

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.

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.




Leslie Stoffer

LESLIE STOFFER, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared LESLIE STOFFER, who acknowledged the execution of this instrument this 17th day of December, 2014.


NOTARY PUBLIC SIGNATURE

KAREN CRAIG
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Nov 4, 2022



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.

William J. Cunningham, Attorney at Law

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

STATE FILE NUMBER 2008 0885786

DATE ISSUED 7/31/2014

DECEASED'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		HOSPITAL OR OTHER INSTITUTION NAME ST JAMES HOSPITAL			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE BEARDSTOWN, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARY JANE TEKULVE	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 6905 W 87TH AVE		APT. NO.	CITY OR TOWN CROWN POINT		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLINTON VON STOFFER		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARRIE ANDERSON
INFORMANT'S NAME MARY JANE STOFFER		RELATIONSHIP WIFE	MAILING ADDRESS 6905 W 87TH AVE, CROWN POINT, IN, 46307		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 04, 2008	
FUNERAL HOME CORONA FUNERAL SERVICE AGENT FOR LINCOLN RIDGE F. H. 7607 W LINCOLN HWY. CROWN POINT, IN, 46307					
FUNERAL DIRECTOR'S NAME JOSE CORONA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012287		
LOCAL REGISTRAR'S NAME ETHEL M TAYLOR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 3, 2008		
CAUSE OF DEATH PART I. ARTERIOSCLEROTIC CEREBROVASCULAR DISEASE					
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)					
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 OCTOBER 15, 2008	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:20 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 31, 2008	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROLAND BORRASI, 15 W 720 89TH ST, BURR RIDGE, ILLINOIS, 60527				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.

Rand Orr

Co Exhibit

"A"



ANY ALTERATION OF

HIS CERTIFICATE

NOTE: EMBOSSED STATE AND COUNTY SEALS A BOTTOM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 24030

Local No 002319

EDR No 00000396181

State No 033159

1. Decedent's Legal Name (First, Middle, Last) **ARY JANE STOFFER**
 2. Sex **FEMALE**
 3. Time Of Death **02:50 AM**
 4. Date Of Death (Month/Day/Year) **07/19/2014**
 5. Maiden Name (If Female) **TEKULVE**
 6. Date Of Birth (Month/Day/Year) **09/20/1924**
 7. Birthplace (City and State or Foreign Country) **PLYMOUTH, IN**
 8. Social Security Number **89**
 9. Age - Yrs **89**
 10. If Death Occurred In A Hospital:
 Inpatient Emergency Department Outpatient Dead on Arrival
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 Other (Specify)
 11. Facility Name (If Not Institution, Give Street and Number) **VILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE**
 12. City Or Town, State, And Zip Code **MUNSTER, IN, 46321**
 13. County Of Death **LAKE**
 14. Marital Status At Time Of Death:
 Married Married, But Separated Divorced
 Widowed Never Married Unknown
 15. Surviving Spouse's Name **MUNSTER, IN, 46321**
 16. Decedent's Usual Occupation **HOMEMAKER**
 17. Kind Of Business/Industry **DOMESTIC**
 18. Residence - State **INDIANA**
 18a. County **LAKE**
 18b. City Or Town **CROWN POINT**
 18c. Street And Number **6905 WEST 87TH PLACE**
 18d. Apt. No. **46307**
 18e. Zip Code **46307**
 18f. Inside City Limits? Yes No
 19. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED**
 20. Decedent Of Hispanic Origin **NOT HISPANIC**
 21. Decedent's Race **White**
 22. Father's Name (First, Middle, Last) **ANDREW TEKULVE**
 23. Mother's Name (First, Middle, Last) **ELIZABETH TEKULVE**
 23a. Mother's Maiden Last Name **MALEY**
 24. Informant's Name **LESLIE STOFFER**
 24a. Relationship To Decedent **DAUGHTER**
 24b. Mailing Address (Street And Number, City, State, Zip Code) **9711 JOLIET STREET, SAINT JOHN, IN 46373**
 25. Place Of Disposition:
 25a. Method Of Disposition:
 Burial Cremation Donation Entombment
 Removal From State Other (Specify)
 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **HEIGHTS CREMATORY**
 25c. Location - City, Town, And State **CHICAGO HEIGHTS, IL**
 26. Was Coroner Contacted? Yes No
 27. Name And Complete Address Of Funeral Facility **LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307**
 27a. Funeral Home License Number **FH88800070**
 27c. License Number (Of Licensee) **FD01008300**
 27b. Signature Of Indiana Funeral Service Licensee **ELI VUJJKO, BY ELECTRONIC SIGNATURE**
 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of A Line. Add Additional Lines If Necessary.
 Immediate Cause (Final Disease Or Condition Resulting In Death)
 A. **LUNG CANCER**
 B. **STROKE**
 C. **ATRIAL FIBRILLATION**
 D.
 Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
 29. Was An Autopsy Performed? Yes No
 30. Where Autopsy Finding Available To Complete The Cause Of Death? Yes No
 31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
 32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death
 Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year
 33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide Could Not Be Determined
 34. Date Of Injury (Month/Day/Year)
 35. Time Of Injury
 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
 37. Injury At Work? Yes No
 38. Location Of Injury - State
 38a. City Or Town
 38b. Street & Number
 38c. Apt. No.
 38d. Zip Code
 39. Describe How Injury Occurred
 40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)
 41. Signature, Of Person Certifying Cause Of Death: **MARK FRANCIS KEVIN, BY ELECTRONIC SIGNATURE**
 42. Certifier (Check Only One):
 Certifying Physician Coroner Health Officer
 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **MARK FRANCIS KEVIN, 7905 CALUMET AVENUE, MUNSTER, IN 46321**
 44. License Number **01036785A**
 45. Date Certified **07/23/2014**
 46. Signature Of Local Health Officer: **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE**
 47. For Registrar Only - Date Filed (Month/Day/Year): **JUL 28 2014**



Exhibit

MB

RAISED SEAL AFFIXED