

*This document is being re-recorded to attach death certificate

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 SEP 29 PM 2:48

MICHAEL B. BROWN
RECORDER

2015 024479

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 23 AM 11:06

MICHAEL B. BROWN
RECORDER

Property Number:
45-19-27-282-011.000-038

Tax Mailing Address:
831 Meadowbrook Dr.
Lowell, IN 46356

WE HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY OF THE ORIGINAL INSTRUMENT.

SURVIVORSHIP AFFIDAVIT

2015 067149
State of Indiana)
County of Lake) SS:

GREATER INDIANA TITLE COMPANY
BY: *[Signature]*

Comes now Chad Meseberg, the Affiant, who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Chad Meseberg is an adult residing at 831 Meadowbrook Drive, Lowell, Indiana 46356, and has knowledge of the facts stated in this Survivorship Affidavit as the surviving spouse of Jennifer Meseberg, also known as Jennifer Giovanna Meseberg, formerly known as Jennifer Ortiz.

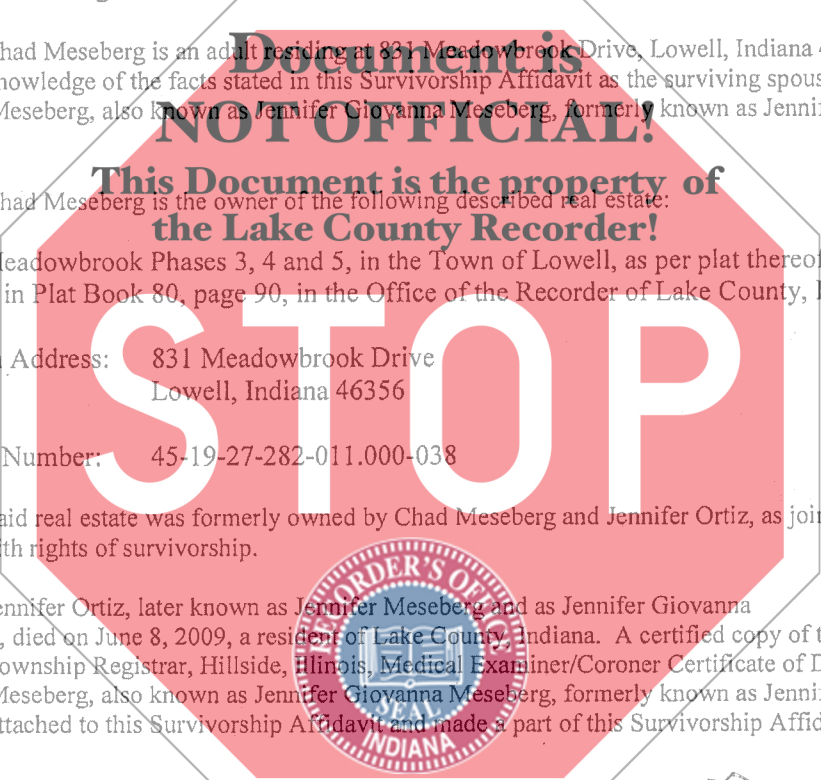
2. Chad Meseberg is the owner of the following described real estate:
Lot 75 Meadowbrook Phases 3, 4 and 5, in the Town of Lowell, as per plat thereof, recorded in Plat Book 80, page 90, in the Office of the Recorder of Lake County, Indiana

Common Address: 831 Meadowbrook Drive
Lowell, Indiana 46356

Property Number: 45-19-27-282-011.000-038

3. Said real estate was formerly owned by Chad Meseberg and Jennifer Ortiz, as joint tenants with rights of survivorship.

4. Jennifer Ortiz, later known as Jennifer Meseberg and as Jennifer Giovanna Meseberg, died on June 8, 2009, a resident of Lake County, Indiana. A certified copy of the Proviso Township Registrar, Hillside, Illinois, Medical Examiner/Coroner Certificate of Death of Jennifer Meseberg, also known as Jennifer Giovanna Meseberg, formerly known as Jennifer Ortiz, is attached to this Survivorship Affidavit and made a part of this Survivorship Affidavit by reference.



HOLD FOR GREATER INDIANA TITLE COMPANY
IN000333

(Survivorship Affidavit - Page 1 of 2)

FILED

SEP 29 2015

20700

FILED
APR 23 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

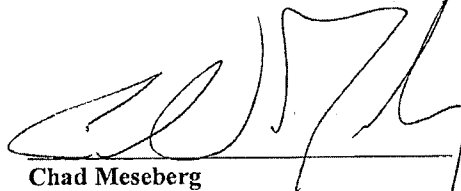
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5. There were no Federal Estate or State Inheritance taxes due by reason of her death.
6. No probate proceedings were opened as a result of her death.
7. All funeral expenses and the expenses of her last illness have been paid.
8. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Chad Meseberg is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Chad Meseberg is the sole owner of said real estate.

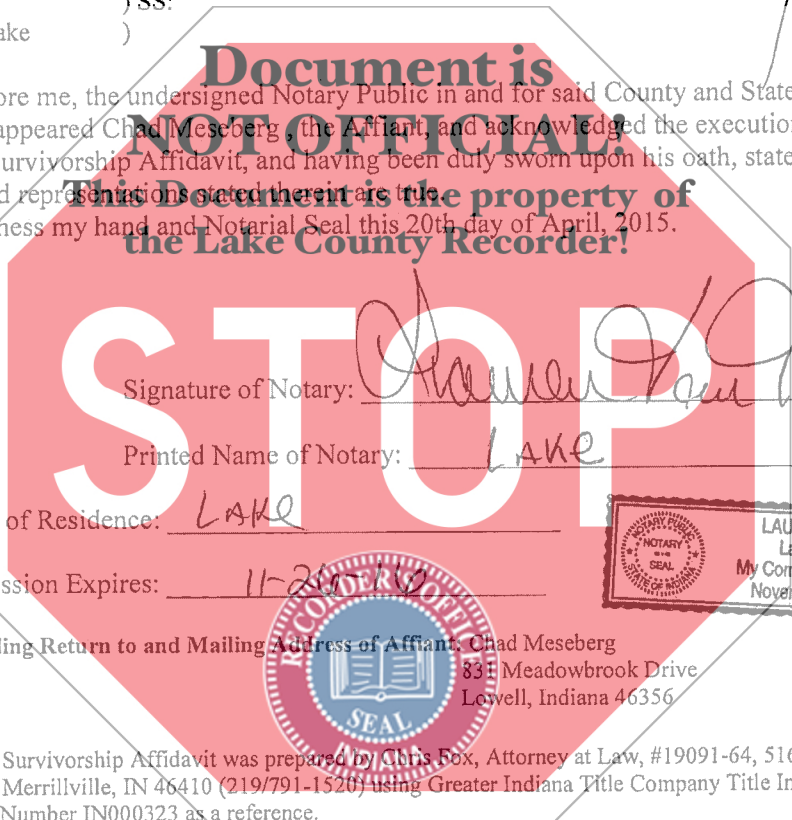
Further Affiant saith not.

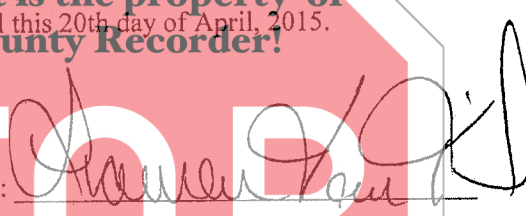
Dated: April 20, 2015


 Chad Meseberg

State of Indiana)
) SS:
 County of Lake)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Chad Meseberg, the Affiant, and acknowledged the execution of the foregoing Survivorship Affidavit, and having been duly sworn upon his oath, stated that the facts and representations stated therein are true.
 Witness my hand and Notarial Seal this 20th day of April, 2015.



Signature of Notary: 
 Printed Name of Notary: LAUREN

My County of Residence: LAKE
 My Commission Expires: 11-26-2018



After Recording Return to and Mailing Address of Affiant: Chad Meseberg
 831 Meadowbrook Drive
 Lowell, Indiana 46356

This Survivorship Affidavit was prepared by Chris Fox, Attorney at Law, #19091-64, 516 East 86th Avenue, Merrillville, IN 46410 (219/791-1520) using Greater Indiana Title Company Title Insurance Commitment Number IN000323 as a reference.

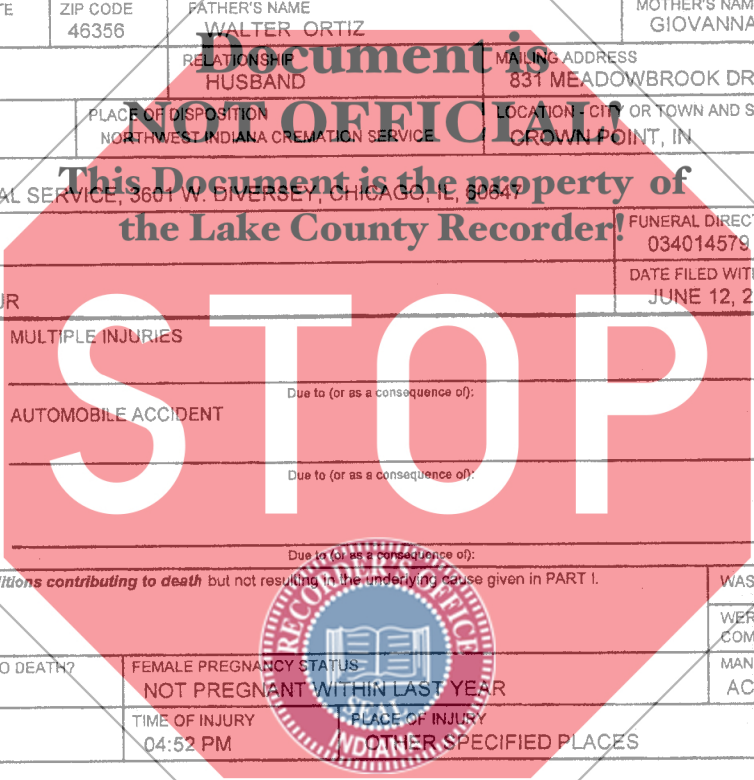
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Chris Fox
 (Survivorship Affidavit – Page 2 of 2)

**PROVISO TOWNSHIP REGISTRAR
HILLSIDE, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0031620

DATE ISSUED 06/12/2009

DECEDENT'S LEGAL NAME JENNIFER GIOVANNA MESEBERG			SEX FEMALE	DATE OF DEATH JUNE 08, 2009
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 25 YEARS	DATE OF BIRTH AUGUST 23, 1983		
CITY OR TOWN PROVISO TWP	HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE ELMHURST, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME CHAD MESEBERG	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 831 MEADOWBROOK DRIVE	APT. NO.	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? NO	
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER'S NAME WALTER ORTIZ	MOTHER'S NAME PRIOR TO FIRST MARRIAGE GIOVANNA COZZA
INFORMANT'S NAME CHAD MESEBERG	RELATIONSHIP HUSBAND	MAILING ADDRESS 831 MEADOWBROOK DRIVE, LOWELL, IN, 46356		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION NORTHWEST INDIANA CREMATION SERVICE	LOCATION - CITY OR TOWN AND STATE CROWN POINT, IN	DATE OF DISPOSITION JUNE 15, 2009	
FUNERAL HOME MRAZEK & RUSS FUNERAL SERVICE, 3601 W. DIVERSEY, CHICAGO, IL, 60647				
FUNERAL DIRECTOR'S NAME MICHAEL RUSS	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014579			
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR	DATE FILED WITH LOCAL REGISTRAR JUNE 12, 2009			
CAUSE OF DEATH	PART I. MULTIPLE INJURIES			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	AUTOMOBILE ACCIDENT		
	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? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH ACCIDENT	
DATE OF INJURY JUNE 5, 2009	TIME OF INJURY 04:52 PM	PLACE OF INJURY [REDACTED] OTHER SPECIFIED PLACES	INJURY AT WORK? NO	
LOCATION OF INJURY US ROUTE 30 AND MISSISSIPPI, MERRILLVILLE, IN, UNKNOWN				
DESCRIBE HOW INJURY OCCURRED: AUTOMOBILE ACCIDENT			IF TRANSPORTATION INJURY, SPECIFY: DRIVER / OPERATOR	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN	DATE PRONOUNCED JUNE 08, 2009	TIME OF DEATH 10:50 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JUNE 10, 2009	
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	

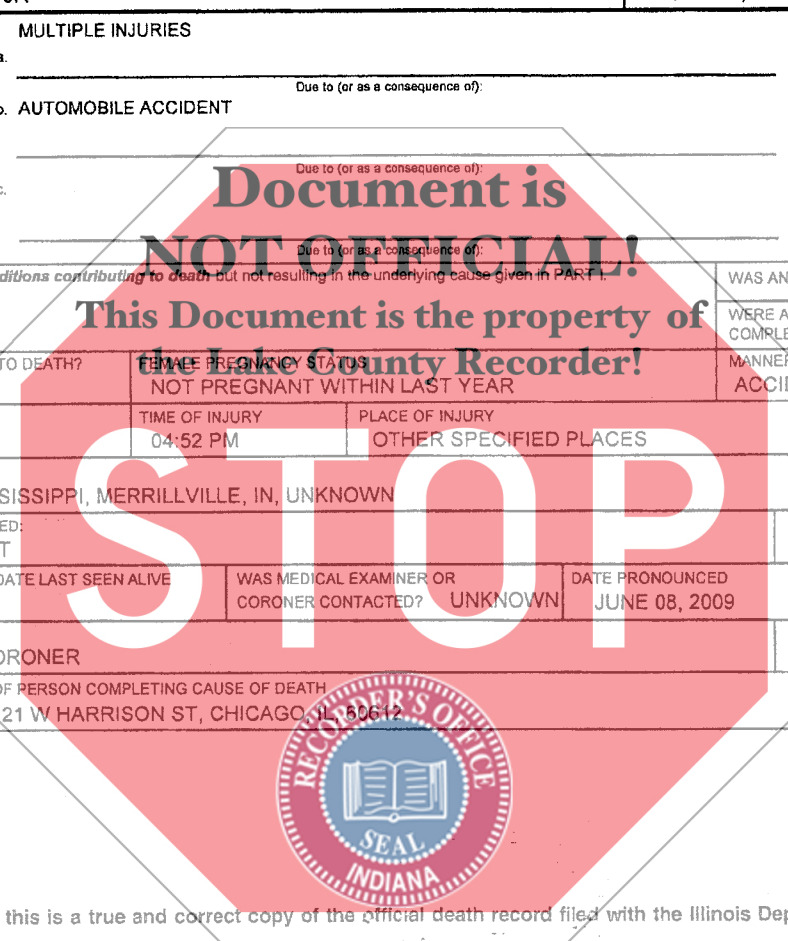


MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0031620

DATE ISSUED 06/12/2009

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CITY OR TOWN PROVISOR TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE ELMHURST, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME CHAD MESEBERG	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 831 MEADOWBROOK DRIVE		APT. NO.	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? NO
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER'S NAME WALTER ORTIZ	MOTHER'S NAME PRIOR TO FIRST MARRIAGE GIOVANNA COZZA
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LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR JUNE 12, 2009	
CAUSE OF DEATH PART I. MULTIPLE INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. AUTOMOBILE ACCIDENT		
		c. _____ Due to (or as a consequence of):		
		d. _____ 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.				
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN			WAS AN AUTOPSY PERFORMED? YES	
DATE OF INJURY JUNE 5, 2009			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
LOCATION OF INJURY US ROUTE 30 AND MISSISSIPPI, MERRILLVILLE, IN, UNKNOWN			MANNER OF DEATH ACCIDENT	
DESCRIBE HOW INJURY OCCURRED: AUTOMOBILE ACCIDENT			IF TRANSPORTATION INJURY, SPECIFY: DRIVER / OPERATOR	
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CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JUNE 10, 2009	
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 of the official death record filed with the Illinois Department of Public Health.

William J Daugherty Jr

LOCAL REGISTRAR

JUN 12 2009