

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

2015 084127

2015 DEC 16 PM 2:25

MICHAEL B. BROWN  
RECORDER

1, Joanna Lynn Lovenduski, of lawful age, being first duly sworn upon oath, depose and state as follows:

1. The Affiant is the joint tenant of Gary Flick (Decedent), that the Affiant and Decedent were Joint Tenants with Rights of Survivorship until the death of Decedent on November 1<sup>st</sup>, 2015.

2. Said Decedent died at Northwest Hospital, Chic, Ill on 11 Nov 2015 which fact of death is corroborated by the Certificate of Death, which certificate is attached hereto and by this reference made a part of this Affidavit.

3. The Affiant acquired by a Quit Claim Deed from Gary Flick the real property described herein:

OLD ORCHARD SUB. L. 14, as per plat thereof, Parcel #45-09-09-457-005-000-021, Commonly known as 4421 E 20<sup>th</sup> Court, Lake Station, Indiana, 46405

Which Quit Claim Deed was dated October 6<sup>th</sup>, 2015 and recorded in the Recorder's Office of Lake County, Indiana.

4. That by reason of the death of said Decedent and the status of the parties on the date of said deed and the continuation of such status until the death of the decedent, the estate in joint tenancy in the above real property was terminated on November 1<sup>st</sup>, 2015 and the Affiant is now the owner of said real property interest.

5. This affidavit is made for the purpose of furnishing a recordable document showing the termination of the estate and the ownership of said property interest in the Affiant.

Dated this 16<sup>th</sup> of December, 2015.

Joanna Lynn Lovenduski  
Signature

Joanna Lynn Lovenduski  
Signature



FILED  
DEC 16 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA ) Certification of Notary Public

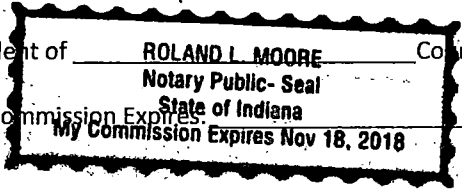
) SS:  
COUNTY OF LAKE )

017699

Before me, a Notary Public in and for said County and State, personally appeared Joanna Lynn Lovenduski who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 16<sup>th</sup> day of December, 2015.

Resident of ROLAND L. MOORE County, Indiana. Signature Roland L. Moore

My Commission Expires State of Indiana Printed ROLAND L. MOORE NON-COM  
My Commission Expires Nov 18, 2018



\$14.00  
CASH  
M

**CERTIFICATION OF DEATH RECORD**

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

STATE FILE NUMBER 2015 0086510

DATE ISSUED 11/12/2015

DECEDENT'S LEGAL NAME GARY LEE FLICK			SEX MALE	DATE OF DEATH NOVEMBER 01, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH MARCH 20, 1951		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4421 EAST 20TH COURT	APT. NO.	CITY OR TOWN LAKE STATION	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46405	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PAUL DALE FLICK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSA MAE KELLAMS
INFORMANT'S NAME CATHERINE RISTARSKI	RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS 251 E HURON ST, CHICAGO, IL, 60610		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION KELLY CARROLL CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION NOVEMBER 06, 2015	
FUNERAL HOME WEST SUBURBAN FUNERAL HOME & CREMATION SERVICES, 39 NORTH CASS AVENUE, WESTMONT, IL, 60559	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112			
FUNERAL DIRECTOR'S NAME ANTHONY P CAPPETTA	DATE FILED WITH LOCAL REGISTRAR NOVEMBER 4, 2015			
LOCAL REGISTRAR'S NAME DAVID ORR	DATE FILED WITH LOCAL REGISTRAR NOVEMBER 4, 2015			
CAUSE OF DEATH PART I. AORTIC STENOSIS	IMMEDIATE CAUSE (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a.	Due to (or as a consequence of):			
b.	CORONARY ARTERY DISEASE			
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? NO
FEMALE PREGNANCY STATUS NOT APPLICABLE				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				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 01, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:20 PM
CERTIFIER PHYSICIAN	DATE CERTIFIED NOVEMBER 01, 2015			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JONATHAN TAMASKO, 251 E HURON, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036137428	

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

**STOP**



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*  
David Orr  
Cook County Clerk

THE WORD AVOID APPEARS WHEN PHOTOCOPIED

NOT EMBROSSED STATE AND COUNTY SEALS AT BOTTOM