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1604232



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 8/23/16 before me personally appeared _____
(insert date)

Jennifer S Bednarek

2016 059058

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 Daughter of Owners
(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
entireties by Frank J Bednarek and Jean T Bednarek

4. Said Frank J Bednarek
(fill in name of co-tenant who died)
died on 7/28/16
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

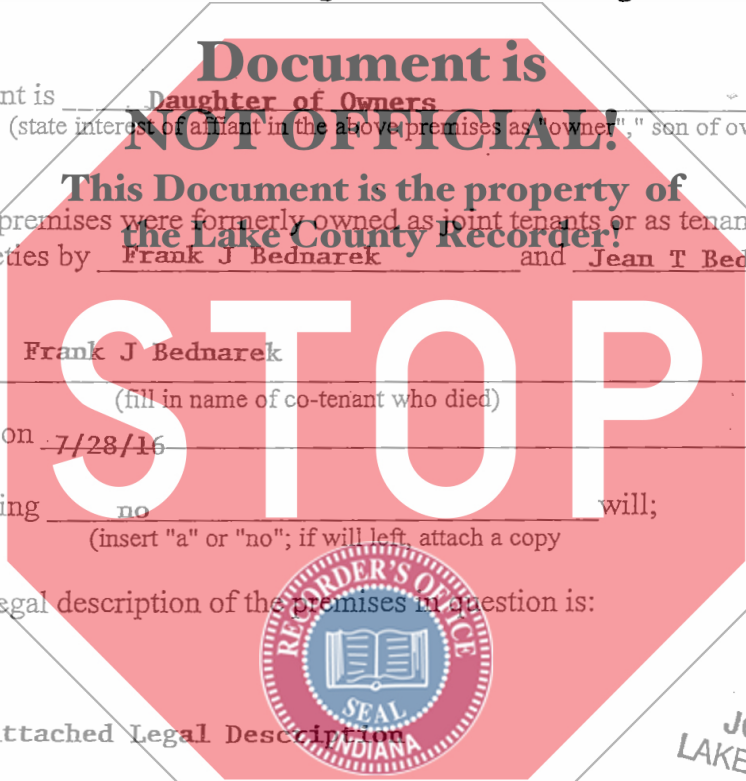
Tax ID: 45-16-18-426-007.000-041

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..



MICHAEL B. BROWN
RECORDER

2016 AUG 30 AM 10:50

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

AUG 29 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014868

#18

NON
CONF
CS

Chicago Title Insurance Company

CR# 1820501078

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 daughter

Signature: Jennifer S. Bednarek
 Printed Name: Jennifer S. Bednarek
 Address: 12104 Chase Street
Crown Point, IN 46307

Subscribed and sworn to before me by the affiant Jennifer S. Bednarek

This 8/23/16
(insert date)

Notary Public

Printed Name Megan L. Rastovsky

My County of Residence is Lake

In the State of IN

My Commission Expires 6/22/22



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

EXHIBIT "A"

PART OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 18, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF SAID TRACT, THENCE WEST 19 RODS; THENCE SOUTH 8 RODS; THENCE EAST 19 RODS; THENCE NORTH 8 RODS TO THE PLACE OF BEGINNING, EXCEPT THE WEST 100 FEET THEREOF, SITUATED IN LAKE COUNTY, INDIANA.

Property
Address:

12104 Chase Street, Crown Point, IN 46307

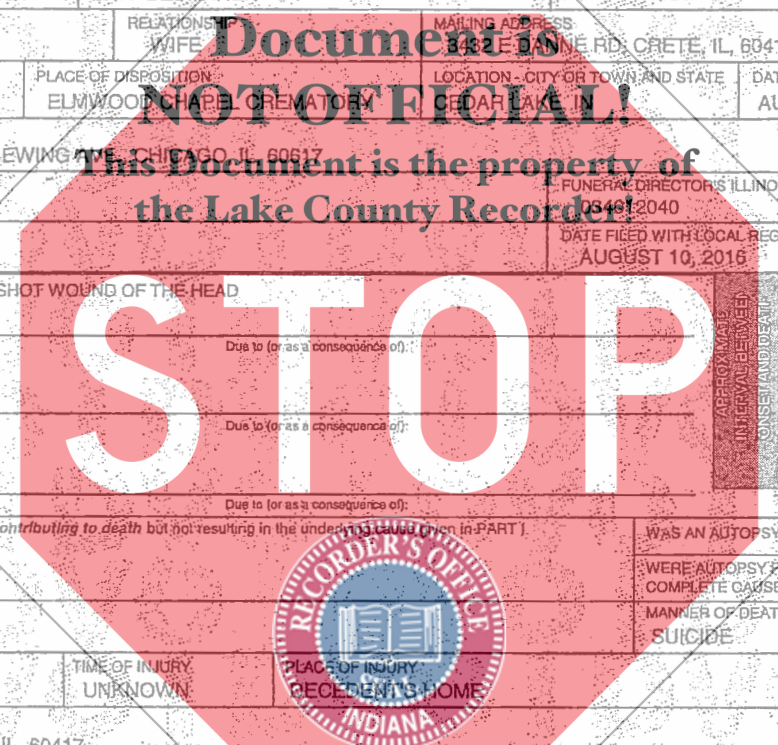


CERTIFICATION OF DEATH RECORD

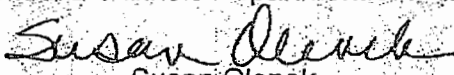
WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2016.0060562 MEDICAL EXAMINER'S CASE NUMBER 16-0338 DATE ISSUED 8/11/2016

DECEDENT'S LEGAL NAME FRANK J. BEDNAREK			SEX MALE	DATE OF DEATH JULY 28, 2016	
COUNTY OF DEATH WILL		AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH FEBRUARY 20, 1946		
CITY OR TOWN CRETE		HOSPITAL OR OTHER INSTITUTION NAME 3432 E DANNE RD			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO HEIGHTS, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JEAN RICCHIUTO		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3432 E DANNE RD		APT. NO.	CITY OR TOWN CRETE		INSIDE CITY LIMITS? NO
COUNTY WILL	STATE IL	ZIP CODE 60417	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BEN BEDNAREK		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNE MIKOS
INFORMANT'S NAME JEAN BEDNAREK		RELATIONSHIP WIFE	MAILING ADDRESS 3432 E DANNE RD, CRETE, IL, 60417		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ELMWOOD CHAPEL CREMATORY	LOCATION - CITY OR TOWN AND STATE CEDAR LAKE, IN	DATE OF DISPOSITION AUGUST 04, 2016	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE, CHICAGO, IL, 60617					
FUNERAL DIRECTOR'S NAME JAMES F. BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 084612040		
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR AUGUST 10, 2016		
CAUSE OF DEATH PART I GUNSHOT WOUND OF THE HEAD 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 (then in PART I)				WAS AN AUTOPSY PERFORMED? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
DATE OF INJURY JULY 28, 2016				MANNER OF DEATH SUICIDE	
TIME OF INJURY UNKNOWN		PLACE OF INJURY DECEDENT'S HOME		INJURY AT WORK? NO	
LOCATION OF INJURY 3432 E DANNE ROAD, CRETE, IL, 60417				IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED: GUNSHOT WOUND RELATED					
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JULY 28, 2016	TIME OF DEATH 05:03 PM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED AUGUST 10, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PATRICK K ONEIL, 158 N SCOTT STREET, JOLIET, IL, 60432				PHYSICIAN'S LICENSE NUMBER	



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.


 Susan Olenek
 Executive Director and Local Registrar
 Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE