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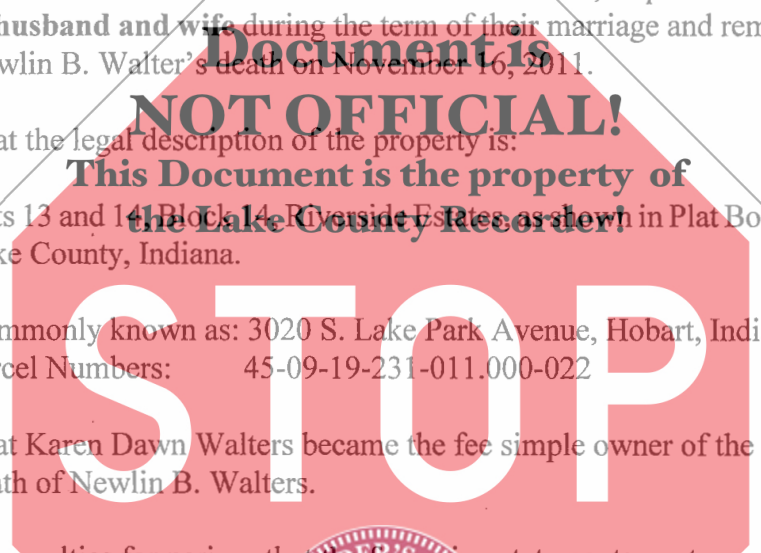
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER
Send Tax Bills To: 3020 N. Lake Park Ave.
Hobart, Indiana 46342

AFFIDAVIT OF SURVIVORSHIP

Comes now Karen Dawn Walters, and upon being duly sworn does attest and say:

1. That the affiant is the surviving spouse of Newlin B. Walters, deceased.
2. That Karen Dawn Walters and Newlin B. Walters, acquired the following property as husband and wife during the term of their marriage and remained married until Newlin B. Walter's death on November 16, 2011.
3. That the legal description of the property is:
 Lots 13 and 14 Block 4 Riverside Estates, as shown in Plat Book 29, Page 66,
 Lake County, Indiana.
 Commonly known as: 3020 S. Lake Park Avenue, Hobart, Indiana 46342
 Parcel Numbers: 45-09-19-231-011.000-022
4. That Karen Dawn Walters became the fee simple owner of the property at the death of Newlin B. Walters.



I affirm under the penalties for perjury that the foregoing statements are true.

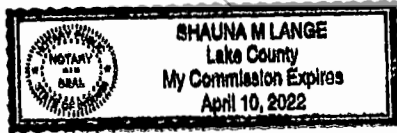


Karen Dawn Walters

Karen Dawn Walters

STATE OF INDIANA)SS: COUNTY OF LAKE)
Subscribed and sworn to before me this 18 day of January, 2016

My Commission
Expires: 4/10/22



Shauna M. Lange

Shauna M. Lange, Notary Public
Resident of Lake County, IN

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

Shauna M. Lange

This Instrument Prepared by: The Law Offices of Patricia A. Rees, Shauna M. Lange, Esq., 5541 Central Ave.,
Portage, IN 46368 (219) 947-1692.

FILED

JAN 19 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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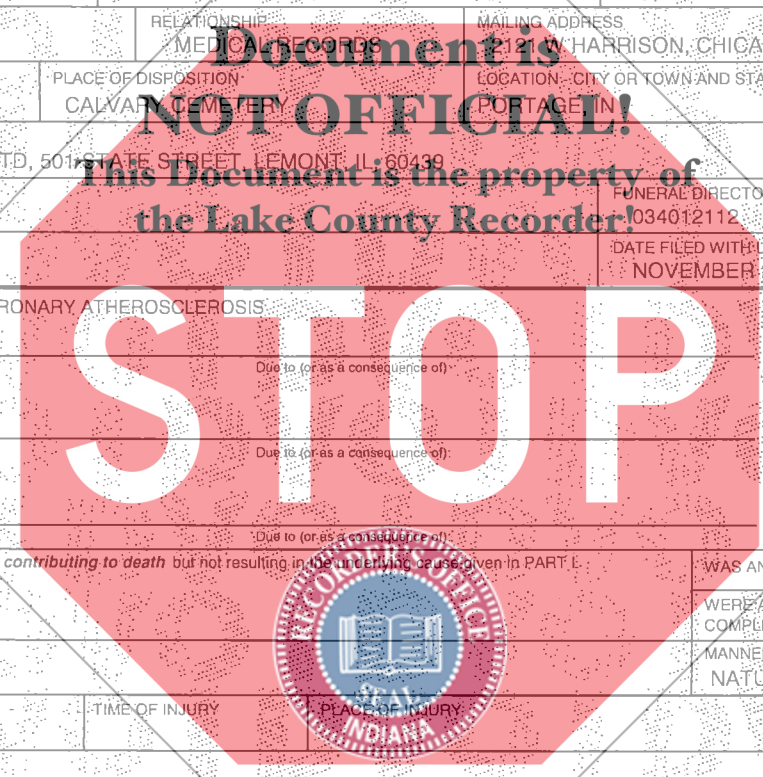
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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 008581-1 MEDICAL EXAMINER'S CASE NUMBER 308 NOV-11 DATE ISSUED 11/29/2011

DECEDENT'S LEGAL NAME NEWLIN WALTERS			SEX MALE	DATE OF DEATH NOVEMBER 16, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 64 YEARS		DATE OF BIRTH NOVEMBER 04, 1947	
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 MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KAREN DAWN WALTERS
RESIDENCE 3020 NORTH LAKE PARK AVENUE			APT. NO.	CITY OR TOWN HOBART	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46342	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NEWLIN G WALTERS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SYBIL MARIE STEWART
INFORMANT'S NAME PEGGY SCHWARTZ		RELATIONSHIP MEDICAL RECORDS		MAILING ADDRESS 2121 W HARRISON, CHICAGO, IL 60612	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CALVARY CEMETERY		LOCATION - CITY OR TOWN AND STATE PORTAGE IN	DATE OF DISPOSITION NOVEMBER 19, 2011
FUNERAL HOME GERHARZ FUNERAL HOME LTD, 5017 STATE STREET, LEMONT, IL 60439					
FUNERAL DIRECTOR'S NAME ANTHONY P GAPPETTA				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 28, 2011	
CAUSE OF DEATH - PART I		CORONARY ATHEROSCLEROSIS			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		UNKNOWN UNKNOWN	
		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.				WAS AN AUTOPSY PERFORMED? YES	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE				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?		DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?		DATE PRONOUNCED NOVEMBER 16, 2011
					TIME OF DEATH 11:50 PM
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED NOVEMBER 28, 2011	
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 from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM