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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 22 AM 11:14

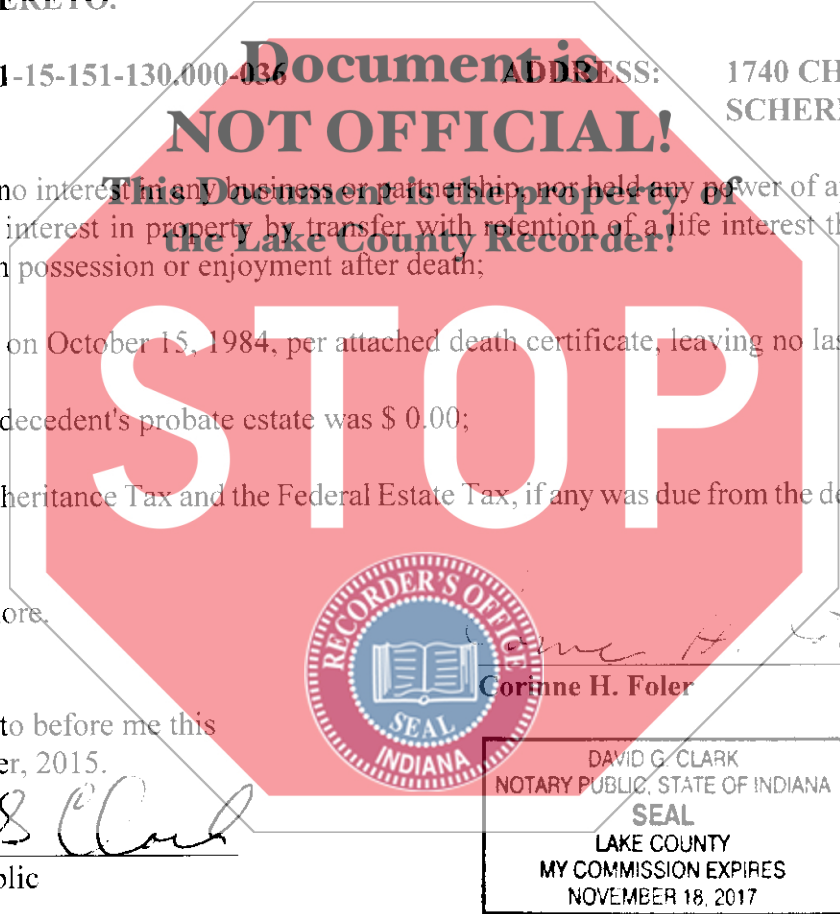
MICHAEL B. BROWN
RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

CORINNE H. FOLER, hereby referred to as the affiant, states under oath that the affiant was acquainted with MARVIN FOLER, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

1740 CHELSEA STREET IN OAK MANOR CONDOMINIUM, PHASE III AS INDICATED IN A DECLARATION OF CONDOMINIUM RECORDED MAY 8, 1974 AS DOCUMENT NO. 250487, AND AMENDMENT THERETO RECORDED FEBRUARY 20, 1975 AS DOCUMENT NO. 289219, AND SECOND AMENDMENT THERETO RECORDED AUGUST 9, 1976 AS DOCUMENT NO. 363730, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED .67272 PERCENTAGE INTEREST IN AND TO THE COMMON AND LIMITED COMMON AREAS AND FACILITIES AS DESCRIBED IN THE DECLARATION AND THE FIRST AND SECOND AMENDMENTS THERETO.

PARCEL NO.: 45-11-15-151-130.000-036 ADDRESS: 1740 CHELSEA STREET SCHERERVILLE, IN 46375



That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on October 15, 1984, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$ 0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Subscribed and sworn to before me this 7th day of October, 2015.

David G. Clark
Notary Public

Corinne H. Foler
Corinne H. Foler

DAVID G. CLARK
NOTARY PUBLIC, STATE OF INDIANA
SEAL
LAKE COUNTY
MY COMMISSION EXPIRES
NOVEMBER 18, 2017

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 - DAVID G. CLARK

RECORD AND RETURN TO:

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Ste. 205, Munster, IN 46321

FILED

OCT 21 2015

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

13-
6038
201

MEDICAL CERTIFICATE OF DEATH
620073

Oct. 18, 1984

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
SS

I, LONNIE C. EDWARDS, M.D., M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



DEPARTMENT OF HEALTH CITY OF CHICAGO

REGISTRATION NO. **16.10**
DISTRICT NO. _____
REGISTERED NUMBER _____
DECEASED—NAME **Matvin Fojer** FIRST MIDDLE LAST
SEX **Male**
DATE OF BIRTH **Sept. 25, 1919** MONTH, DAY, YEAR
DATE OF DEATH **October 15, 1984** MONTH, DAY, YEAR

RACE (WHITE, NEGRO, AMERICAN INDIAN, HAWAIIAN, OTHER) **American**
AGE **65** YEARS
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**
HOSPITAL OR OTHER INSTITUTION—NAME, ADDRESS AND CITY, STATE
Northwestern Memorial Hospital

CITIZEN OF WHAT COUNTRY **U.S.A.**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married

STATE OF BIRTH **Illinois**
CITIZEN OF WHAT COUNTRY **U.S.A.**
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
Corinne Browner

RESIDENCE STREET AND NUMBER **1740 Chelsea Dr.**
CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Scherville**
INSIDE CITY (YES/NO) **Yes**
COUNTY **Lake** STATE **Indiana**

FATHER—NAME **Julius Fojer** MOTHER—MAIDEN NAME **Fredera Rostker**

INFIRMANT NAME (TYPE OR PRINT) **Dawn Rosegay** MAILING ADDRESS (TYPE OR PRINT) **303 E. Superior Chicago, Illinois 60611**

DEATH WAS CAUSED BY: **Cardiopulmonary arrest**
Pulmonary emphysema
IMMEDIATE CAUSE
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (IF STATING THE UNDERLYING CAUSE LAST)
**1a) Due to or as a consequence of:
1b) Pulmonary emphysema
1c) Due to or as a consequence of:
1d) _____**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIVE TO CAUSE (GIVE IN PART I), OR WHICH WOULD BE OF INTEREST TO THE PUBLIC (GIVE IN PART I)
Bronchopneumonia, cholelascystitis, meningioma

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
10-15-84

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10 Minutes

WAS COMMON OR NEARLY COMMON IN THE PAST THREE MONTHS?
Yes

IF YES—WAS THERE A PREVIOUS HISTORY OF THIS DISEASE?
Yes

IF YES—WAS THERE A PREVIOUS HISTORY OF THIS DISEASE IN THE PAST THREE MONTHS?
Yes

20a. ALIQUID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON **10-15-84**
20b. **21a) did attend him last alive**
20c. **21b) did attend him last alive**

21. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT)
James Webster 222 E. Superior Chicago, Illinois 60611

22. BURIAL CREMATION, REMOVAL (SPECIFY) **Funeral Home**
CEMETERY OF CREMATION—NAME **Jewish Waldheim** LOCATION **Forest Park, Illinois** CITY OR TOWN **Chicago** STATE **Illinois** DATE (MONTH, DAY, YEAR) **Oct. 17, 1984**

23. FUNERAL HOME NAME **Piser Weinstein Menorah Chapel 5206 N. Broadway Chicago, Illinois 60640**

24. FUNERAL DIRECTOR'S SIGNATURE **James Weinstein** LICENSE NUMBER **606640**

25. LOCAL REGISTRAR'S SIGNATURE **L. Edwards** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **OCT 16 1984**

26. ILLINOIS LICENSE NUMBER **36-35063**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COMPLETION OF MEDICAL EXAMINER MUST BE NOTIFIED.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED