

AFFIDAVIT

3

On this 5-31-16 before me personally appeared Dennis Churilla

2016 035828

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 son-in-law  
(state interest of affiant in the above premises as "owner", "son of owner")

3. Said Grace Dyke  
(fill in name of life estate tenant who died)  
died on 5-16-13

4. The legal description of the premises in question is:  
Unit 5, 9235 Waymond Avenue, Spring Creek Condominiums, II, Inc., a Horizontal Property Regime, as created by Declaration of Condominium recorded June 13, 1996 as Document Nos 96039935 and 96039936 in Plat Book 80 page 83, in the Office of the Recorder of Lake County, Indiana.  
Tax Id No.: 45-07-29-289-005.000-026

5. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

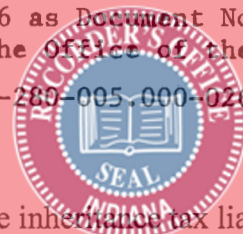
If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was son-in-law

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 JUN -9 AM 10:27  
MICHAEL B. BROWN  
RECORDER



FILED

JUN 06 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
TITLE COMPANY

92016-0601

23211

16-  
PW  
P  
NON-CON

Signature: [Handwritten Signature]

Printed Name Dennis Churilla

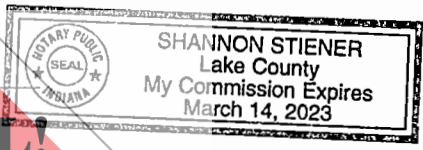
Address: \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me by the affiant

This May 31, 2016  
(insert date)

[Handwritten Signature]

**Document is NOT OFFICIAL!**  
Notary Public  
**SHANNON STIENER**



Printed Name Shannon Stiener  
**This Document is the property of the Lake County Recorder!**

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 3-14-23

**STOP**  
This instrument prepared by Dennis Churilla



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

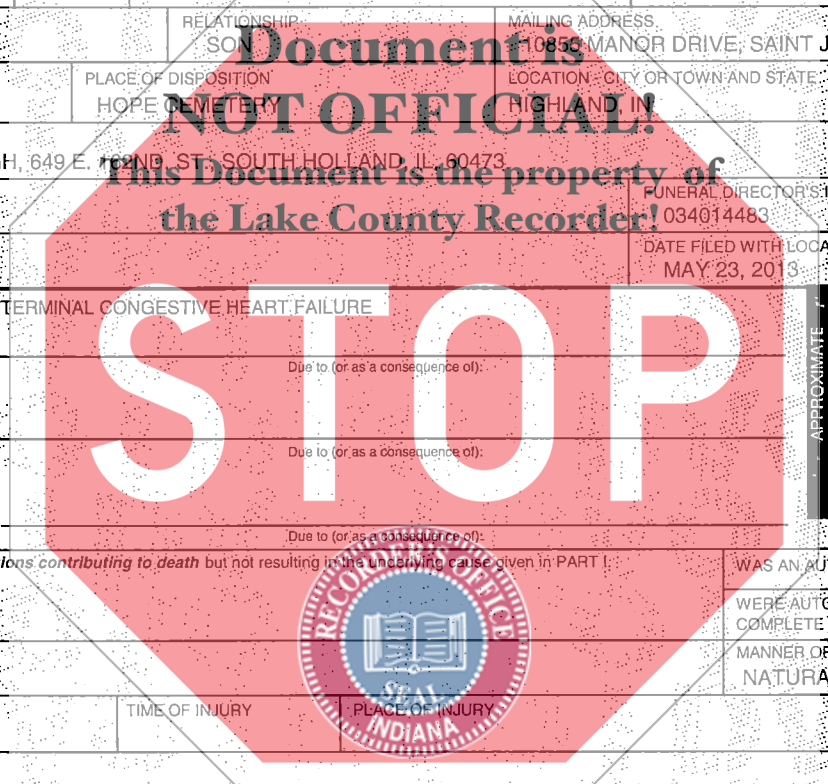
# CERTIFICATION OF DEATH RECORD

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


STATE FILE NUMBER 2013 0040243

DATE ISSUED 5/23/2013

DECEDENT'S LEGAL NAME GRACE DYKE			SEX FEMALE	DATE OF DEATH MAY 16, 2013	
CITY OF DEATH COOK		AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH APRIL 29, 1924		
CITY OR TOWN SOUTH HOLLAND			HOSPITAL OR OTHER INSTITUTION NAME 16300 LOUIS AVE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 16300 LOUIS AVE		APT. NO.	CITY OR TOWN SOUTH HOLLAND		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT VANDER LAAN		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JENNIE WERKMAN
INFORMANT'S NAME WILLIAM DYKE		RELATIONSHIP SON	MAILING ADDRESS 10850 MANOR DRIVE, SAINT JOHN, IN 46373		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOPE CEMETERY	LOCATION, CITY OR TOWN AND STATE HIGHLAND, IN	DATE OF DISPOSITION MAY 20, 2013	
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 76TH ST, SOUTH HOLLAND, IL 60473					
FUNERAL DIRECTOR'S NAME TIMOTHY G SMITS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014483		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 23, 2013		
CAUSE OF DEATH		PART I. TERMINAL CONGESTIVE HEART FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  7 WEEKS	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. Due to (or as a consequence of):			
		b. Due to (or as a consequence of):			
		c. Due to (or as a consequence of):			
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I:				WAS AN AUTOPSY PERFORMED?: NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?: N/A	
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? YES	DATE LAST SEEN ALIVE MARCH 27, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:59 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 20, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. CRESSA PERISH, 4647 W LINCOLN HWY, MATTESON, ILLINOIS, 60443				PHYSICIAN'S LICENSE NUMBER 036-068636	



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM