

2013 027518

2013 APR 17 AM 10:37

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

MICHAEL I ROSEN, of adult age, being first duly sworn, upon deposes and says:

That Michael I Rosen is the son of ~~deceased~~, who died on 11/19/2011 a resident of Lake County, Indiana. * Marvin M. Rosen

That affiant and said decedent, as joint tenants with rights of survivorship acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Michael I. Rosen and Michelle A. Rosen recorded 12/14/2001 as Document No. 2001-103012 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were joint tenants with rights of survivorship and that said joint tenancy with rights of survivorship between them continued unbroken from the time they acquired title to said real estate until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all 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.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Michael I. Rosen, surviving ~~spouse~~ tenant of the decedent.

And further affiant sayeth not this 26th day of March, 2013.

Michael I Rosen
Signature of Michael I. Rosen

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 26th day of March, 2013.

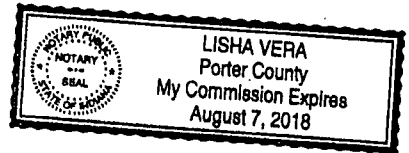
WITNESS my hand and Notarial Seal.

My Commission Expires: _____

Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence



This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
10704 Manor Drive, Saint John, IN 46373-9011

File No.: 13-9374

15
MT
LVR

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. Lisha Vera (Type or Print Name)

13-9374

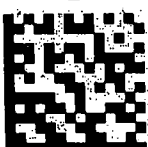
FILED

APR 16 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE

22392



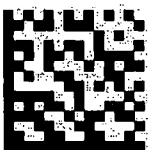
1904927-1005

LEGAL DESCRIPTION

Lot Numbered 80 in White Oak Manor 5th Addition Unit 1, an Addition to the Town of St. John, as per plat thereof recorded in Plat Book 88, page 14 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
40-52-0099-0001

45-15-05-352-012.000-015



1904927-1005

13-9374

CERTIFICATION OF DEATH RECORD

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

DATE ISSUED 11/28/2011

STATE FILE NUMBER 2011-0007485

DECEDENT'S LEGAL NAME MARVIN ROSEN		SEX MALE	DATE OF DEATH NOVEMBER 19, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH OCTOBER 21, 1929		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT	SOCIAL SECURITY NUMBER 335-20-9893	STATUS AT TIME OF DEATH MARRIED	DIVIDED SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHARLENE J SIEGEL	EVER IN U.S. ARMED FORCES? YES
BIRTH PLACE CHICAGO, IL	RESIDENCE 2023 DORCHESTER LANE	APT. NO. 2	CITY OR TOWN SCHERERVILLE	INSIDE CITY LIMITS? YES
COUNTRY LAKE	STATE IN	ZIP CODE 46375	FATHER/COMPONENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MORRIS ROSEN	MOTHER/COMPONENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SOPHIE FREIDMAN
INFORMANT'S NAME CHARLENE J ROSEN	RELATIONSHIP WIFE	MAILING ADDRESS 2023 DORCHESTER LANE, SCHERERVILLE, IN, 46375		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CEMETERY	LOCATION: CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION NOVEMBER 29, 2011	
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 109RD STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME KENNETH L HAMMOND			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011542	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 28, 2011	
CAUSE OF DEATH - PART I: RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. LYMPHOMA				
b. (List as a contributing cause)				
c. (List as a contributing cause)				
d. (List as a contributing cause)				
PART II: One or more significant conditions contributing to death but not resulting in the underlying cause listed in PART I				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 19, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:09 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 22, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT BAEK, MD, 1653 W CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036370406	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED