

2017 006484

2017 JAN 30 AM 9:51

MICHAEL B. BROWN
RECORDER



Fidelity National Title
Insurance Company

SURVIVORSHIP AFFIDAVIT

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STATE OF ILLINOIS)
COUNTY OF COOK) SS:

CALEB ADREANI, being first duly sworn upon oath, deposes and says:

1. That RONALD R. MUSTARZ SR. died on January 26, 2014 at CHICAGO, IL (City/State)
2. That RONALD R. MUSTARZ SR. and CHRISTINE D. MUSTARZ were duly and legally married at the time they acquired title as husband and wife to the following described real estate.

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

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) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

[Signature]
Affiant Signature

STATE OF ILLINOIS)
COUNTY OF COOK) SS: **ACKNOWLEDGEMENT**

Before me, a Notary Public in and for said County and State, personally appeared CALEB ADREANI who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 10 day of February, 2017

Resident of COOK County, INDIANA State, Signature [Signature]

My Commission Expires: _____ Printed Joan Lowery

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.

Joan Lowery

This instrument prepared by CALEB ADREANI, 319 W. ONTARIO STE 200, CHICAGO, IL 60622
RTC

FILED

JAN 27 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

010576



15.
ck-609952

EXHIBIT A:

LOCATED IN LAKE COUNTY, IN THE STATE OF INDIANA:

THE SOUTH HALF OF LOT 76, LYNNWAY UNIT 2, AN ADDITION TO THE TOWN OF CEDAR LAKE, AS RECORDED IN PLAT BOOK 98, PAGE 28 IN THE OFFICE OF THE RECORDER, LAKE COUNTY, INDIANA.

BEING THE SAME PREMISES CONVEYED BY DEED RECORDED IN LAKE COUNTY AS DOCUMENT 2007-043711.

PIN: 45-15-33-477-020.000-014



CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0007462				DATE ISSUED 1/30/2014			
DECEDENT'S LEGAL NAME RONALD R MISTARZ SR				SEX MALE		DATE OF DEATH JANUARY 26, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 62 YEARS		DATE OF BIRTH SEPTEMBER 30, 1951			
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER				
PLACE OF DEATH INPATIENT							
BIRTHPLACE HAMMOND, IN		SOCIAL SECURITY NUMBER [REDACTED]		STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHRISTINE D SZOT	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 14749 B CAREY STREET				APT. NO. [REDACTED]		CITY OR TOWN CEDAR LAKE, IN	
INSIDE CITY LIMITS? YES							
COUNTRY LAKE		STATE IN		ZIP CODE 46303		FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANLEY MISTARZ	
						MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADMA STEINKE	
INFORMANT'S NAME CHRISTINE D MISTARZ				RELATIONSHIP WIFE			
				MAILING ADDRESS 14749 B CAREY STREET, CEDAR LAKE, IN 46303			
METHOD OF DISPOSITION BURIAL				PLACE OF DISPOSITION OAKLAND MEMORY LANES, DOLTON, IL		DATE OF DISPOSITION JANUARY 30, 2014	
FUNERAL HOME OPYT FUNERAL HOME, 13350 S. BALTIMORE AVENUE, CHICAGO, IL 60633							
FUNERAL DIRECTOR'S NAME LEO STODDEN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012311			
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JANUARY 29, 2014			
CAUSE OF DEATH - PART I		MYELODYSPLASTIC SYNDROME					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		SEPSIS					
		Due to (or as a consequence of):					
		Due to (or as a consequence of):					
		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 from the underlying cause shown 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 JANUARY 26, 2014		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	
						TIME OF DEATH 05:21 PM	
CERTIFIER PHYSICIAN						DATE CERTIFIED JANUARY 27, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KAREN DUGAN, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637						PHYSICIAN'S LICENSE NUMBER 125-057835	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEAL AT BOTTOM