

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

g

2014 003213

SURVIVORSHIP AFFIDAVIT 2014 JAN 15 AM 10:43

On 12.19.2014 before me personally appeared Marion Louise Hodges

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address give below affiant's signature;
- 2. Affiant is 7744 Hohman Ave Munster IN 46321
(state interest of affiant in the above premises as "owner", "son of owner", etc)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Douglas Smith and Marion Smith AKA Marion Hodges
- 4. Said Douglas MacArthur Smith
(complete name of deceased co-tenant)
died on 12.19.2009 leaving A will;
insert "a" or "no" if will, attach a copy

Filed with Lake County

5. The legal description of the premises in question is:
Lot Numbered 10 in Block 2 As shown on the Recorded Plat of Broadmoor, A Subdivision in the Town of Munster Recorded in Plat Book 18 Page 3 in the Office of the Recorder of Lake County, Indiana.

6. 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.

7. 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

FILED
JAN 15 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

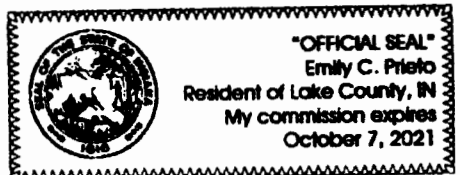
Signature: Marion Louise Hodges
Printed Name: Marion Louise Hodges
Address: 7744 Hohman Avenue
Munster, IN 46321

Subscribed and sworn to before me by the affiant on 10th December 2013,
before me Emilie Prieto / Emilie Prieto a Notary Public
My County of Residence is: lake In the State of Indiana
My Commission Expires: Oct, 07 2021

13.1
ct
DN

This instrument prepared by Cheryl MacLachowshi. 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: Emilie C Prieto

Chicago Title Insurance Company



010272

1307271 M INV

CHICAGO, ILLINOIS
 MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0093363 DATE ISSUED 12/28/2009

DECEDENT'S LEGAL NAME DOUGLAS MACARTHUR SMITH SEX MALE DATE OF DEATH DECEMBER 19, 2009

COUNTY OF DEATH COOK AGE AT LAST BIRTHDAY 61 YEARS DATE OF BIRTH JANUARY 21, 1948

CITY OR TOWN OAK LAWN HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR

PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT

BIRTHPLACE WAYNE, WV SOCIAL SECURITY NUMBER [REDACTED] MARITAL STATUS AT TIME OF DEATH MARRIED SURVIVING SPOUSE'S NAME MARION L WALKENS EVER IN U.S. ARMED FORCES? YES

RESIDENCE 7744 HOHMAN AVENUE CITY OR TOWN MUNSTER INSIDE CITY LIMITS? YES

COUNTY LAKE STATE IN ZIP CODE 46321 FATHER'S NAME LORENZA DOW SMITH MOTHER'S NAME PRIOR TO FIRST MARRIAGE EDNA OSBURN

INFORMANT'S NAME MARION SMITH RELATIONSHIP WIFE MAILING ADDRESS 7744 HOHMAN AVENUE, MUNSTER, IN, 46321

METHOD OF DISPOSITION BURIAL PLACE OF DISPOSITION CHAPEL HILL GARDENS SOUTH CEMETERY & FUNERAL HOME LOCATION, CITY OR TOWN AND STATE OAK LAWN, IL DATE OF DEPOSITION DECEMBER 23, 2009

FUNERAL HOME CHAPEL HILL GARDENS SOUTH FUNERAL HOME, 11333 S. CENTRAL AVENUE, OAK LAWN, IL, 60453

FUNERAL DIRECTOR'S NAME VINCENT G GIFF FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012013

LOCAL REGISTRAR'S NAME DAVID ORR DATE FILED WITH LOCAL REGISTRAR DECEMBER 20, 2009

CAUSE OF DEATH PART I: CORONARY ATHEROSCLEROSIS

IMMEDIATE CAUSE a. [REDACTED]

b. [REDACTED]

c. [REDACTED]

Due to (or as a consequence of) [REDACTED]

Due to (or as a consequence of) [REDACTED]

Due to (or as a consequence of) [REDACTED]

PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

WAS AN AUTOPSY PERFORMED? YES

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES

MANNER OF DEATH NATURAL

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN 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? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES DATE PRONOUNCED DECEMBER 19, 2009 TIME OF DEATH 01:27 PM

CERTIFIER MEDICAL EXAMINER/CORONER DATE CERTIFIED DECEMBER 20, 2009

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES, MD, 2121 W HARRISON ST, CHICAGO, IL, 60622

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 is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



David Orr
 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE