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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068884

2015 OCT -7 PM 12:40

MICHAEL B. BROWN
RECORDER

Send Tax Statements to

Catherine E. Turner-Gallagher
2006 Superior Avenue
Whiting, IN 46394

Return Recorded Document to:

Lisa A. Kmak, Attorney at Law
1022 - 119th Street
Whiting, IN 46394



SURVIVORSHIP AFFIDAVIT

Catherine E. Turner-Gallagher, an interested person, being duly sworn, says:

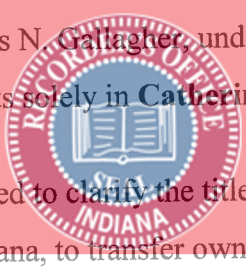
1. That **Catherine E. Turner-Gallagher**, subject to a life estate of **James N. Gallagher** held fee simple interest in the following property pursuant to a Quit Claim Deed dated the 20th day of July, 2006 and recorded as document number 2006-062774 in the Office of the Recorder of Lake County, Indiana, for the property described as follows:

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Lot No. One (1) and the North 10 feet of Lot No. Two (2), Block No. Seven (7), Westlake Addition in the City of Hammond, as shown in Plat Book 12, page 35, in Lake County, Indiana.

Parcel No. 45-03-07-181-018.000-023
Commonly known as: 2006 Superior Avenue, Whiting, Indiana 46394

2. That **James N. Gallagher** died on the 12th day of December, 2012.
3. That due to the death of **James N. Gallagher**, undivided fee simple title in the above-described real estate now vests solely in **Catherine E. Turner-Gallagher**.
4. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Catherine E. Turner-Gallagher**, 2006 Superior Avenue, Whiting, Indiana 46394.



FILED 15 MM #2378
OCT 07 2015

22188
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Further your affiant sayeth not.

Catherine E. Turner-Gallagher
Catherine E. Turner-Gallagher
2006 Superior Avenue, Whiting, IN 46394

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Catherine E. Turner-Gallagher, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

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

Signed and sealed this 30 day of September, 2015

My Commission
Expires: 04/23/2023

Nicole S. Rauner
Document is NOT OFFICIAL!
Nicole S. Rauner, Notary Public
Resident of Lake County

**This Document is the property of
the Lake County Recorder!**

STOP



Prepared by: Lisa A. Kmak, Esq., 1022 - 119th St., Whiting, IN 46394. Telephone: (219) 659-1355.

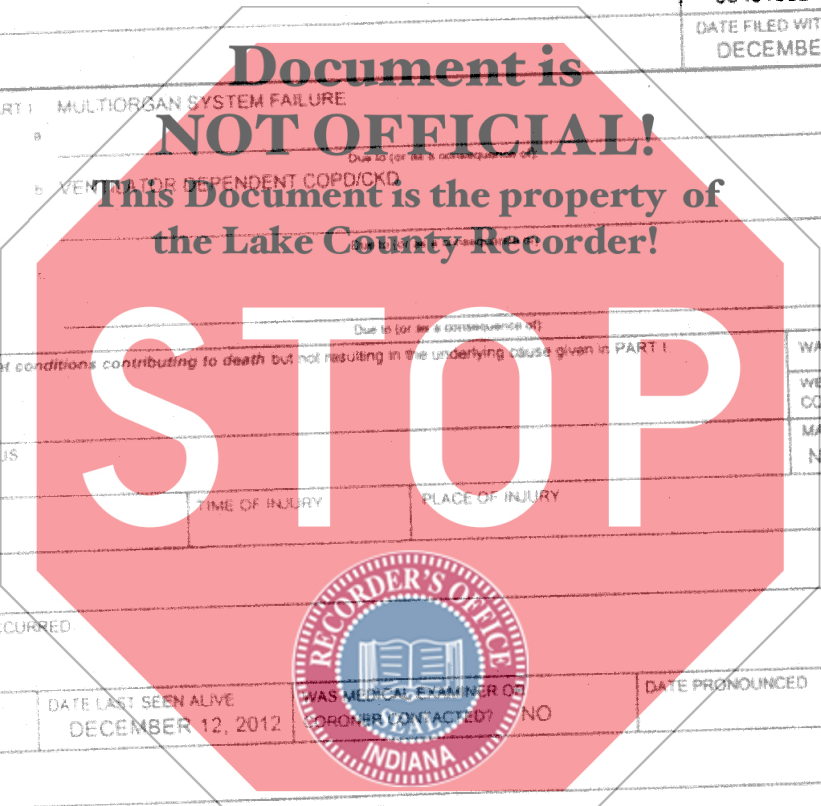
CERTIFICATION OF DEATH RECORD

THE CITY OF LAKE FOREST LAKE FOREST, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DATE ISSUED **12/20/2012**

STATE FILE NUMBER **2012 0095033**

DECEDENT'S LEGAL NAME JAMES NORMAN GALLAGHER			SEX MALE	DATE OF DEATH DECEMBER 12, 2012
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 67 YEARS	DATE OF BIRTH OCTOBER 18, 1945		
CITY OR TOWN NORTH CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME CAPTAIN JAMES A LOVELL FEDERAL HEALTH CARE CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE SPOKANE, WA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CATHY E TUNER-GALLAGHER	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 2006 SUPERIOR AVENUE		APT. NO.	CITY OR TOWN WHITING	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46394	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES GALLAGHER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIAN RICHARD
INFORMANT'S NAME CATHY E TURNER-GALLAGHER		RELATIONSHIP WIFE	MAILING ADDRESS 2006 SUPERIOR AVENUE, WHITING, IN, 46394	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION	
FUNERAL HOME RUZICH FUNERAL DIRECTORS, 816 - 119TH STREET, WHITING, IN, 46394				
FUNERAL DIRECTOR'S NAME JAMES F SEEBERG			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015521	
LOCAL REGISTRAR'S NAME ROBERT R KIELY			DATE FILED WITH LOCAL REGISTRAR DECEMBER 20, 2012	
CAUSE OF DEATH PART I MULTIORGAN SYSTEM FAILURE IMMEDIATE CAUSE: VENTILATOR DEPENDENT COPD/CKD (Final disease or condition resulting in death)				
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			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEKS 2 YEARS	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:34 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 14, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GAZMURI, RAUL, 3001 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS, 60064			PHYSICIAN'S LICENSE NUMBER 034-078444	



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.

Robert R. Kiely, Jr.
Robert R. Kiely, Jr.

The City of Lake Forest, Local Registrar

