

STATE OF INDIANA)
COUNTY OF LAKE)

2015 SS:31163

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 MAY 20 AM 9:37

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

Janice M. Graham, being first duly sworn upon her oath, deposes and says:

1. That she is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being the surviving spouse of **David W. Graham**.
2. That **David W. Graham** died on the 24th day of February, 2015, as is more fully evidenced by the Certification of Death Record which is attached hereto as **Exhibit A**, made a part hereof and incorporated herein by reference.
3. That on the date of his death, **David W. Graham** was duly and legally married to **Janice M. Graham**, who survived him.
4. That **David W. Graham** and **Janice M. Graham** acquired title to the real estate and premises commonly known as **2110 West Third Place, Hobart, Lake County, Indiana 46342**, which real estate is more particularly described as follows, to-wit:

Lot Numbered 57, Crestwood Park in Hobart, as per plat thereof, recorded in Plat Book 31, page 8 in the Office of the Recorder of Lake County, Indiana,

while they were married and as husband and wife.

5. That the marital relationship which existed between **David W. Graham** and **Janice M. Graham** at the time they acquired title to the aforesaid real estate remained in effect and unbroken until the date of **David W. Graham's** death.

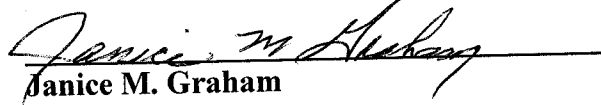
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MAY 18 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NON-COM
\$2.00 OV
\$16.00
M-E
#7952

6. That all funeral expenses in connection with the death of **David W. Graham** have been paid in full.
7. That the total value of the taxable estate of **David W. Graham**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on his life, was not sufficient to incur any liability for federal estate taxes.

Dated this 30 day of April, 2015.


Janice M. Graham

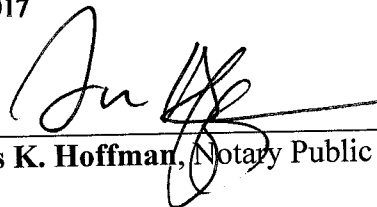
STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 30th day of April,

2015.

THOMAS K. HOFFMAN
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXPIRES 9/8/2017

My Commission Expires:
 September 8, 2017



Thomas K. Hoffman, Notary Public

My County of Residence:
 Lake

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. **Thomas K. Hoffman**



This Instrument Prepared By:

Thomas K. Hoffman #7731-45
 Attorney at Law
 2115 West Lincoln Highway
 Merrillville, IN 46410

CERTIFICATION OF DEATH RECORD

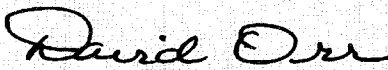
COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0016348

DATE ISSUED 2/27/2015

DECEDENT'S LEGAL NAME DAVID WILLIAM GRAHAM			SEX MALE	DATE OF DEATH FEBRUARY 24, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 67 YEARS	DATE OF BIRTH JULY 01, 1947		
CITY OR TOWN OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE EVERGREEN PARK, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JANICE GRIGSBY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2110 W 3RD PL	APT. NO.	CITY OR TOWN HOBART	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46342	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN GRAHAM	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY STOCKING
INFORMANT'S NAME JANICE GRAHAM		RELATIONSHIP WIFE	MAILING ADDRESS 2110 W 3RD PL, HOBART, IN, 46342	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION FEBRUARY 28, 2015	
FUNERAL HOME BEVERLY RIDGE FUNERAL HOME, 10415 S KEDZIE AVENUE, CHICAGO, IL, 60655				
FUNERAL DIRECTOR'S NAME JAMES R TROLIA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011898	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 26, 2015	
CAUSE OF DEATH PART I. CEREBRAL VASCULAR ACCIDENT				
IMMEDIATE CAUSE (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	6 MONTHS
Due to (or as a consequence of):				
Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:04 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 26, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SATWANT KINGRA, 2733 W 87TH ST, EVERGREEN PARK, ILLINOIS, 60805			PHYSICIAN'S LICENSE NUMBER 036	

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM