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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2016 075033

1605932

AFFIDAVIT OF SURVIVORSHIP

Dana L. Sabotka ("Affiant"), being duly sworn upon her oath deposes and says:

1. That the Affiant is the daughter of Daniel C. Helmick aka Clarence Helmick (DOB: 07/09/1925) and Margaret Helmick (DOB: 01/21/1926), who were husband and wife.
2. That the Affiant is a competent adult, is sixty-two (62) years of age (DOB: 04/11/1954) and is a resident of Cook County, State of Illinois.
3. That Daniel C. Helmick aka Clarence Helmick and Margaret Helmick (the Decedent") acquired title as husband and wife by warranty deed dated October 28, 1970 to certain real estate legally described as follows:

Lot 8, Block 2, Standard Addition, In The City of Whiting, as shown in Plat Book 6, Page 29 in Lake County, Indiana.

and commonly known as: 1835 New York Avenue, Whiting, Indiana 46394
Parcel Number: 45-03-07-230-009.000-025

4. That the marital relationship which existed between Margaret Helmick ("the Decedent") and Daniel C. Helmick aka Clarence Helmick (Husband) continued unbroken from the time they so acquired title to said real estate until the death of Daniel C. Helmick aka Clarence Helmick on July 31, 2009 at which time Margaret Helmick ("the Decedent") acquired title to said real estate.
5. That a copy of the death certificate of Daniel C. Helmick aka Clarence Helmick, (Husband), showing he predeceased Margaret Helmick on July 31, 2009, is identified as Exhibit A, attached hereto and made a copy of this affidavit by reference.
6. That a copy of the death certificate of Margaret Helmick ("the Decedent"), showing her date of death to be March 31, 2016 is identified as Exhibit B attached hereto and made a copy of this affidavit by reference.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 NOV -7 AM 12:30
MICHAEL B. BROWN
RECORDER

CHICAGO TITLE INSURANCE COMPANY

FILED

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NOV 04 2016

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JOHN E. PETALAS
LAKE COUNTY AUDITOR (H) 18 20 50 1267

7. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of Daniel C. Helmick aka Clarence Helmick (Husband) have been fully paid and satisfied.
8. That the undersigned makes this affidavit for the purpose of showing that the said real estate became vested in, Margaret Helmick ("the Decedent") on July 31, 2009 and so that the County Recorder and County Auditor will show on their records that the above described real estate became vested solely in Margaret Helmick ("the Decedent") on July 31, 2009.
9. That the said Margaret Helmick, ("the Decedent"), never remarried after the death of her husband, Daniel C. Helmick aka Clarence Helmick on July 31, 2009.
10. That all of the above representations are true.

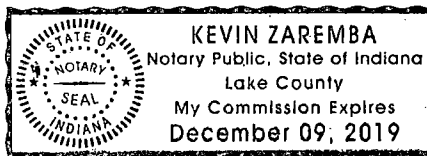


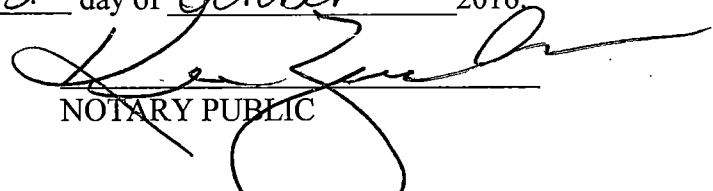
 DANA L. SABOTKA

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared, Dana L. Sabotka, who being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Affidavit of Survivorship are true.

WITNESS MY HAND AND SEAL this 31st day of October 2016.





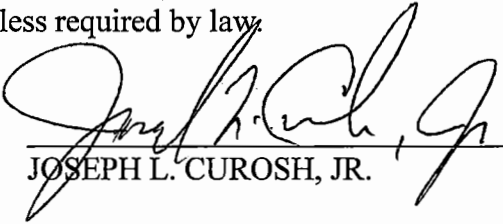
 NOTARY PUBLIC

 PRINTED NAME OF NOTARY PUBLIC

County of Residence: _____

My Commission Expires: _____

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.



JOSEPH L. CUROSH, JR.

This instrument prepared by and after recording return to:

Joseph L. Curosh, Jr. – Attorney Number 3473-45
Curosh & Curosh
1532- 119th Street
Whiting, IN 46394

Mail tax bills to: Dana L. Sabotka (Affiant)
10624 Great Egret Drive
Orland Park, IL 60467

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0026350

DATE ISSUED 4/4/2016

DECEDENT'S LEGAL NAME MARGARET B HELMICK				SEX FEMALE	DATE OF DEATH MARCH 31, 2016
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH JANUARY 21, 1926		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE WHITING, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1835 NEW YORK AVENUE		APT. NO.	CITY OR TOWN WHITING	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46394	FATHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH KORBEL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SOPHIA VAJDULAK	
INFORMANT'S NAME DANA SABOTKA		RELATIONSHIP DAUGHTER		MAILING ADDRESS 10624 GREAT EGRET DRIVE, ORLAND PARK, IL, 60467	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ST JOHN CEMETERY		LOCATION - CITY OR TOWN AND STATE HAMMOND, IN	DATE OF DISPOSITION APRIL 06, 2016
FUNERAL HOME BARON'S BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL 60445					
FUNERAL DIRECTOR'S NAME STEPHANIE A BARON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 4, 2016	
CAUSE OF DEATH PART I. CARDIOPULMONARY ARREST DUE TO SUBARACHNOID HEMORRHAGE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	18 DAYS
b.		Due to (or as a consequence of):			
c.		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.				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 31, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:31 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 31, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH QUINN ALLISON, 1653 W CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125066357	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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