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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 081214

2014 DEC 22 AM 10:36

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF )  
                  ) ss:  
COUNTY OF )

KATHLEEN A. STRICKER, being first duly sworn upon oath, deposes and says:

1. That CHARLES A. STRICKER died (without leaving a will) (leaving a will) on December 27, 2008.
2. That KATHLEEN A. STRICKER and CHARLES A. STRICKER were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  

Lot 23, Block 2, Second Lake Addition to Hammond, Indiana, as shown in Plat Book 18, Page 12, in Lake County, Indiana.

Property Number: 45-03-07-302-008.000-023

Address of Property: 2127 Davis Avenue, Hammond, Indiana 46324
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND EXACT COPY OF THE ORIGINAL INSTRUMENT  
FIDELITY NATIONAL TITLE INSURANCE CO.  
2050 - 45TH AVENUE  
HIGHLAND, IN 46322

BY

FR1408138

FIDELITY NATIONAL  
TITLE COMPANY

FR 1408138

28953

**FILED**

DEC 22 2014

PEGGY HOLLINGA KATONA  
LAKE COUNTY AUDITOR

#15  
FN  
CA

Further affiant sayeth not.



*Kathleen A. Stricker*  
KATHLEEN A. STRICKER

Subscribed and sworn to before me, a Notary Public, this 14 day of DECEMBER, 2012.

*Norma J. Binkowski*  
NOTARY PUBLIC

My commission expires: July 7, 2013 County of Residence: Cook

This Instrument prepared by: Lee Newell, Jr., Attorney at Law



STATE OF ILLINOIS  
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**  
LOCAL FILE NUMBER **617525**

STATE FILE NUMBER

(Based on the 2003 U.S. Standard Certificate)  
 Illinois Department of Public Health  
 Division of Vital Records  
 VFD200 (Rev 1/06)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>CHARLES A. STRICKER</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>DECEMBER 27, 2008</b>
4. COUNTY OF DEATH <b>COOK</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>62</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
6. DATE OF BIRTH (Month/Day/Year) <b>FEBRUARY 1, 1946</b>		7a. CITY OR TOWN <b>CHICAGO</b>	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>10700 SOUTH AVENUE "E"</b>			
7c. PLACE OF DEATH (Check only one instruction) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Ill.</b>	9. SOCIAL SECURITY NUMBER <b>██████████-██-██</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Kathleen Watson</b>
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13a. RESIDENCE (Street and Number) <b>10700 S. Ave E</b>		13b. APT. NO. <b>Chicago</b>
13c. CITY OR TOWN <b>Chicago</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. FATHER'S NAME (First, Middle, Last) <b>Charles Stricker</b>	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Elsie Vodak</b>	16a. INFORMANT'S NAME <b>DONNA NAVARRETE</b>		
16b. RELATIONSHIP <b>HOSPITAL RECORDS</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>5841 SOUTH MARYLAND CHICAGO ILLINOIS 60637</b>		
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Regional Cremation</b>	19. LOCATION - CITY, TOWN AND STATE <b>Munster, Indiana</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>Jan. 2, 2009</b>
21a. FUNERAL HOME NAME <b>Elmwood Chapel</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>James Selbenjok</i>	
21c. STREET AND NUMBER <b>11200 South Ewing Ave</b>		21d. CITY OR TOWN <b>Chicago, IL</b>	
21e. STATE <b>IL</b>		21f. ZIP <b>60617</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason MD</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>12 31 08</b>	
24. 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 etiology. If the decedent had dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>CARDIOPULMONARY ARREST</b> Due to (or as a consequence of): a. <b>INCURABLE METASTATIC COLON CANCER</b> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>10 Months</b>
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		26. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
27. DATE OF INJURY (Month/Day/Year)		28. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	29. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)
30. LOCATION OF INJURY Street and Number		31. Apartment Number	32. City or Town
33. State		34. ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>DECEMBER 27, 2008</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>DECEMBER 27, 2008</b>
40. TIME OF DEATH <b>2:45</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Form 24) <b>SOONMO PETER KANG, M. D.</b>		43. PHYSICIAN'S LICENSE NUMBER <b>036-120151</b>	
44. TITLE OF CERTIFIER <b>HEMATOLOGY-ONCOLOGY PHYSICIAN</b>		45. DATE CERTIFIED (Month/Day/Year) <b>DECEMBER 30, 2008</b>	46. SIGNATURE OF CERTIFIER <i>Soonmo Peter Kang</i>

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH  
 123108  
 STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 JERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO  
 THIS CERTIFICATE COPY VALID WHEN EMBOSSER SEAL IS AFFIXED OVER REGISTRAR'S SIGNATURE.  
*Jerry Mason MD*  
 THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAWS AND ORDINANCES.