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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 082073

2014 DEC 24 AM 10:18

MICHAEL B. BROWN
RECORDER



Fidelity National Title

Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Devin M. Chatterji, being first duly sworn upon oath, deposes and says:

1. That Alison A. Chatterji aka Alison Ann Chatterji died on February 5, 2014 at Chicago, IL (City/State)
2. That Devin M. Chatterji and Alison A. Chatterji aka Alison Ann Chatterji were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 4 in Block 8 in Brantwood Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 17, Page 5, in the Office of the Recorder of Lake County, Indiana
Parcel No. 45-07-20-478-004.000-026 aka: 2244 Oakdale Ave, Highland, IN 46322
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) (her) 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.

Further affiant sayeth not.

Devin M. Chatterji
Devin M. Chatterji Affiant Signature

STATE OF Indiana)
) SS:
COUNTY OF Lake)

ACKNOWLEDGEMENT



Before me, a Notary Public in and for said County and State, personally appeared Devin M. Chatterji who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 19th day of December, 2014

Resident of Lake County, Indiana. Signature [Signature]

My Commission Expires: 7/29/18 Printed Dawn Stanley

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. Dawn Stanley [Name]

This instrument prepared by Attorney Timothy R. Kuiper, Austgen Kuiper Jasaitis P.C., 130 N. Main St., Crown Point, IN 46307

Mail to: Devin M. Chatterji,

FIDELITY - HIGHLAND

920143727

FIDELITY NATIONAL
TITLE COMPANY

92014-3727

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

DEC 24 2014 #13

29094

PEGGY HOLINGA MATONA
LAKE COUNTY AUDITOR

FW
G

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014.0010603

DATE ISSUED 2/11/2014

DECEDENT'S LEGAL NAME ALISON ANN CHATTERJI			SEX FEMALE	DATE OF DEATH FEBRUARY 05, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 56 YEARS	DATE OF BIRTH APRIL 12, 1957		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE DETROIT MI	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DEVIN CHATTERJI		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2244 OAKDALE AVENUE		APT. NO.	CITY OR TOWN HIGHLAND		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46322	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT STINE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BARBARA GOODWIN
INFORMANT'S NAME DEVIN CHATTERJI		RELATIONSHIP HUSBAND	MAILING ADDRESS 2244 OAKDALE AVENUE, HIGHLAND, IN, 46322		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION LINCOLN MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE CLINTON TOWNSHIP, MI	DATE OF DISPOSITION FEBRUARY 11, 2014	
FUNERAL HOME DONNELLAN FAMILY FUNERAL SERVICES, 10045 SKOKIE BOULEVARD, SKOKIE, IL, 60077					
FUNERAL DIRECTOR'S NAME MICHAEL E LAURITSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014193		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 10, 2014		
CAUSE OF DEATH PART I. METASTATIC EPITHELIOID ANGIOSARCOMA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of)					
Due to (or as a consequence of)					
Due to (or as a consequence of)					
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 PREGNANT WITHIN LAST YEAR					
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 FEBRUARY 05, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:51 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 06, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAI ME K LEWIS, 710 S PAULINA, 5TH FLOOR, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 036130665	

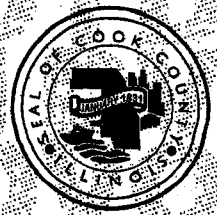


APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



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

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM