STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 081155

2014 DEC 22 AM 10: 22

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MICHAEL B. BROWN RECORDER Parcel #45-11-26-251-009.000-032

Mail Future Tax Statements to: Mr. Richard Gregory Stoffer et al 6905 W. 87<sup>th</sup> Ave. Crown Point, IN 46307

STATE OF INDIANA

SS:

)

COUNTY OF LAKE

## SURVIVORSHIP AFFIDAVIT

LESLIE STOFFER, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving daughter of decedent, VON L. STOFFER a/k/a VON STOFFER a/k/a VON LYLE STOFFER, who died October 28, 2008, as evidenced by the redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A", and MARY JANE STOFFER, who died on July 19, 2014, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "B".

That the parties were owners by the entireties of the following described real estate, to-wit:

Part of the Southwest 1/4 of the Northeast 1/4 of Section 26, Township 35 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, in Lake County, Indiana, described as follows: Beginning at the Southeast corner thereof, thence North 80 feet to a point in the center line of a Public Highway known as County Road "0-4"; thence North 35° West along the center line of said road 130 feet; thence North 52° 30' West along the center of said road 175.9 feet to the point of beginning of this tract; thence South 42° West 400

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feet, more or less, to a point on the South line of said Quarter Quarter Section, said point being 492.81 feet West of the Southeast corner thereof; thence West along the South line of said Quarter Quarter Section 236.09 feet; thence North 42° East 565 feet, more or less to a point in the center line of County Road "0-4"; thence south 35° East 68 feet; thence South 52° 30' East 107 feet, more or less, to the place of beginning

Commonly known as: 6905 W. 87th Ave., Crown Point, IN 46307

and that said parties were husband and wife when they took title and remained in title and lived continuously together as husband and wife until the death of VON L. STOFFER a/k/a VON STOFFER a/k/a VON LYLE STOFFER, on the date given above.

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, VON L. STOFFER a/k/a VON STOFFER a/k/a VON LYLE STOFFER, at the time of death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

This Document is the property of

Affiant further states that the estate of decedent, VON L. STOFFER a/k/a VON STOFFER a/k/a VON LYLE STOFFER, was not subject to Indiana Inheritance Tax.

Affiant further states that all outstanding debts and obligations of the decedent, VON L. STOFFER a/k/a VON STOFFER a/k/a VON LYLE STOFFER, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

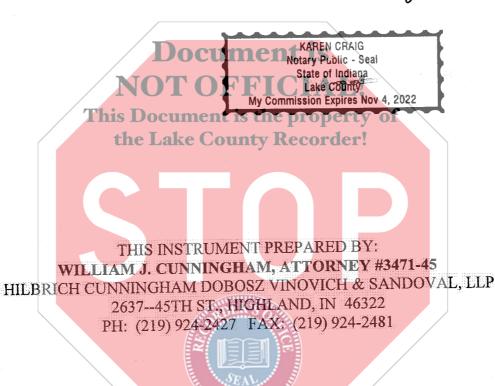
Affiant further sayeth not.

LESITE STOFFER Affiant

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STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

> Moun broug NOTARY PUBLIC SIGNATURE



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.

Miliam J. Canningham, Stiorney at Quio

RETURN RECORDED INSTRUMENT TO:

