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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050045

2014 AUG 20 PM 3:16

Please send all tax bills to:

Tracy L. Alvord
8061 Rhode Court
Dyer, Indiana 46311

PARCEL NO: 45-11-19-151-008.000-032
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Tracy L. Alvord, an adult, of 8061 Rhode Court, Dyer, Indiana 46311, surviving spouse of Brian J. Alvord, declares under her oath:

1. That Brian J. Alvord ("Decedent") died on the 9th day of July, 2014, while domiciled in Lake County, Indiana. A certified copy of Decedent's death certificate is herein attached as Exhibit A.

2. That, at the time of his death, Decedent owned the following real estate, together with your Affiant, his surviving wife, Tracy L. Alvord, as "husband and wife:"

Single Family Home Located at 8061 Rhode Court, Dyer, Indiana 46311

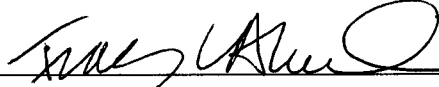
Legal Description:

Lot 6 in Lynwood, as per plat thereof, recorded in Plat Book 35, Page 83, in the Office of the Recorder of Lake County, Indiana.

3. That, therefore, Affiant, his surviving wife, Tracy L. Alvord, is entitled to delivery of the above-enumerated real property by operation of law.

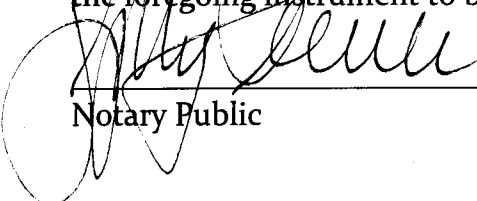
WHEREFORE, the affiant herein hereby requests that the above-enumerated real property be transferred to same Tracy L. Alvord by operation of law.

I HEREBY AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.


TRACY L. ALVORD
AFFIANT

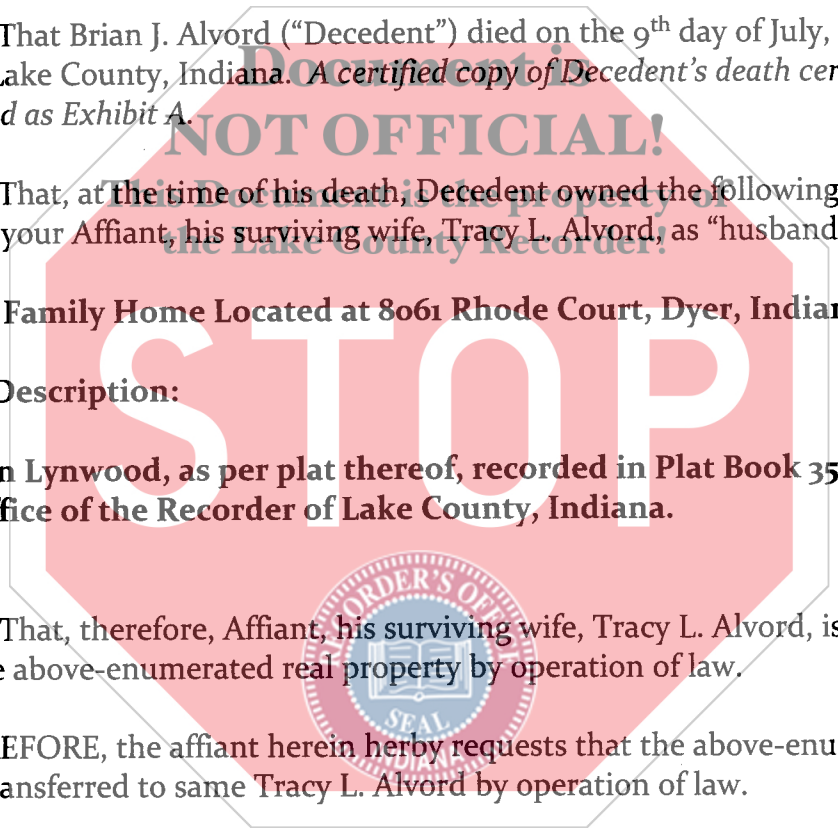
STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this August, 2014, personally appeared Tracy L. Alvord, and acknowledged the execution of the foregoing instrument to be her free and voluntary act.


