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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 092283

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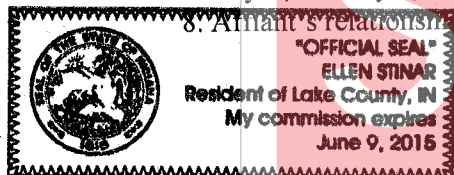
MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On 11/25/13 before me personally appeared Jeanetta Bogness
to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address give below affiant's signature;
- Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Marshall Bogness and Jeanetta Bogness;
- Said Marshall Bogness
(complete name of deceased co-tenant)
died on May 12, 2012 leaving _____ will;
insert "a" or "no" if will, attach a copy
- The legal description of the premises in question is:
lot 198 in Liberty Park Highlands, as per plat thereof, recorded in plat book 25, page 8 in the Office of the recorder of lake County, Indiana
- Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid.
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? Yes No
If yes, identify the divorce proceedings: _____

8. Affiant's relationship to the deceased was Wife



Signature: Jeanetta Bogness
Printed Name: Jeanetta Bogness
Address: 226 Oak St. Crown Point, IN 46307

Subscribed and sworn to before me by the affiant on 11/25/13
before me ELLEN STINAR a Notary Public Ellen Stinar
My County of Residence is: LAKE In the State of IN
My Commission Expires: 6-9-15

This instrument prepared by Jody Armstrong. 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. Printed Name: Jody Armstrong

FILED

DEC 16 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

007062 CT

13-00

pp

Chicago Title Insurance Company

1306949 MINN

CERTIFICATION OF DEATH RECORD

**HILLSIDE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0036400

DATE ISSUED 05/30/2012

DECEDENT'S LEGAL NAME MARSHALL BOGCESS		SEX MALE	DATE OF DEATH MAY 12, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH JULY 20, 1937		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JEANETTA TURNER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 226 OAK STREET	APT. NO.	CITY OR TOWN CROWN POINT	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILFRED BOGCESS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALICE EVANGELINE SCHOLL
INFORMANT'S NAME JEANETTA BOGCESS		RELATIONSHIP WIFE	MAILING ADDRESS 226 OAK STREET, CROWN POINT, IN, 46307	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHAPEL LAWN MEMORIAL GARDENS	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION MAY 18, 2012	
FUNERAL HOME SHIMKUS FUNERAL SERVICES, 4147 WEST 78TH PLACE, CHICAGO, IL, 60652				
FUNERAL DIRECTOR'S NAME STEVEN J SHIMKUS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014632	
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR MAY 16, 2012	
CAUSE OF DEATH PART I. METABOLIC ACIDOSIS		<div style="position: absolute; top: 0; right: 0; font-size: 8px;">APPLY X IN DATE INTERVA BETWEEN ONSET AND DEATH</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <p style="font-size: 24px; font-weight: bold;">STOP</p> <p style="font-size: 12px;">This Document is the property of the Lake County Recorder!</p> </div>		
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
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 MANNER OF DEATH NATURAL		
FEMALE PREGNANCY STATUS NOT APPLICABLE				
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 MAY 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:30 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 13, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FAHAD YOUNAS, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153			PHYSICIAN'S LICENSE NUMBER 036128292	

45828

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.

MAY 30 2012

William J. Daugherty Jr
TOWNSHIP CLERK

