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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 004639

2014 JAN 23 PM 4:11

MICHAEL B. BROWN
RECORDER

STATE OF IL)
)
COUNTY OF hankakee) SS:

SURVIVORSHIP AFFIDAVIT

Tracy J. Volkman-Andrade, being first duly sworn upon her oath, states:

She was the owner in fee simple on December 28, 2012 of the real estate located in County, Indiana, described as follows:

Lot 126 in Turkey Creek Meadows, Unit No. 2, as per plat thereof, recorded November 4, 1959 in Plat Book 33 page 73, in the Office of the Recorder of Lake County, Indiana. The common address is 6779 Harrison Street, Merrillville, IN. 46410. The State ID Number is: 45-12-09-454-002.000-030

She and Barbara A. Harms, acquired title as joint tenants with rights of survivorship, by deed dated July 24, 2002 and recorded on or about August 1, 2002 as document number 2002 69012.

Barbara A. Harms died on September 27, 2011. Any required federal estate tax return has been filed and any assessed taxes paid.

Tracy J. Volkman-Andrade

Tracy J. Volkman-Andrade

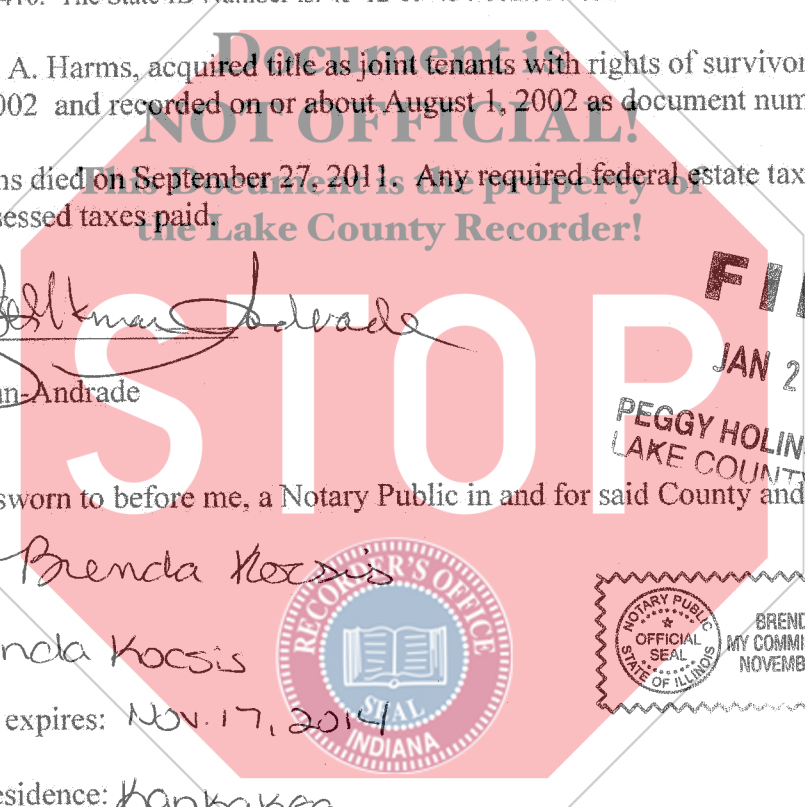
Subscribed and sworn to before me, a Notary Public in and for said County and State, on Jan 22, 2014

Notary Public *Brenda Kocsis*

Printed Brenda Kocsis

My commission expires: Nov. 17, 2014

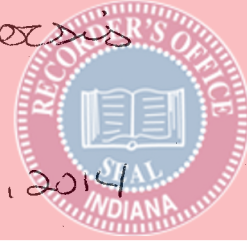
My County of residence: hankakee



FILED

JAN 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY RECORDER



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, /s/ Andrew L. Kraemer
This instrument was prepared by: Andrew L. Kraemer, Attorney at Law, Johnson, Blumberg & Associates, LLC., 200 Russell St., Ste 105, Hammond, IN. 46320



14.00
CASH
PP
REF
010365

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011 0071574

DATE ISSUED 09/28/2011

DECEDENT'S LEGAL NAME BARBARA ANN HARMS			SEX FEMALE	DATE OF DEATH SEPTEMBER 27, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH OCTOBER 15, 1934		
CITY OR TOWN GLENWOOD		HOSPITAL OR OTHER INSTITUTION NAME 16 N CAMPBELL			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROBERT HARMS		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 16 N CAMPBELL		APT. NO.	CITY OR TOWN GLENWOOD		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60425	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH ORSENO		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY DIFANIS
INFORMANT'S NAME ROBERT HARMS		RELATIONSHIP HUSBAND	MAILING ADDRESS 16 N CAMPBELL, GLENWOOD, IL, 60425		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION OCTOBER 01, 2011	
FUNERAL HOME TEWS FUNERAL HOME, 18230 DIXIE HWY., HOMEWOOD, IL, 60430					
FUNERAL DIRECTOR'S NAME MICHAEL J SCHAASBURGER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011635		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 28, 2011		
CAUSE OF DEATH PART I: METASTATIC CANCER OF DUODENUM IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS					
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	
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 SEPTEMBER 17, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:30 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 27, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KENNETH MICETICH, 2160 S 1ST AVENUE, MAYWOOD, ILLINOIS, 60153				PHYSICIAN'S LICENSE NUMBER 036058032	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLIOS AT BOTTOM