

AFFIDAVIT OF SURVIVORSHIP

2013 090368

STATE OF INDIANA)
) S.S.
COUNTY OF LAKE)

On this November 12, 2013 before me personally appeared Mary N/M/I Nickoloff to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at 9 Timrick Drive., Munster, Indiana;
2. The premises located at 9 Timrick Drive, Munster, Indiana and legally described as :

Lot Nine (9), except the Northwesterly 19.21 feet thereof, Block Two (2), KNICKERBOCKER MANOR SIXTH ADDITION TO THE TOWN OF MUNSTER, Lake County, Indiana, as shown in Plat Book 31, page 101, in the Office of the Recorder of Lake County, Indiana, commonly known as 9 Timrick Drive, Munster, Indiana (Key#28-199-9)

Parcel Identification Number 45-06-24-303-009-000-027

were formerly owned by Mary Nickoloff and Diana N. Bellcoff, as Joint Tenants with rights of survivorship. *A/K/A Diana Bellcoff s/p/c*

3. Said Diana N. Bellcoff died on June 28, 2013, a resident of Edwardsville, Madison County, Illinois.
4. A true and correct copy of the Death Certificate of Diana N. Bellcoff is attached hereto as Exhibit "A". *a/K/A Diana Bellcoff s/p/c*
5. This Affidavit is submitted for purposes of establishing that Mary N/M/I Nickoloff is the title owner of the property located at 9 Timrick Drive, Munster, Indiana, by her right of survivorship.

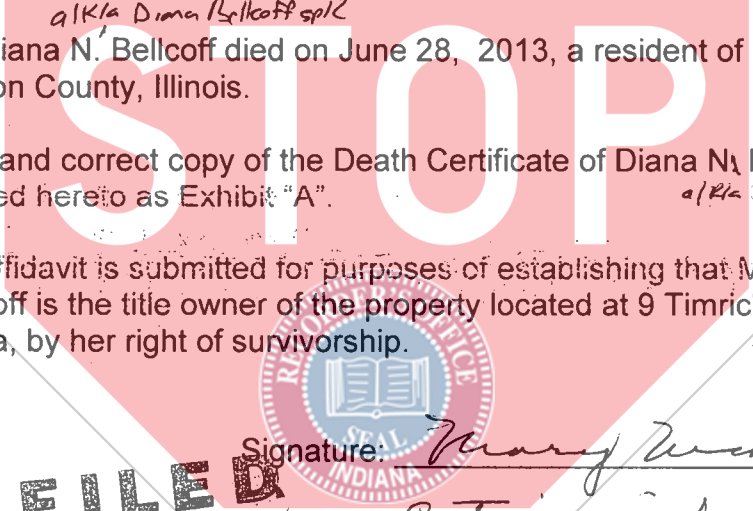
FILED
Signature: *Mary Nickoloff*
Address: *9 Timrick Dr.,
Munster, Ind. 46321*

DEC 09 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

28360

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\$110 #25442
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EB

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
2013 DEC 10 AM 10:19
MICHAEL B. BROWN
RECORDER

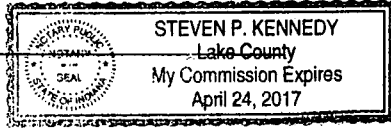


Subscribed and sworn to before me by the affiant

this November 12, 2013
(insert date)

Steven P. Kennedy
Notary Public

My Commission Expires: _____



"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."
PREPARED BY: *Steven P. Kennedy*

Document is NOT OFFICIAL!

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STOP



CERTIFICATION OF DEATH RECORD

EDWARDSVILLE CITY CLERK
EDWARDSVILLE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0050794

DATE ISSUED 7/3/2013

DECEDENT'S LEGAL NAME DIANA N BELLCOFF			SEX FEMALE	DATE OF DEATH JUNE 28, 2013	
COUNTY OF DEATH MADISON		AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH FEBRUARY 09, 1928		
CITY OR TOWN EDWARDSVILLE		HOSPITAL OR OTHER INSTITUTION NAME 21 WEST PICKETTS CROSSING			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 21 WEST PICKETTS CROSSING		APT. NO.	CITY OR TOWN EDWARDSVILLE		INSIDE CITY LIMITS? YES
COUNTY MADISON	STATE IL	ZIP CODE 62025	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELIA NICKOLOFF		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION YAGNA SAROFF
INFORMANT'S NAME KATHY BELLCOFF-CHILDERS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 49 BIRDIE COURT, EDWARDSVILLE, IL, 62025		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SUNSET HILL MEMORIAL ESTATES	LOCATION - CITY OR TOWN AND STATE GLEN CARBON, IL	DATE OF DISPOSITION JULY 03, 2013	
FUNERAL HOME IRWIN CHAPEL INC., 3960 MARYVILLE ROAD, GRANITE CITY, IL, 62040					
FUNERAL DIRECTOR'S NAME JOHN STEPHEN WALLACE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015010		
LOCAL REGISTRAR'S NAME DENNIS W MCCRACKEN			DATE FILED WITH LOCAL REGISTRAR JULY 3, 2013		
CAUSE OF DEATH PART I. CARDIAC ARREST IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ 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 APRIL 02, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 03:23 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 03, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAND W. SOMMER M.D., 121 ST. LUKE'S CENTER DRIVE, SUITE 506, CHESTERFIELD, MISSOURI, 63017				PHYSICIAN'S LICENSE NUMBER R3D27	

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.



Dennis McCracken
Edwardsville City Clerk & Registrar