

AFFIDAVIT

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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

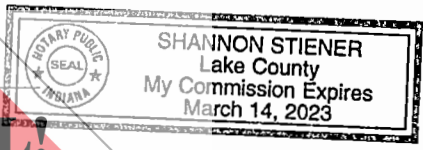
Address: _____

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

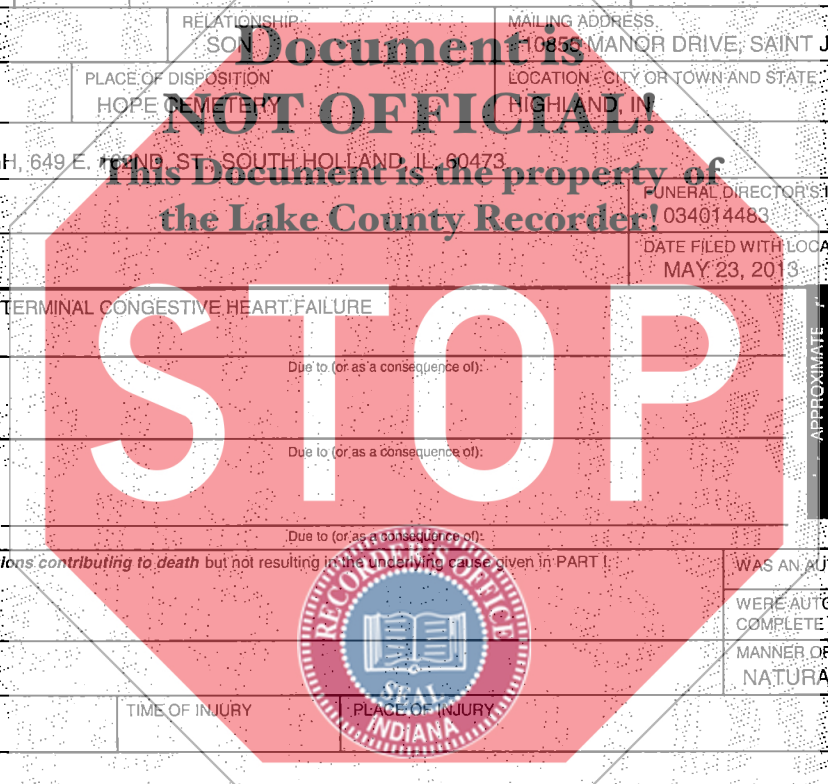
CERTIFICATION OF DEATH RECORD

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		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		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of):		
		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:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 WEEKS
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 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
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