

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 023154

2015 APR 17 AM 10:11

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Re: Larry Chester Szafasz, Deceased  
Parcel No.: 45-07-34-205-018.000-006

## AFFIDAVIT OF SURVIVORSHIP

Comes now Shirley A. Szafasz, being duly sworn upon her oath, and states as follows:

1. That she is the surviving spouse of Larry Chester Szafasz (a/k/a Lawrence Chester Szafasz), deceased, and makes this Affidavit based upon personal knowledge.

2. Shirley A. Szafasz and Larry Chester Szafasz are the owners of the following described real estate located in Lake County, Indiana:

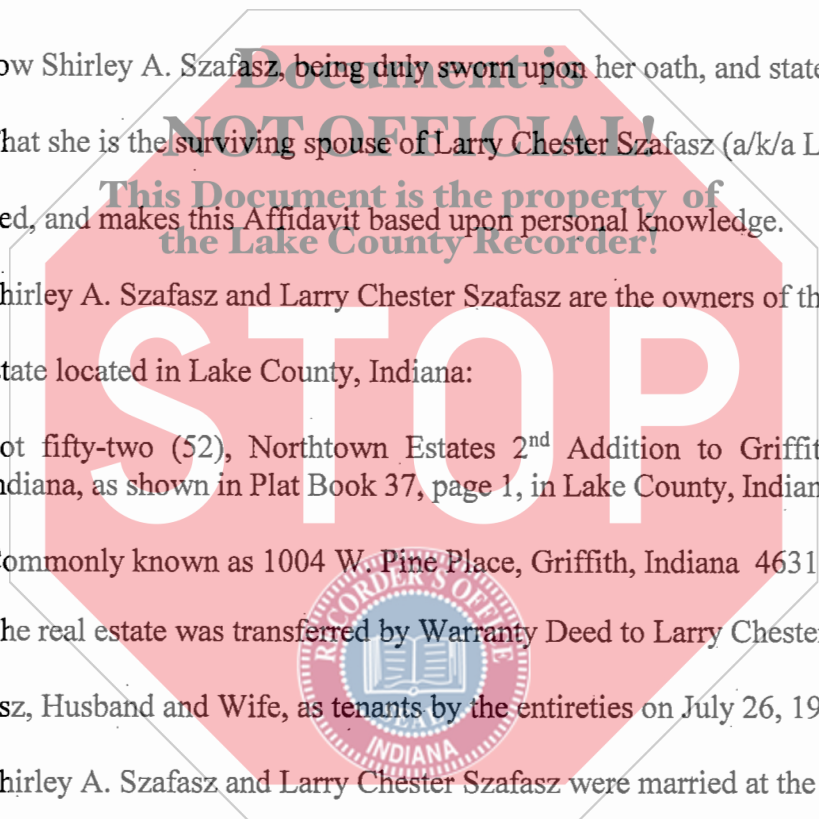
Lot fifty-two (52), Northtown Estates 2<sup>nd</sup> Addition to Griffith, Indiana, as shown in Plat Book 37, page 1, in Lake County, Indiana.

Commonly known as 1004 W. Pine Place, Griffith, Indiana 46319

3. The real estate was transferred by Warranty Deed to Larry Chester Szafasz and Shirley A. Szafasz, Husband and Wife, as tenants by the entireties on July 26, 1965.

4. Shirley A. Szafasz and Larry Chester Szafasz were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Larry Chester Szafasz on October 18, 2010, at which time Shirley A. Szafasz acquired title to the real estate as surviving tenant by the entireties.

(A true and accurate copy of the death certificate of Larry Chester Szafasz a/k/a Lawrence



15-  
CS  
RN

20536

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

APR 17 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR





# CERTIFICATION OF DEATH RECORD

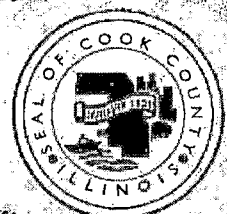
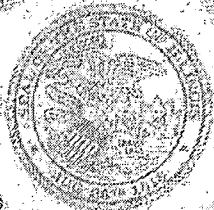
## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2010.0075967 MEDICAL EXAMINER'S CASE NUMBER 256 OCT 2010 DATE ISSUED 01/28/2011

DECEDENT'S LEGAL NAME LAWRENCE CHESTER SZAFASZ		SEX MALE	DATE OF DEATH OCTOBER 18, 2010																										
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH SEPTEMBER 18, 1935																											
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED. CNTR																											
PLACE OF DEATH INPATIENT																													
BIRTHPLACE EAST CHICAGO, IN	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME SHIRLEY FAZEKAS	EVER IN U.S. ARMED FORCES? YES																									
RESIDENCE 1004 W PINE PLACE		APT. NO.	CITY OR TOWN GRIFFITH	INSIDE CITY LIMITS YES																									
COUNTY LAKE	STATE IN	ZIP CODE 46319	FATHER'S NAME JOSEPH SZAFASZ	MOTHER'S NAME PRIOR TO FIRST MARRIAGE LOTTIE ZYGMUNT																									
INFORMANT'S NAME REGGY SCHWARTZ		RELATIONSHIP MEDICAL RECORDS	MAILING ADDRESS 2121 W HARRISON, CHICAGO, IL 60612																										
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ST JOHN ST. JOSEPH CEMETERY	LOCATION, CITY OR TOWN AND STATE HAMMOND, IN	DATE OF DISPOSITION OCTOBER 25, 2010																										
GENERAL HOME BLAKE LAMB FUNERAL HOME 4727 WEST 103RD STREET, OAK LAWN, IL 60453			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011642																										
FUNERAL DIRECTOR'S NAME KENNETH L HAMMOND		DATE FILED WITH LEGAL REGISTRAR JANUARY 27, 2011																											
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LEGAL REGISTRAR JANUARY 27, 2011																											
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">MULTIPLE INJURIES</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td rowspan="4" style="width: 5%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td>Due to (state a circumstance only)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>MOTOR VEHICLE ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (state a circumstance only)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Due to (or as a consequence of)</td> <td></td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I	MULTIPLE INJURIES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (state a circumstance only)				b.	MOTOR VEHICLE ACCIDENT				c.	Due to (state a circumstance only)					Due to (or as a consequence of)		
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	b.	MOTOR VEHICLE ACCIDENT																											
	c.	Due to (state a circumstance only)																											
		Due to (or as a consequence of)																											
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause granted in PART I			WAS AN AUTOPSY PERFORMED? YES																										
DID TOBACCO USE CONTRIBUTE TO DEATH?			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES																										
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH ACCIDENT																											
DATE OF INJURY OCTOBER 17, 2010	TIME OF INJURY 06:50 PM	PLACE OF INJURY ROADWAY	INJURY AT WORK? NO																										
LOCATION OF INJURY 45TH STREET AND DELAWARE PARKWAY, HIGHLAND, IN, 46322																													
DESCRIBE HOW INJURY OCCURRED SUBJECT WAS DRIVER OF VEHICLE INVOLVED IN A ACCIDENT			IF TRANSPORTATION INJURY, SPECIFY DRIVER / OPERATOR																										
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED OCTOBER 18, 2010	TIME OF DEATH 01:32 AM																									
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 27, 2011																										
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES 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 WORDS APPEAR WHEN PHOTOGRAPHED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM