

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2015 072041

2015 OCT 23 AM 10:40

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

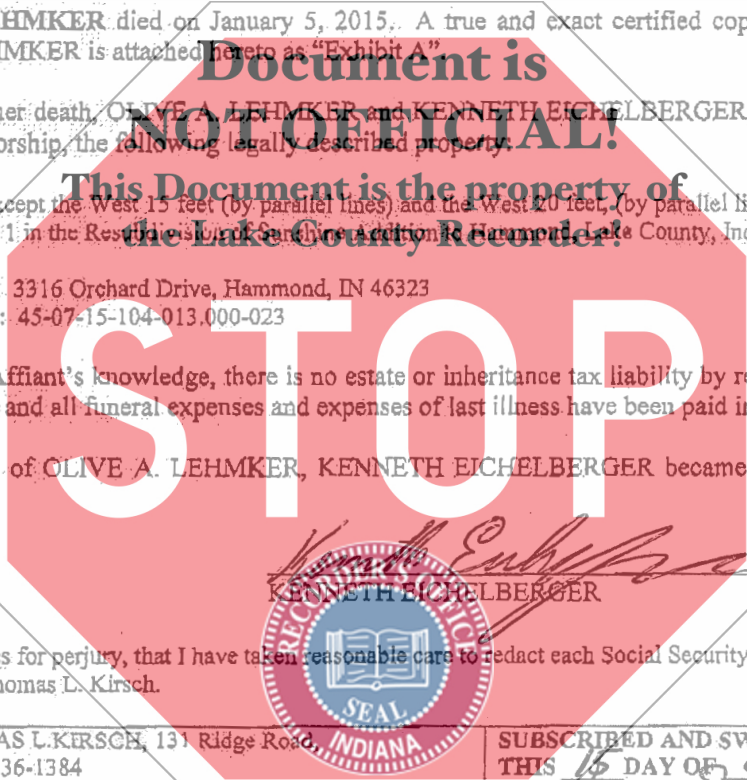
On the 15 day of OCTOBER, 2015, before me personally appeared **KENNETH EICHELBERGER**, who being duly sworn upon his oath, did say that:

1. Affiant resides at 3316 Orchard Drive, Hammond, IN 46323, <<GRANTEE'S ADDRESS
2. **OLIVE A. LEHMKER** died on January 5, 2015. A true and exact certified copy of the death certificate of **OLIVE A. LEHMKER** is attached hereto as "Exhibit A"
3. At the time of her death, **OLIVE A. LEHMKER** and **KENNETH EICHELBERGER**, owned as joint tenants with rights of survivorship, the following legally described property:

Lot 5, except the West 15 feet (by parallel lines) and the West 20 feet (by parallel lines) of Lot 6, in Block 1 in the Residence Sub of Sunshine Addition, Hammond, Lake County, Indiana.

Address: 3316 Orchard Drive, Hammond, IN 46323
Key No.: 45-07-15-104-013.000-023

5. To the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of **OLIVE A. LEHMKER**, and all funeral expenses and expenses of last illness have been paid in full.
6. Upon the death of **OLIVE A. LEHMKER**, **KENNETH EICHELBERGER** became the sole owner of said real estate.



Kenneth Eichlberger
KENNETH EICHELBERGER

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 L. Kirsch.

PREPARED BY: THOMAS L. KIRSCH, 131 Ridge Road,
Munster, IN 46321; 219-836-1384
Attorney No. 5224-45

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 15 DAY OF OCTOBER, 2015.

MAIL TO: p

KEVIN ZAREMBA
Lake County
My Commission Expires
December 9, 2019

Kevin Zarembo
Notary Public
My Commission Expires:
Resident of LAKE County.

FILED

OCT 21 2015

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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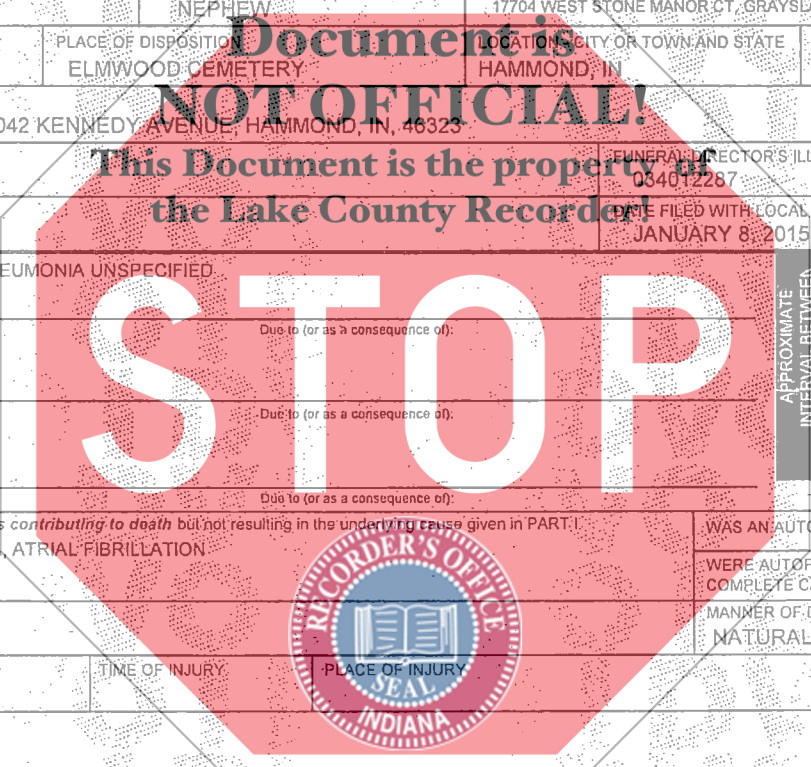
CHICAGO TITLE INSURANCE COMPANY

**LAKE COUNTY
WAUKEGAN, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0001406

DATE ISSUED 1/13/2015

DECEDENT'S LEGAL NAME OLIVE ANNA LEHMKER		SEX FEMALE	DATE OF DEATH JANUARY 05, 2015	
COUNTY OF DEATH LAKE		AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH JULY 21, 1921	
CITY OR TOWN LIBERTYVILLE		HOSPITAL OR OTHER INSTITUTION NAME LIBERTYVILLE MANOR EXT CARE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE RENSSELAER, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3316 ORCHARD DRIVE		APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46323	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH G EICHELBERGER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LONA BARBARA STAMM
INFORMANT'S NAME KENNETH L EICHELBERGER		RELATIONSHIP NEPHEW	MAILING ADDRESS 17704 WEST STONE MANOR CT, GRAYSLAKE, IL, 60030	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ELMWOOD CEMETERY	LOCATION, CITY OR TOWN AND STATE HAMMOND, IN	DATE OF DISPOSITION JANUARY 10, 2015
FUNERAL HOME BOCKEN FUNERAL HOME, 7042 KENNEDY AVENUE, HAMMOND, IN, 46323				
FUNERAL DIRECTOR'S NAME JOSE G CORONA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012267	
LOCAL REGISTRAR'S NAME KEVIN J BOWENS			FILE FILED WITH LOCAL REGISTRAR JANUARY 8, 2015	
CAUSE OF DEATH PART I. PNEUMONIA UNSPECIFIED				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	ONE WEEKS	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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. FAILURE TO THRIVE, DEMENTIA, ATRIAL FIBRILLATION			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			MANNER OF DEATH NATURAL	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 31, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:10 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 08, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PARAG B THAKKAR, 1170 EAST BELVIDERE ROAD, SUITE 210, GRAYSLAKE, ILLINOIS, 60030			PHYSICIAN'S LICENSE NUMBER 036-106242	



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.

Carl N. Wyckoff
Lake County Clerk

