

2014 MAY 20 AM 10:31

MICHAEL D. BROWN
RECORDER

2014 028734



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

1401523

On this 5/12/14 before me personally appeared Sandra Maietta
(insert date)

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

1. Affiant resides at the address given below affiant's signature:
2. Affiant is owner
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 Ronald E. Maietta, Sr. and Sandra Maietta;

4. Said Ronald E. Maietta, Sr.
(fill in name of co-tenant who died)
died on 10/9/2013

leaving _____ will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

See attached

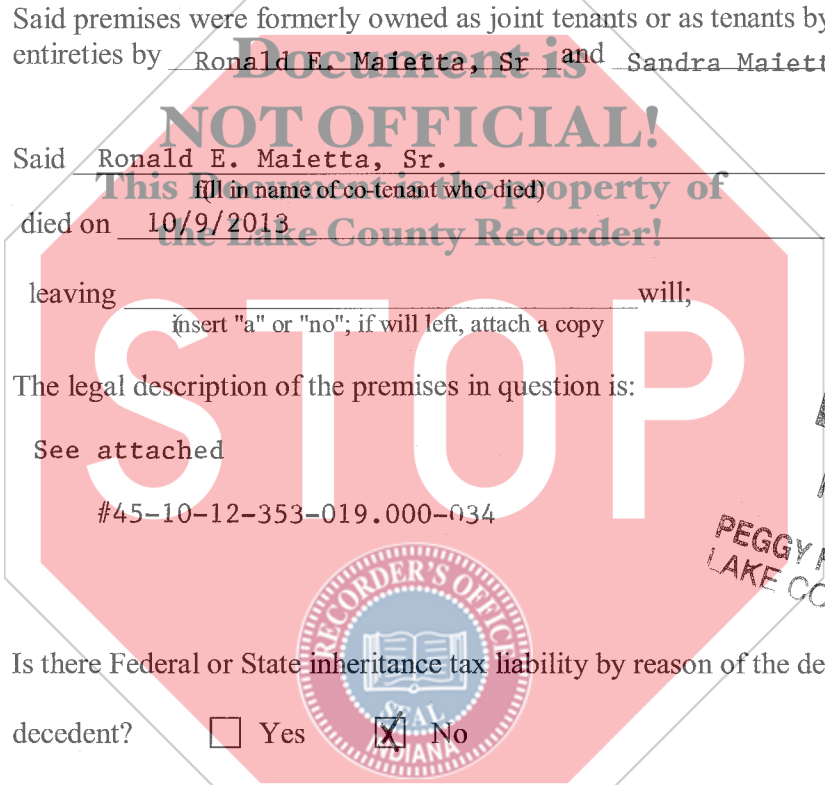
#45-10-12-353-019.000-034

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

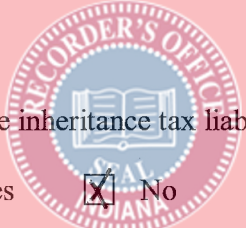
The taxes due are paid or unpaid..

CHICAGO TITLE INSURANCE COMPANY



FILED
MAY 16 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



#17
CT
CA

012721

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was spouse

Signature: Sandra Maietta

Printed Name Sandra Maietta

Address: 2004 LAKE ST

DYER 46311, IN.

Subscribed and sworn to before me by the affiant

This 5/12/2014

(insert date)

Karen Craig
Notary Public

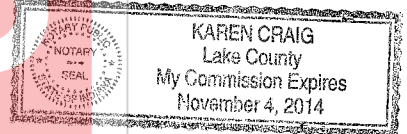
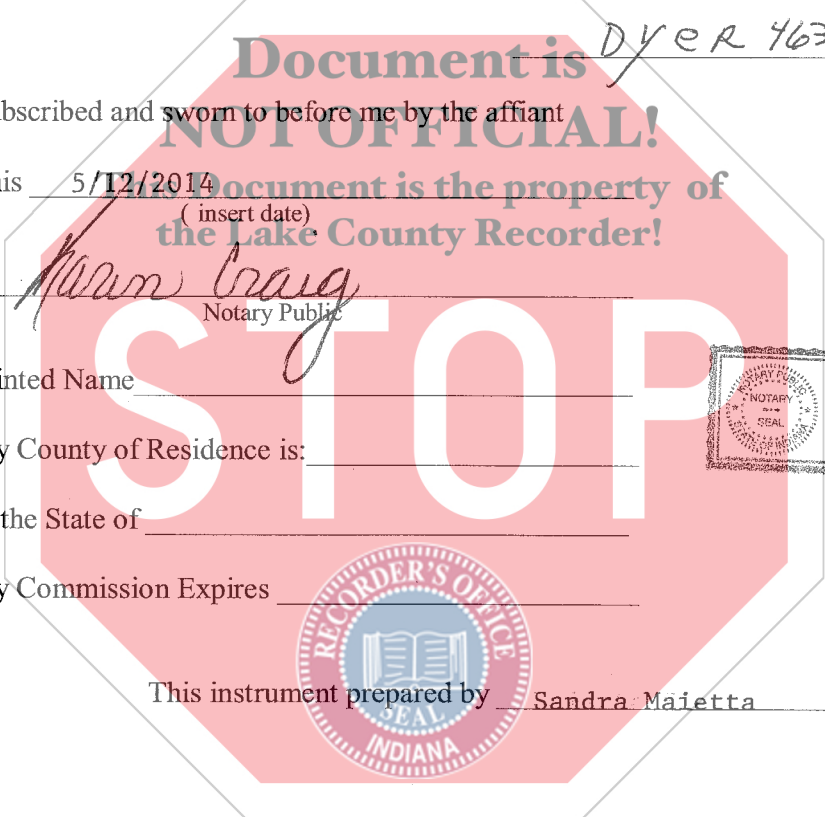
Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by Sandra Maietta



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. L. Kurdelak

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2013 0076708

DATE ISSUED 10/11/2013

DECEDENT'S LEGAL NAME RONALD E MAIETTA SR		SEX MALE	DATE OF DEATH OCTOBER 09, 2013	
COUNTRY OF BIRTH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH JANUARY 25, 1937		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE PEORIA, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S M maiden NAME SANDRA HUTCHINGS	
RESIDENCE 2004 LAKE STREET		APT. NO.	CITY OR TOWN DYER	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46311	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MICHAEL MAIETTA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTHER GARDELLA
INFORMANT'S NAME SANDRA MAIETTA		RELATIONSHIP WIFE	MAILING ADDRESS 2004 LAKE STREET DYER, IN 46311	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE EYWOOD, IL	DATE OF DISPOSITION OCTOBER 15, 2013
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 162ND ST., SOUTH HOLLAND, IL 60478				
FUNERAL DIRECTOR'S NAME TIMOTHY G SMITS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014483	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 11, 2013	
CAUSE OF DEATH - PART I HEPATOCELLULAR CARCINOMA IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) Due to (or as a consequence of): CHRONIC RENAL FAILURE 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				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 09, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 10, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR OMAR QURESHI, 5341 S MARYLAND AVENUE, CHICAGO, ILLINOIS 60601			PHYSICIAN'S LICENSE NUMBER 125060743	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMPOWERS STATE AND COUNTY SEALS ARE NOT ON

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This document is the property of the Cook County Recorder

APPROPRIATE INTERVAL SET WITH OBJECT AND CASE FILE

I affirm, under the penalties for perjury, that I have taken reasonable steps to ensure that this is a true and correct copy from the official death number of the Department, unless recorded by law the Illinois Department of Public Health



David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

THE SOUTH 65 FEET OF LOT 7, AND THE NORTH 10 FEET OF LOT 6, IN BLOCK 1, IN SEBERGER'S SUNNYSIDE ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 28, PAGE 66, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 2004 Lake Street, Dyer, IN 46311

