SURVIVORSHIP AFFIDAVIT

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

Saroya Cohen, being first duly sworn upon oath, deposes and says:

1. That Elijah Kelley died on April 6, 2014, in Indiana.

2. That Elijah Kelley and Saroya Cohen were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 10 AND 11, BLOCK 1, IN SUNNYDALE SUBDIVISION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 25, PAGE 79, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

KEY NO.: 45-08-33-401-009.000-004

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance in decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Saroya Cohen

Subscribed and sworn to before me, a Notary Public, this 12th day of October, 2016.

Notary

OFFICIAL SEAL
CYNTHIA A DANIEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/01/20

842085 Inv.

CHICAGO TITLE INSURANCE COMPANY

2017 004471

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN 18 AM 10:41

MICHAEL B. BROWN
RECORDER

FILED

JAN 18 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

$14.00
M-C
224A NC

CK# 18205016 48

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000156 | EDR No 000000378728 | State No

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
ELIJAH KELLEY		MALE	12:41 AM	04/06/2014

5. Social Security Number	6a. Age- Yrs	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	66					07/26/1947	GARY, IN

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 4924 VAN BUREN

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
GARY, IN, 46408	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
SAROYA COHEN	COHEN	GENERATOR STATION	NIPSCO

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	GARY	4924 VAN BUREN		46408	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
SOME COLLEGE CREDIT, BUT NOT A DEGREE	NOT HISPANIC	Black or African American

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
ARIZONE KELLEY	LILLIAN KELLEY	UNAVAILABLE

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
SAROYA COHEN	WIFE	4924 VAN BUREN, GARY, IN 46408

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)	HEIGHTS CREMATORY	CHICAGO HEIGHTS, IL

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311	FH10900001

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE	FD20700033

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal 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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ADENOCARCINOMA OF THE COLON WITH PROGRESSIVE LIVER METASTASIS	ONE YEAR
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. Due to (Or As A Consequence Of):	
	C. Due to (Or As A Consequence Of):	
	D. 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.

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work?
			☐ Yes ☐ No

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death	42. Certifier (Check Only One)
LYLE R MUNN, BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383	01031582A	04/08/2014

46. Additional Funeral Service Provider	47. Akas

48. Signature of Local Health Officer	49. For Registrar Only - Date Filed (Month/Day/Year)
ROLAND H WALKER, VIA ELECTRONIC SIGNATURE	APR 14 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 | ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.