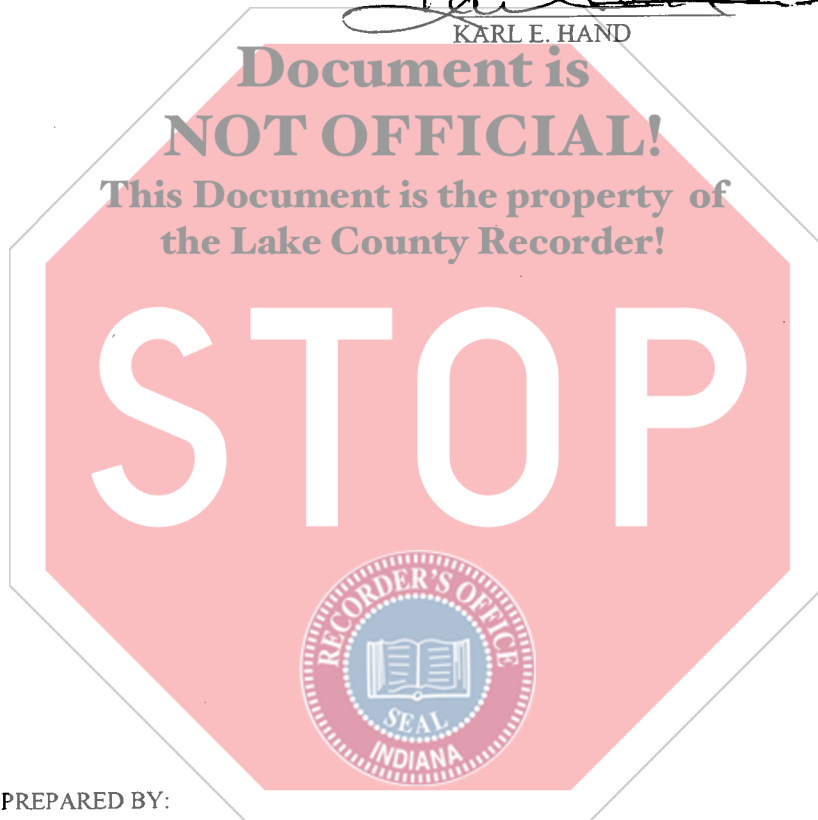

KARL E. HAND, Notary Public



My Commission Expires: 11/10/17
County of Residence : Lake

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW.


KARL E. HAND



THIS INSTRUMENT PREPARED BY:
KARL E. HAND, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322
(219) 924-2640

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER: 2013 0013145 MEDICAL EXAMINER'S CASE NUMBER: N/A DATE ISSUED: 2/19/2013

DECEDENT'S LEGAL NAME CHARLIE KATHERINE CROSS		SEX FEMALE	DATE OF DEATH FEBRUARY 09, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH AUGUST 29, 1934		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE VANCE, MS	SOCIAL SECURITY NUMBER 425-66-9251	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 575 THOMPKN	APT. NO. N/A	CITY OR TOWN GARY	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46406	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLIE SCOTT	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILLIE BANISTER
INFORMANT'S NAME MAYBLEINE GIGGERS		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS 5841 SOUTH MARYLAND, CHICAGO, IL, 60637	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ELMWOOD CEMETERY	LOCATION - CITY OR TOWN AND STATE HAMMOND, IN	DATE OF DISPOSITION FEBRUARY 16, 2013
FUNERAL HOME GOLDEN GATE FUNERAL HOME, 2036 W. 79TH STREET, CHICAGO, IL, 60620				
FUNERAL DIRECTOR'S NAME ANTHONY HOLMES			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015271	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 14, 2013	
CAUSE OF DEATH - PART I: MULTIPLE MYELOMA				
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.			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 09, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:20 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 09, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KRISTEN PETTIT MD, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637			PHYSICIAN'S LICENSE NUMBER 125-057926	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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