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2016 010062

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 FEB 18 AM 8:56
MICHAEL B. BROWN
RECORDER

*Rerecorded to add Legal.

SURVIVORSHIP AFFIDAVIT

On this 12th day of Feb, 2016, before me, personally appeared Karen Mackey, as Successor Trustee under the provisions of that certain Trust Agreement dated the 24th day of June 2011, and known as the George W. Mackey Living Trust and amended on September 1, 2011 to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is George Wesley Mackey a/k/a George W. Mackey a/k/a George E. Mackey
3. Said premises were formerly owned as George W. Mackey Living Trust, amended on Sept. 1, 2011
4. Said George Wesley Mackey a/k/a George W Mackey, George E Mackey Died on 10/10/2015 leaving a will (no will circle one);
5. The legal description of the premises in question is: (see attached legal description)
Is there Federal or State inheritance tax liability by reason of the death of said decedent?
Yes / No (circle one) -

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If yes, the estimated taxes due are \$ _____

The taxes are: _____ paid or _____ unpaid

Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

Yes / No (circle one)

If yes, identify the divorce proceedings: _____

8. Affiant's relationship to the deceased was: daughter



Karen Mackey, as Successor Trustee under the provisions of that certain Trust Agreement dated the 24th day of June 2011, and known as the George W. Mackey Living Trust and amended on September 1, 2011

Karen Mackey
By Karen Mackey, Successor Trustee

309 S. Oldenport Rd. Streamwood, IL 60107

(Address)

Subscribed and sworn to before me, a Notary Public, in and for said county and state this 12th day of Feb, 2016.

Notary Public
Brenda Sohovich

(Print name)
My Commission Expires:
Residing in _____ County, IN.

BRENDA SOHOVICH
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Nov 5, 2022

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. Brenda Sohovich

Prepared by: Karen Mackey
Return to: 309 S Oldenport Rd Streamwood IL 60107

Liberty Title & Escrow T8V16001531

011811

FILED
MAR 21 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
FEB 18-2016
20993
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0081343

DATE ISSUED 10/29/2015

DECEDENT'S LEGAL NAME GEORGE WESLEY MACKEY		SEX MALE	DATE OF DEATH OCTOBER 10, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JUNE 17, 1927		
CITY OR TOWN DES PLAINES	HOSPITAL OR OTHER INSTITUTION NAME 1736 PROSPECT AVE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CROWN POINT, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME
RESIDENCE 1735 PROSPECT AVE	APT. NO.	CITY OR TOWN DES PLAINES		EVER IN U.S. ARMED FORCES? YES
COUNTY COOK	STATE IL	ZIP CODE 60018	FATHER'S/GP-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELMER MACKEY	MOTHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BESSIE PEARL OBENCHAIN
INFIRMARY NAME KAREN MACKEY	RELATIONSHIP DAUGHTER	MAILING ADDRESS 308 S. OLDENDORF ROAD, STREAMWOOD, IL, 60107		
METHOD OF DISPOSITION DONATION	PLACE OF DISPOSITION SCIENCE CARE	LOCATION - CITY OR TOWN AND STATE AURORA, CO	DATE OF DISPOSITION OCTOBER 19, 2015	
FUNERAL HOME AQUAGREEN DISPOSITIONS LLC, 1125 S. 68TH ST., CHICAGO, IL 60629				
FUNERAL DIRECTOR'S NAME RYAN CATTONI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016512		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR OCTOBER 19, 2015		
CAUSE OF DEATH IMMEDIATE CAUSE (first disease or condition responsible in view)	PART I a b c	CONGESTIVE HEART FAILURE Due to (or as a consequence of): ATHEROSCLEROSIS 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.		APPROXIMATE PERIOD BETWEEN ONSET AND DEATH		
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO		
DATE OF INJURY		TIME 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:05 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 15, 2015	
NAME, ADDRESS AND PHONE NUMBER OF PERSON COMPLETING CAUSE OF DEATH JACK DZARLINSKI, 14612 JOHN HUMPHREY DR, ORLAND PARK, ILLINOIS, 60462			PHYSICIAN'S LICENSE NUMBER 036064842	

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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

EXHIBIT "A"

The West 4 acres of the South half of the Northwest Quarter of the Southeast Quarter of Section 13, Township 33 North, Range 9 West of the 2nd P.M. in Lake County, Indiana, and the East 2 acres of the West 6 acres of the South half of the Northwest Quarter of the Southeast Quarter, except the South 300' of Section 13, Township 33 North, Range 9 West of the Second P.M. in Lake County, Indiana.

Address: 5520 W 171st Ave Lowell IN 46356

Tax IDI Nos.: 45-19-13-401-004.000-007 and 45-19-13-401-005.000-007