Notary Public

This instrument prepared by:

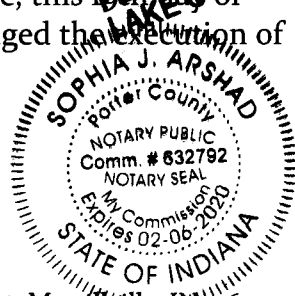
Sophia J. Arshad, Esq. of Arshad, Pangere and Warring LLP, 7899 Taft Street, Merrillville, IN, 46410;
(219) 736-6500



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AUG 20 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR





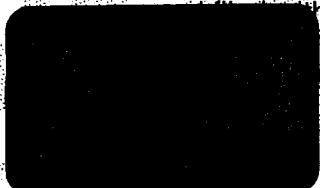
CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0052944 MEDICAL EXAMINER'S CASE NUMBER 190JUL14 DATE ISSUED 7/14/2014

DECEDENT'S LEGAL NAME BRIAN J ALVORD			SEX MALE	DATE OF DEATH JULY 09, 2014									
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 45 YEARS	DATE OF BIRTH MAY 27, 1969										
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER											
PLACE OF DEATH INPATIENT													
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TRACY TOMCZAK	EVER IN U.S. ARMED FORCES? YES									
RESIDENCE 8061 RHODE CT		APT. NO.	CITY OR TOWN DYER	INSIDE CITY LIMITS? NO									
COUNTY LAKE	STATE IN	ZIP CODE 46311	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN ALVORD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PATRICIA GEYER									
INFORMANT'S NAME TRACY ALVORD		RELATIONSHIP WIFE	MAILING ADDRESS 8061 RHODE CT, DYER, IN, 46311										
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ST MARY CEMETERY	LOCATION - CITY OR TOWN AND STATE CROWN POINT, IN	DATE OF DISPOSITION JULY 15, 2014									
FUNERAL HOME SHIMKUS FUNERAL SERVICES, 4147 WEST 78TH PLACE, CHICAGO, IL, 60652													
FUNERAL DIRECTOR'S NAME STEVEN J SHIMKUS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014632										
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 14, 2014										
CAUSE OF DEATH PART I. MULTIPLE INJURIES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;"> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">a.</td> <td style="border-bottom: 1px solid black;"> Due to (or as a consequence of) </td> </tr> <tr> <td></td> <td style="text-align: center;">b.</td> <td style="border-bottom: 1px solid black;"> TRUCK STRUCK PEDESTRIAN <small>Due to (or as a consequence of)</small> </td> </tr> <tr> <td></td> <td style="text-align: center;">c.</td> <td style="border-bottom: 1px solid black;"> Due to (or as a consequence of) </td> </tr> </table>					IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)		b.	TRUCK STRUCK PEDESTRIAN <small>Due to (or as a consequence of)</small>		c.	Due to (or as a consequence of)
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)											
	b.	TRUCK STRUCK PEDESTRIAN <small>Due to (or as a consequence of)</small>											
	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										
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A										
DATE OF INJURY JULY 9, 2014			TIME OF INJURY 05:30 PM	PLACE OF INJURY STREET									
LOCATION OF INJURY 8090 RHODE CT, DYER, IN, 46311			INJURY AT WORK? NO										
DESCRIBE HOW INJURY OCCURRED STRUCK BY TRUCK			IF TRANSPORTATION INJURY, SPECIFY PEDESTRIAN										
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JULY 09, 2014	TIME OF DEATH 10:58 PM									
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JULY 14, 2014										
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER										

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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

