

1601115

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

Chicago Title Insurance Company

4

On this 3/31/2016 before me personally appeared _____

(insert date)

Cathern Sorrick

2016 055825

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 Wife

(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Theodore M Sorrick and Cathern Sorrick

4. Said Theodore M Sorrick

(fill in name of co-tenant who died)

died on 2/19/2016

leaving no will;

(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

see attached legal description

Tax ID: 45-12-04-480-026,000-030

6. 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..

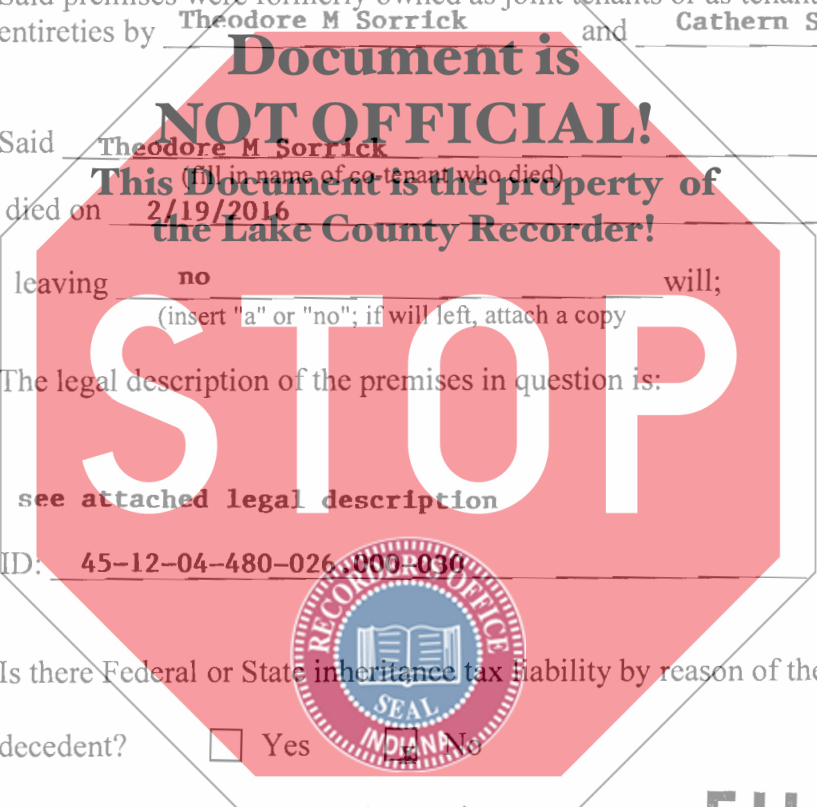
FILED

AUG 16 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

4569 Cat 1820501058
18. /
E.W.
NON-CO

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2016 AUG 17 AM 11:04



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:
_____):

8. Affiant's relationship to the deceased was Wife

Signature: Cather Sorrick

Printed Name Cather Sorrick

Address: 300 W 61st Ave

Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

This

3/31/2016

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

*PERSONALLY APPEARED
Cather Sorrick*

Andrea A. Widowski

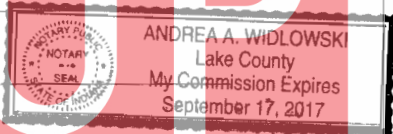
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Joanna Anaya

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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 81261

Local No 000681

EDR No 00000496670

State No 009727

1. Decedent's Legal Name (First, Middle, Last) THEODORE M SORRICK				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:30 AM		4. Date Of Death (Month/Day/Year) 02/19/2016	
5. Social Security Number		8a. Age - Yrs 93		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
7. Date of Birth (Month/Day/Year) 10/25/1922		8. Birthplace (City and State or Foreign Country) BEATRICE, NE		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		11. Facility Name (If Not Institution, Give Street and Number) BRENTWOOD AT HOBART	
12. City Or Town, State, And Zip Code HOBART, IN, 46342				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15a. (If Wife) Give Maiden Last Name WOODS		16. Decedent's Usual Occupation ELECTICIAN	
15. Surviving Spouse's Name CATHERN M. SORRICK		16. Decedent's Usual Occupation ELECTICIAN		17. Kind Of Business/Industry CONSTRUCTION		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART	
18c. Street And Number 1420 ST. MARY'S CIRCLE		18d. Apt. No. 230		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC	
21. Decedent's Race White		22. Father's Name (First, Middle, Last) THEODORE J. SORRICK		23. Mother's Name (First, Middle, Last) NELLIA B. SORRICK		23a. Mother's Maiden Last Name HENSLEY		24. Informant's Name CATHERN M SORRICK		24a. Relationship To Decedent WIFE	
24b. Mailing Address (Street And Number, City, State, Zip Code) 1420 ST. MARY'S CIRCLE APT 230, HOBART, IN 46342		25. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25c. Location (City, Town, And State) SCHERVILLE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS - MERRILLVILLE, 8350 BROADWAY, MERRILLVILLE, IN 46410	
27a. Funeral Home License Number FH83002453		27b. Signature Of Indiana Funeral Service Licensee THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) 011009893		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Conditions - That Directly Caused The Death Or Indirectly Caused Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ALZHEIMER DEMENTIA		28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I ACUTE RENAL INSUFFICIENCY		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Was Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Cause Of Death (See Instructions And Examples) ALZHEIMER DEMENTIA		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Time Of Death <input type="checkbox"/> Pregnant Within The Past Year		33. Time Of Injury		34. Date Of Injury (Month/Day/Year)	
35. Location Of Injury - State		35a. City Or Town		35b. Street & Number		35c. Apt. No.		35d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Describe How Injury Occurred		39. Location Of Injury - State		39a. City Or Town		39b. Street & Number		39c. Apt. No.		39d. Zip Code	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death JONG H KIM, BY ELECTRONIC SIGNATURE		42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01038861A		45. Date Certified 03/01/2016		47. Date MAR 02 2016	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death JONG H KIM, 8777 BROADWAY, STE C, MERRILLVILLE, IN 46410		46. Additional Funeral Service Provider		48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 02 2016		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 02 2016		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 02 2016	



EXHIBIT "A"

LOTS NUMBER EIGHTY (80), EIGHTY-ONE (81) AND EIGHTY-TWO (82), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF NEW GARY ANNEX ADDITION, IN THE CITY OF GARY, IN PLAT BOOK 22 PAGE 44, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 300 W. 61st Ave., Merrillville, IN 46410

