

2014 003931

2014 JAN 22 PM 2: 04

MICHAEL C. BROWN
RECORDER

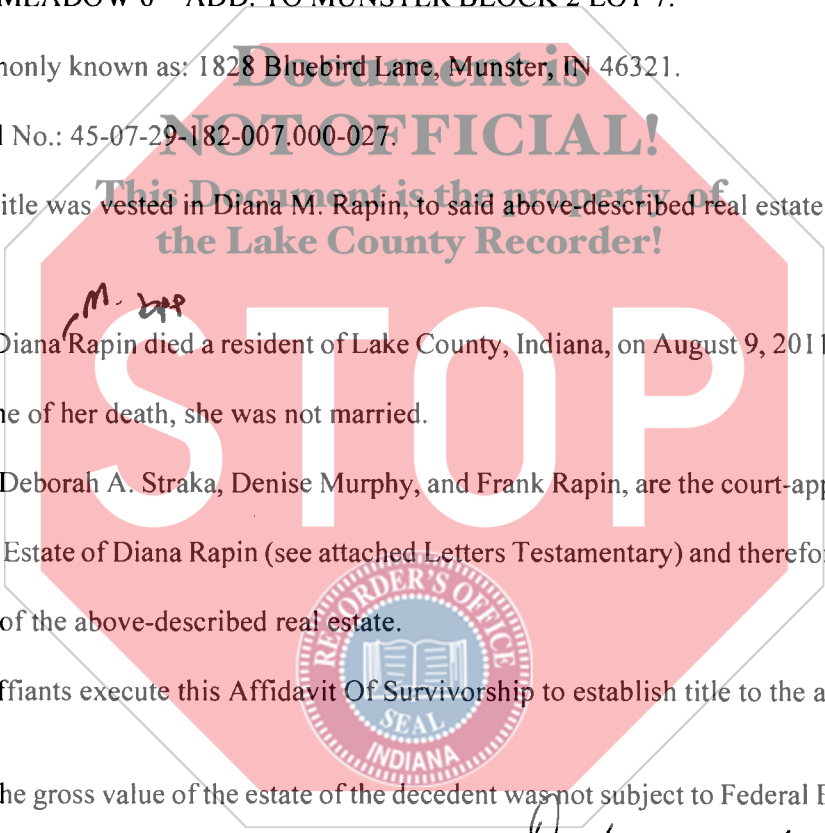
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, Deborah A. Straka, Denise Murphy, and Frank Rapin, being first duly sworn upon their oath and states as follows:

1. The affiants are children of the decedent and court-appointed Personal Co-Representatives for the Estate of Diana Rapin.
2. That Diana Rapin, ^{M. app} owned the following described real estate located in Lake County, Indiana:
FAIRMEADOW 6TH ADD. TO MUNSTER BLOCK 2 LOT 7.
Commonly known as: 1828 Bluebird Lane, Munster, IN 46321.
Parcel No.: 45-07-29-182-007,000-027.
3. That title was vested in Diana M. Rapin, to said above-described real estate located in Lake County, Indiana.
4. That Diana Rapin ^{M. app} died a resident of Lake County, Indiana, on August 9, 2011 (see attached Death Certificate). At the time of her death, she was not married.
5. That, Deborah A. Straka, Denise Murphy, and Frank Rapin, are the court-appointed Personal Co-Representatives of the Estate of Diana Rapin (see attached Letters Testamentary) and therefore hold title and have dominion and control of the above-described real estate.
6. The affiants execute this Affidavit Of Survivorship to establish title to the above-described real estate.
7. That the gross value of the estate of the decedent was not subject to Federal Estate Tax or Indiana Inheritance Tax.



17-1
OK-10186
DN

FILED

JAN 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Deborah A. Straka
Deborah A. Straka, Affiant

Denise Murphy
Denise Murphy, Affiant

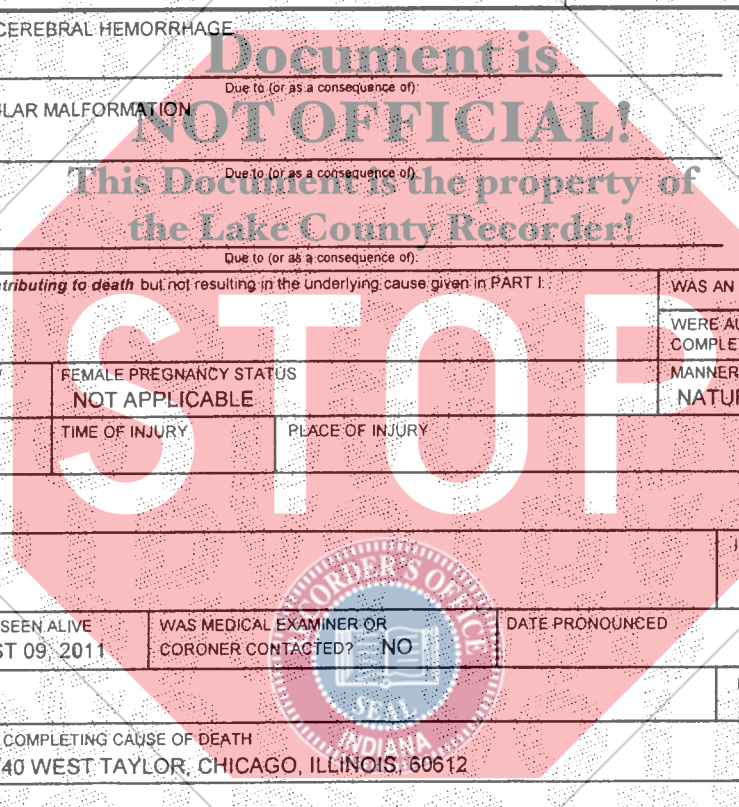
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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0059451

DATE ISSUED 08/15/2011

DECEDENT'S LEGAL NAME DIANA RAPIN			SEX FEMALE	DATE OF DEATH AUGUST 09, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH NOVEMBER 04, 1939		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1828 BLUEBIRD LANE		APT. NO.	CITY OR TOWN MUNSTER		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46321	FATHER'S NAME EDWARD DALUGA		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNA CHASE
INFORMANT'S NAME DENISE MURPHY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1531 JANICE LANE, MUNSTER, IN, 46321		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CHAPEL LAWN MEMORIAL GARDENS	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION AUGUST 12, 2011	
FUNERAL HOME SWETS FUNERAL SERVICE, 116 CORA CT., THORNTON, IL, 60476					
FUNERAL DIRECTOR'S NAME RONALD SCOTT SWETS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014743		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 11, 2011		
CAUSE OF DEATH PART I: INTRACEREBRAL HEMORRHAGE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. VASCULAR MALFORMATION _____ Due to (or as a consequence of) c. _____ 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	
DID TOBACCO USE CONTRIBUTE TO DEATH?	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 AUGUST 09, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:42 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 10, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. DANIEL MEIER BIRK, MD, 1740 WEST TAYLOR, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125058255	



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOTE: TACTILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