Attorney William J. Cunningham, 2637 45th St., Highland, IN 46322



## CERTIFICATION OF DEATH RECORD

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

	MEDICAL CERTIFI	ICATE OF DEATH	
TATE FILE NUMBER 2008 0085769			DATE ISSUED 7/31/20
DECEDENT'S LEGAL NAME VON LYLE STOFFER		SEX MALE	DATE OF DEATH OCTOBER 28, 2008
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH NOVEMBER	05, 1923
CITY OR TOWN CHICAGO HEIGHTS		L OR OTHER INSTITUTION NAME MES HOSPITAL	
PLACE OF DEATH EMERGENCY ROOM / OUTP/	ATIENT:		
	DIAL SECURITY NUMBER STATUS AT TIME OF DEAT MARRIED	TH SURVIVING SPOUSE/CIVIL UI MÄRY JANE TEKU	NION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED.  JLVE FORCES? YES
RESIDENCE 6905 W 87TH AVE	APT NO		INSIDE CITY (IMITS? YES
COUNTY STATE	ZIP CODE FATHENCO-PARENT'S NAME PRIOR TO FIRS	ST MARRIÁGE/CIVICUNION MOTHER	UCO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RIE: ANDERSON
INFORMANTS NAME MARY JANE STOFFER	RELATIONSHIP WIFE	MAILING ADDRESS 6905 W 87TH AVI	E, CROWN POINT, IN: 46307
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	EOCATION SCITY OR TO	WYN AND STATE DATE OF DISPOSITION
FÜNERAL HOME	E AGENT FOR LINCOLN RIDGE F.H. 760		
FUNERAL DIRECTOR'S NAME		FUNE	RAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4012287
JOSE CORONA LOCAL REGISTRAR'S NAME ETHEL M. TAYLOR		DATE	FILED WITH LOCAL REGISTRAR  VEMBER 3, 2008
Final disease or Coldition resulting in death):  b.	Don to (gries a cautseq	is the present queroe).  Inty Recentar!	
PART II. Enter pither significant condition	s contributing to death but not resulting in the underly		WAS AN AUTOPSY PERFORMEDY 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 O	OF INJURY:	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF THANSPORTATION INJURY, SPECIF
	LAST SEEN ALIVE WAS MEDICAL EXAMINED CORONER CONTACTED?	THE RESERVE OF THE PROPERTY OF	INCED TIME OF DEATH
CERTIFIER PHYSICIAN			DATE CERTIFIED: OCTOBER 31, 2008
NAME, ADDRÉSS AND ZIP CODE OF PE	RSON COMPLETING CAUSE OF SEATH 2008 STH ST; BURR RIDGE; ILLINOIS, 605	A 27	PHYSICIAN'S LICENSE NUMBER 036071469



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.



co Exhibit



ANY ALTERATION C

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Local No 00231	<u> </u>	1a Malden I TEKULVE	vame (III III III III	FEMA		50 AM Birthplace (City and	07/19/2014 State or Foreign Country)
JANE STOFFER Security Number   6a. Aga - Yrs   6b. L	Inder 1 Year   6c. Under	1 Month 6d. Under 1 Da	<u>" </u> "	09/20/19	24 <u>  F</u>	<u>LYMOUTH, II</u>	# 122 A L
in U.S. Armed Fatces? 10, If Death Occi	urred in A Hospital.	Hours		☐ Decedent's Hom	e 🔲 Nursing	Home/Long-term Ca	re Facility
☑ No ☐ Unknown ☐ inpatient ☐	Emergency Department C	Outpatient Dead on A	mival Other (Specify)			14. Maritel Status	At Time Of Death
iiity Name (if Not institution, Give Street and IAM J. RILEY MEMORIAL RE y Or Town, State, And Zip Code	SIDENCE, HOSI	<u> 105</u>	13. County Of Di	10000000000000000000000000000000000000		Midowed ⊠	arried, But Separated C tw Never Married Union 17. Kind Of Business/Industry
STER, IN, 46321		15a, ((if Wife)Give	Maiden Last Nama		ent's Usual Occu		OMESTIC
inviving Spouse's Name	1 18a County	1	18b. City Or Town	HOMEN	IANEN		
esidence - State	LAKE		CROWN POI	NT	18a. Apt. No.		⊠ Yes Cl
IANA Street And Number			127.0	codent's Rece	1	463	07 1
5 WEST 87TH PLACE Decedent's Education IH SCHOOL GRADUATE OR		ent Of Hispanic Origin SPANIC	lunina.			238.7	ioine/s Maiden Last Nome
MPLETED Father's Name (First, Middle, Last)	<u>INOT HI</u>	<u>SFAIRV</u>	23. Mother's Name (F			MAL	<u> </u>
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