STATE OF IL...
LAKE COUNTY
FILED FOR RECORD

2013 091640

2013 DEC 16 AM 11:29

MICHAEL A. BROWN
RECORDER

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

AFFIDAVIT OF SURVIVORSHIP

ELAINE L. SPENCER, being first duly sworn, under penalty of perjury, states as follows:

1. She is an adult, with personal knowledge of all facts stated herein. She is a resident of Lake County, Indiana, and currently resides at 7746 Jennings St., Merrillville, Indiana.

2. She is the daughter of **NANCY L. SPENCER** who died October 12, 2013. A copy of the Certificate of Death for **NANCY L. SPENCER** is attached hereto as Exhibit "A" and made a part hereof.

3. That at the time of her death, **NANCY L. SPENCER** and **DAVID SPENCER**, husband and wife, and **ELAINE L. SPENCER** were the owners of the following described property as joint tenants with rights of survivorship:

The South 34 feet of Lot No. Eight (8), in Block No. Two (2), as Marked and laid down on the recorded Plat of Agnes Roberts' Subdivision in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 2, page 20, in the Recorder's Office of Lake County, Indiana.

Property Number: 45-03-06-378-014.000-023
Address of property: 1533 Roberts Ave., Whiting, IN 46394

4. That pursuant to Indiana law, upon the passing of **NANCY L. SPENCER**, **DAVID SPENCER and ELAINE L. SPENCER** became the fee simple owners of the above described property as joint tenants with rights of survivorship.

5. That this Affidavit is being executed to show that **DAVID SPENCER and ELAINE L. SPENCER** are now the fee simple owners of the real estate as joint tenants with rights of survivorship.

Further Affiant sayeth not.

FILED
DEC 12 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

006960
AMOUNT $ 15
CASH ___ CHARGE ___
CHECK# 7972
OVERAGE 1-
COPY ___
NON-CONF ___
DEPUTY SS

Elaine L. Spencer
ELAINE L. SPENCER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 25th day of November, 2013, personally appeared **Elaine L. Spencer** who stated that the facts contained in the foregoing Affidavit are true and correct and acknowledge the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.

Barbara A. Delgado
NOTARY PUBLIC

My Commission Expires: 12-13-2014
My County of Residence: Cook

"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."

This instrument prepared by and return to:

ROBERT C. COLLINS, JR.
ATTORNEY AT LAW
850 Burnham Ave.
Calumet City, IL 60409

CERTIFICATE OF DEATH

Local No 003383 EDR No 000000348177 State No 047748

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
NANCY LEE SPENCER	CROSBY	FEMALE	03:25 AM	10/12/2013

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	74	Months	Days	Hours	Minutes	08/31/1939	CHICAGO, IL

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): LINCOLNSHIRE HEALTH CARE CENTER

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MERRILLVILLE, IN, 46410	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
DAVID SPENCER		HOMEMAKER	OWN HOME

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	WHITING

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1533 ROBERTS AVENUE		46394	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
MATTHEW WERN	MARY C JOYCE	NEILL

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
ELAINE L SPENCER	DAUGHTER	7746 JENNINGS STREET, MERRILLVILLE, IN 46410

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CALUMET PARK CEMETERY - CREMATORY	MERRILLVILLE, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410	FH10400032

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
SHERRY L WILLIAMS , BY ELECTRONIC SIGNATURE	FD20700074

Cause Of Death (See Instructions And Examples)

28. 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. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additinal Lines If Necessary.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	CEREBRAL STROKE	
		Due to (Or As A Consequence Of):	
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	B.		
		Due to (Or As A Consequence Of):	
	C.		
		Due to (Or As A Consequence Of):	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ 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	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work?
			☐ Yes ☐ No

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature. Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
MATTHEW A. MAZUR , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
MATTHEW A. MAZUR , 5454 HOMAN AVE., HAMMOND, IN 46344	02003607A	10/18/2013

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	OCT 21 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT "A"

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.