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2014 004073

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 23 AM 9:10
MICHAEL D. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF Lake)

SS:

Sharron R. Thornton being first duly sworn upon oath, deposes and says:

1. That Raymond E. Thornton died on 9-5-98 at Lake Co, IN
2. That Raymond E. Thornton and Sharron R. Thornton were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Legal description attached
This Document is the property of the Lake County Recorder!

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

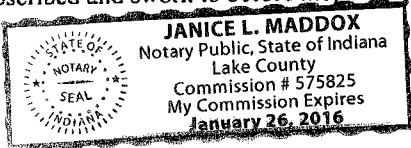
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Sharron R. Thornton
Sharron R. Thornton Affiant Signature

Subscribed and sworn to before me, a Notary Public this 6th day of Nov, 2013



Janice L. Maddox
Janice L. Maddox Notary Public

My Commission Expires: 1-26-16

County of Residence: Lake

This Instrument prepared by Sharron R. Thornton
HOLD for Premium # 313347

#15
Ch # 719802
17208

FILED

DEC 30 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 08 1998

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILL BIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne RSM

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10	STATE FILE NUMBER 614294
MEDICAL CERTIFICATE OF DEATH	
1. DECEASED-NAME FIRST MIDDLE LAST Raymond E. Thornton III	SEX Male
2. COUNTY OF DEATH COOK	DATE OF DEATH (MONTH, DAY, YEAR) 3 September 5, 1998
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 9, 1942
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HAMMOND, INDIANA	IF HUSB OR INST. INDICATE D.O.A. OF FEMER, INF. INPATIENT (SPECIFY) 6c. Inpatient
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	9. WAS RECEASED EVER IN US ARMED FORCES? (YES/NO) NO
6. USUAL OCCUPATION SELFEMPLOYED	10. HIGHEST GRADE COMPLETED College (1-4 or 5-) 4
7. RESIDENCE (STREET AND NUMBER) 10 WILHELM	11. EDUCATION (SPECIFY ONLY) Elementary/Secondary (0-12) 12. College (1-4 or 5-)
8. ZIP CODE 46375	13. INSIDE CITY (YES/NO) 13c. YES
9. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	14. COUNTY 13d. LAKE
10. FATHER-NAME FIRST MIDDLE LAST RAYMOND E. THORNTON II	15. MOTHER-NAME FIRST MIDDLE LAST FRANCES COPPACK
11. INFORMANT'S NAME (TYPE OR PRINT) Susan Rogacki	16. RELATIONSHIP Medical Record
12. Mailing Address (Street and No., P.O. Box, R.F.D., City or Town, State, ZIP) 17a. Susan Rogacki	17. Mailing Address (Street and No., P.O. Box, R.F.D., City or Town, State, ZIP) 17c. 303 E Superior, Chicago, IL 60611
13. Immediate Cause (Final disease or condition resulting in death) (a) Metastatic Esophageal Cancer	14. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
14. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	
15. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
16. DATE OF OPERATION, IF ANY	17. MAJOR FINDINGS OF OPERATION
18. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. I did last attend alive	19. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO
19. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	20. SIGNATURE Dennis Hughes MD
20. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dennis Hughes 250 E. Superior, Chicago, IL 60611	21. DATE (MONTH, DAY, YEAR) September 5, 1998
21. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	22. HOUR OF DEATH 21c. 235 PM
22. MERRILL KIES MD	23. DATE SIGNED (MONTH, DAY, YEAR) September 5 1998
23. BIRTHPLACE (CITY AND STATE) BURIAL CEMETERY OR CREMATORY-NAME	24. ILLINOIS LICENSE NUMBER 22d 25-034152
24. BURIAL 24b. CALUMET PARK CEMETERY	25. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
25. FUNERAL HOME 25a. PFEIFFER FUNERAL SERVICE 5745 CYRLE DR. OAK LAWN, ILLINOIS	26. DATE (MONTH, DAY, YEAR) 24d SEPT. 10, 1998
26. FUNERAL DIRECTOR'S SIGNATURE Dennis Hughes	27. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-01-2262
27. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne RSM	28. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 08 1998
28. LOCAL REGISTRAR'S SIGNATURE	29. DATE FILED BY LOCAL REGISTRAR

LEGAL DESCRIPTION

All that certain lot or parcel of land situate in the **City of Schererville, County of Lake, State of Indiana**, and being more particularly described as follows:

Lot 10 in Block 10 in Town of Schererville, as per plat thereof, recorded in Miscellaneous Record "A" page 512, in the Office of the Recorder of Lake County, Indiana.

PIN: 45-11-15-102-009.000-036

