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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 015438

2016 MAR 16 AM 11:27

**SURVIVORSHIP AFFIDAVIT**

MICHAEL B. BROWN  
RECORDER

STATE OF ILLINOIS )  
                                  )     SS:  
COUNTY OF COOK    )

**Shagufta Khan**, being first duly sworn upon her oath, deposes and says:

1. That **Inayatullah Khan** (the "Decedent") died on the 24th day of May, 2015, at Chicago, Illinois.
2. That the Decedent and **Shagufta Khan** were duly and legally married at the time they acquired title as husband-and-wife to the following described real estate:  
Legal Description: **LOT 2 IN BRIAR CREEK ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 65 PAGE 44, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**  
Commonly known as: 1412 Brandywine Drive, Munster, IN 46321  
Parcel ID #: 45-07-31-477-003.000-027
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of the Decedent's death.
4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
5. That all of the assets of the Decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on the Decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*S. Khan 02/27/16*

SHAGUFTA KHAN

**FILED**

MAR 14 2016

001526

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

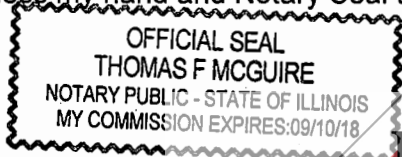
\$15.00  
M.E  
#85270

STATE OF ILLINOIS )  
 ) SS:  
COUNTY OF COOK )

**ACKNOWLEDGMENT**

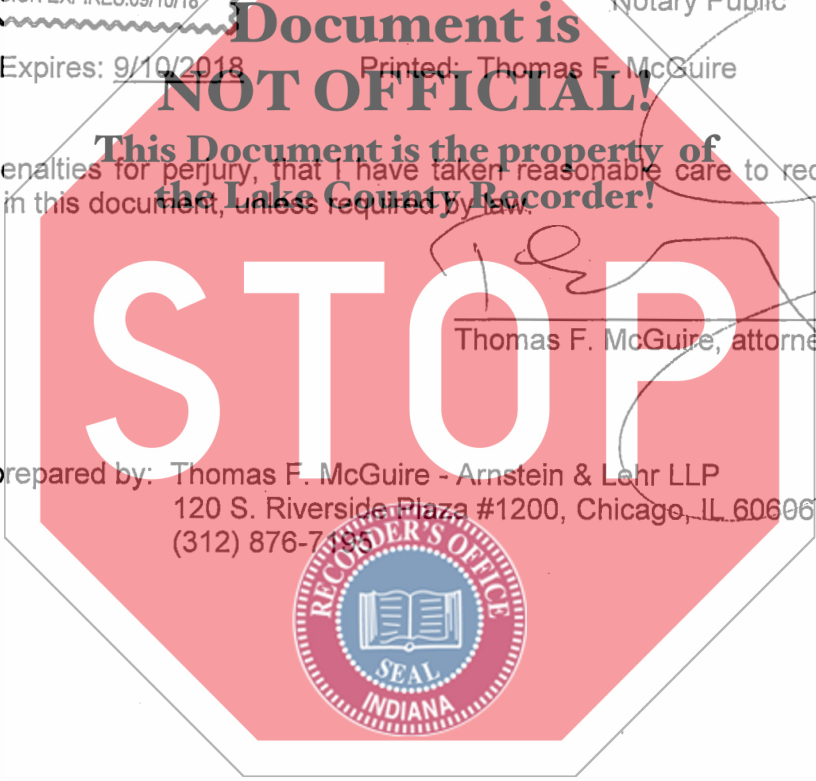
Before me, a Notary Public in and for said County and State, personally appeared **Shagufta Khan**, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 27<sup>th</sup> day of February, 2016.



*[Signature]*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 9/10/2018 Printed: Thomas F. McGuire



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

*[Signature]*  
\_\_\_\_\_  
Thomas F. McGuire, attorney

This instrument prepared by: Thomas F. McGuire - Arnstein & Lehr LLP  
120 S. Riverside Plaza #1200, Chicago, IL 60606  
(312) 876-7195



113035747.1

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0044263

DATE ISSUED 6/3/2015

DECEDENT'S LEGAL NAME INAYATULLAH KHAN		SEX MALE	DATE OF DEATH MAY 24, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 60 YEARS	DATE OF BIRTH JANUARY 21, 1955		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE PAKISTAN	SOCIAL SECURITY NUMBER <del>XXXXXXXXXX</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SHAGUFTA KHAN	EVER IN U.S. ARMED FORCES? -NO
RESIDENCE 1412 BRANDYWINE DRIVE	APT. NO.	CITY OR TOWN MUNSTER	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46321	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HASSAN KHAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KHATOON KHAN
INFORMANT'S NAME SHAGUFTA KHAN		RELATIONSHIP WIFE	MAILING ADDRESS 1412 BRANDYWINE DRIVE, MUNSTER, IN, 46321	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHapel LAWN	LOCATION - CITY OR TOWN AND STATE SOMERERVILLE, IN	DATE OF DISPOSITION MAY 26, 2015	
FUNERAL HOME MUSLIM FUNERAL SERVICES, 4380 NORTH ELSTON AVENUE, CHICAGO, IL, 60641			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016060	
FUNERAL DIRECTOR'S NAME HAROON FIRDAUSI		LOCAL REGISTRAR'S NAME DAVID ORR		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JUNE 3, 2015		
CAUSE OF DEATH		PART I. SEPTIC SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  HOURS  MONTHS  DAYS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ACUTE MYELOID LEUKEMIA		
		b. ACUTE MYELOID LEUKEMIA		
		c. NEUTROPENIC		
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I. SMALL BOWEL OBSTRUCTION, CANDIDEMIA				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
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 MAY 24, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:52 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 24, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JANICE STANLEY, 1633 W CONGRESS PKWY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036-129696	



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE