

3  
STATE OF ILLINOIS )  
COUNTY OF DUPAGE ) SS:

SURVIVORSHIP AFFIDAVIT

Toni Smith, whose maiden name was Antoinette D'Anza ("Affiant"), being duly sworn upon her oath, deposes and says:

1. Affiant is the surviving spouse of George L. Smith (the "Decedent") who died a resident of DuPage, Illinois on the 23rd day of March 2013.

2. Affiant and Decedent acquired the following described real estate in Lake County in the State of Indiana as George L. Smith and Toni Smith, husband and wife:

Lot 565 in Lakes of the Four Seasons, Unit No. 2, as per plat thereof, recorded in Plat Book 37, Page 76, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4153 Oakmont Court, Crown Point, IN 46307

3. Affiant and the Decedent remained married continuously from the date they acquired title to the above described real estate until Decedent's date of death.

4. This affidavit is made for the purpose of establishing Affiant's ownership of said real estate by virtue of surviving the Decedent.

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FILED

JAN 16 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

2014 003602

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 JAN 21 AM 9:33  
MICHAEL B. BROWN  
RECORDER

010292

#1500  
M.B.  
#321428

FURTHER, AFFIANT SAITH NOT.

Toni Smith  
Toni Smith

Before me, the undersigned, a notary public in and for said County and State, personally appeared Toni Smith who acknowledged that she did sign the foregoing Survivorship Affidavit and that such signing, was freely and voluntarily performed, for the use and purposes therein mentioned.

Executed before me on this 11th day of October 2013, who under penalty of perjury, represented to me to be said person.

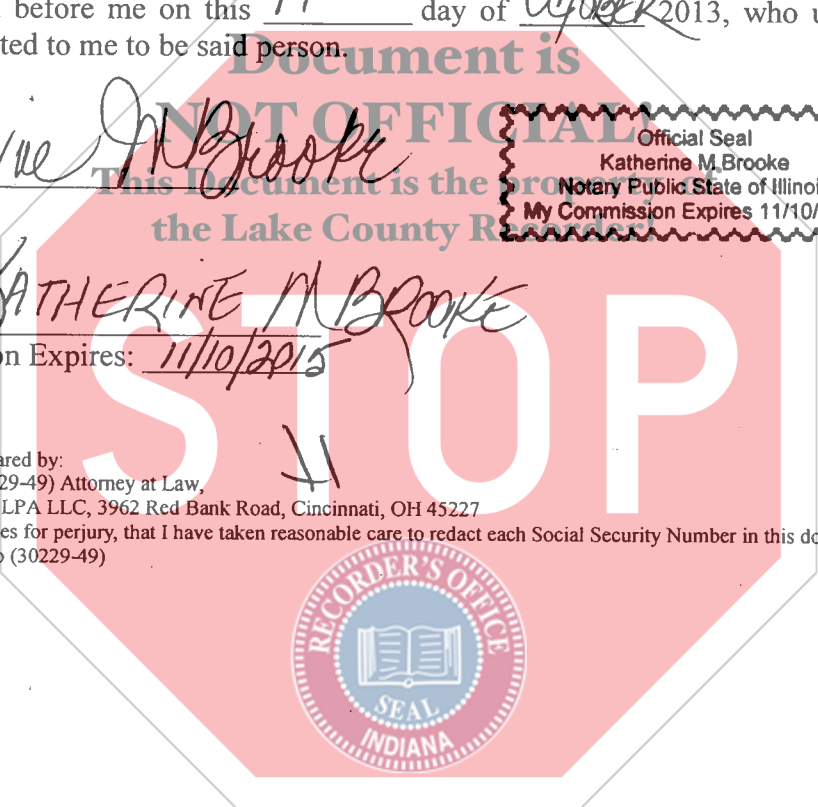
Katherine M Brooke  
Notary Public



Print Name: KATHERINE M BROOKE  
My Commission Expires: 11/10/2015

This Document was prepared by:  
Rebecca N. Algenio (30229-49) Attorney at Law,  
Reisenfeld & Associates, LPA LLC, 3962 Red Bank Road, Cincinnati, OH 45227

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. - Rebecca Algenio (30229-49)



**DUPAGE COUNTY HEALTH DEPARTMENT RECEIVED 3/26/13**  
**WHEATON, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH AUG 19 2013**

STATE FILE NUMBER 20130025362 MEDICAL EXAMINER'S CASE NUMBER 032813 JG2 DATE ISSUED 3/29/13

DECEDENT'S LEGAL NAME GEORGE L. SMITH		SEX MALE	DATE OF DEATH MARCH 23, 2013	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY (94 YEARS)	DATE OF BIRTH		
CITY OR TOWN LOMBARD		HOSPITAL OR OTHER INSTITUTION NAME LEXINGTON HLTH. CR. CTR-LOMBARD		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ANTOINETTE D'ANZA	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 2210 FOUNTAIN SQUARE DRIVE	APT. NO. 412	CITY OR TOWN LOMBARD	INSIDE CITY LIMITS? YES	
COUNTY DU PAGE	STATE IL	ZIP CODE 60148	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM, SMITH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORENCE LEE
INFORMANT'S NAME DAVID BROOKE		RELATIONSHIP NEPHEW	MAILING ADDRESS 1143 HALLADY DRIVE, BATAVIA, IL, 60510	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MARCH 28, 2013	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS, AURORA, 4255 WESTBROOK DRIVE, AURORA, IL, 60504				
FUNERAL DIRECTOR'S NAME GERALD F SULLIVAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165	
LOCAL REGISTRAR'S NAME MAUREEN T. MCHUGH			DATE FILED WITH LOCAL REGISTRAR MARCH 29, 2013	
CAUSE OF DEATH PART I: ADENOCARCINOMA, PRIMARY UNKNOWN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		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. ANEMIA, RENAL INSUFFICIENCY, PROSTATE CANCER		WAS AN AUTOPSY PERFORMED? NO		
FEMALE PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK	
LOCATION OF INJURY		DESCRIBE HOW INJURY OCCURRED		
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE MARCH 13, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 04:15 AM		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CATHERINE GROTELUESCHEN, 2340 HIGHLAND AVE, LOMBARD, ILLINOIS, 60148			DATE CERTIFIED MARCH 28, 2013	
			PHYSICIAN'S LICENSE NUMBER 036-064001	



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.

*Maureen T. McHugh*  
 Maureen T. McHugh  
 Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.**