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FILED FOR RECORD

2017 003422

2017 JAN 18 AM 11:57

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On this 18<sup>th</sup> day of January, 2017, before me personally appeared Corianne Salla, who being duly sworn upon her oath states:

- 1. Affiant resides at the address given below the affiant's signature;
- 2. Affiant is the surviving joint owner of the real estate described below;
- 3. Said premises are described below as follows:

Lot 36 in Carriage Crossing Subdivision, Unit 1, Phase 2A, an Addition to the Town of Lowell, as per plat thereof, recorded in Plat Book 88, page 17, and as amended by Certificate of Correction recorded November 27, 2000, as Document No. 2000-086182, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-1927804-018-000-088  
Commonly known as 736 Surrey Drive, Lowell, Indiana 46356.

- 4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Eugene Salla and Corianne Salla, husband and wife;
- 5. Said Eugene Salla died on October 18, 2012, without a Will;
- 6. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;
- 7. Affiant's relationship to the deceased was spouse.



Affiant's Signature Corianne Salla  
 Name Printed Corianne Salla  
 Address 736 Surrey Drive  
Lowell, IN 46356

**FILED**

JAN 18 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

020443

✓ A 21388

B/S, CT

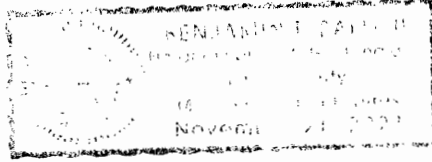
JAS

Subscribed and sworn to before me, a Notary Public, this 18<sup>th</sup> day of January, 2017.

*Benjamin T. Ballou*

Benjamin T. Ballou, Notary Public  
A Resident of Lake County

My Commission Expires:  
November 21, 2023



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.

*Benjamin T. Ballou*

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

Benjamin T. Ballou  
Attorney at Law  
8700 Broadway  
Merrillville, IN 46410

**STOP**

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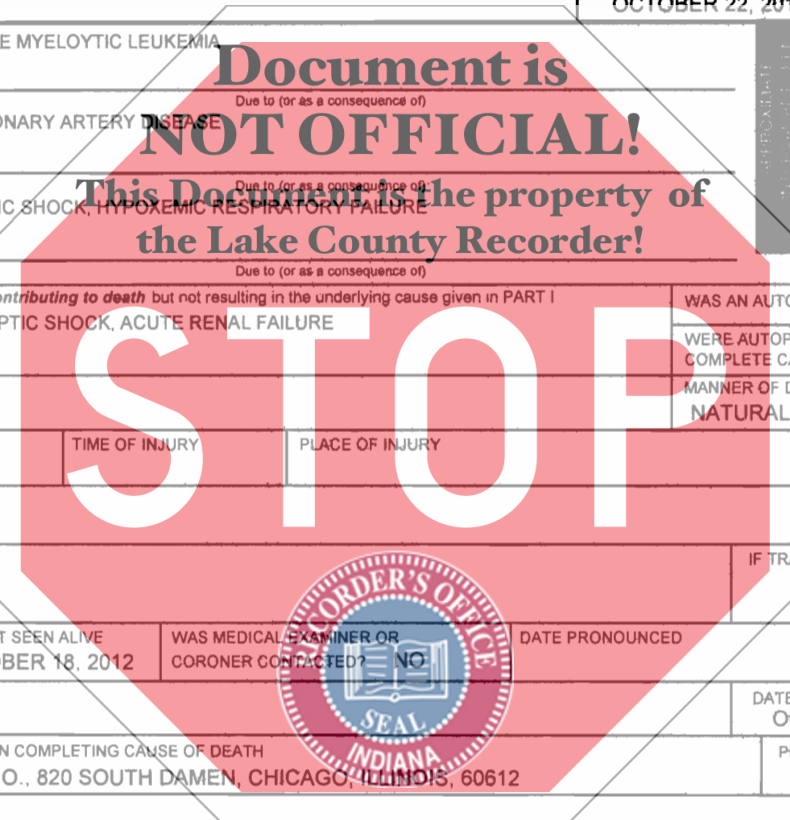
# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2012 0078099

DATE ISSUED 10/23/2012

DECEDENT'S LEGAL NAME EUGENE PAUL SALLA				SEX MALE	DATE OF DEATH OCTOBER 18, 2012
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH MAY 30, 1951		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME VA JESSE BROWN MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE UNKNOWN, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CORIANNE HITCHCOCK	EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 736 SURREY DRIVE		APT. NO.	CITY OR TOWN LOWELL	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46356	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MELVIN SALLA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANCIS CUTTER	
INFORMANT'S NAME CORIANNE SALLA		RELATIONSHIP WIFE	MAILING ADDRESS 736 SURREY DRIVE, LOWELL, IN, 46356		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION OCTOBER 22, 2012	
FUNERAL HOME SWETS FUNERAL SERVICE, 116 CORA CT., THORNTON, IL, 60476					
FUNERAL DIRECTOR'S NAME RONALD SCOTT SWETS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014743		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 22, 2012		
<b>CAUSE OF DEATH</b> PART I ACUTE MYELOIDIC LEUKEMIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	UNKNOWN		UNKNOWN
		b	CORONARY ARTERY DISEASE		UNKNOWN
		c	SEPTIC SHOCK, HYPOXEMIC RESPIRATORY FAILURE		UNKNOWN
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I CORONARY ARTERY DISEASE, SEPTIC SHOCK, ACUTE RENAL FAILURE					
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
LOCATION OF INJURY				MANNER OF DEATH NATURAL	
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 18, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:04 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 19, 2012		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JOSEPH SCHOWALTER, D.O., 820 SOUTH DAMEN, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125057557	



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: TACTILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM