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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

2017 006826

CHICAGO TITLE INSURANCE COMPANY

On this 1/25/17 before me personally appeared
(insert date)

Joy F. Sanders

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 owner
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 Joy F. Sanders and Josephine E. Ford
Lin A. Sanders

4. Said Josephine E. Ford
(fill in name of co-tenant who died)
died on August 9, 2010

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"

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..



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JAN 31 AM 10:56
MICHAEL B. BROWN
RECORDER

FILED
JAN 30 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$18

CS
NOR
CMB

010612

CK#1820501669

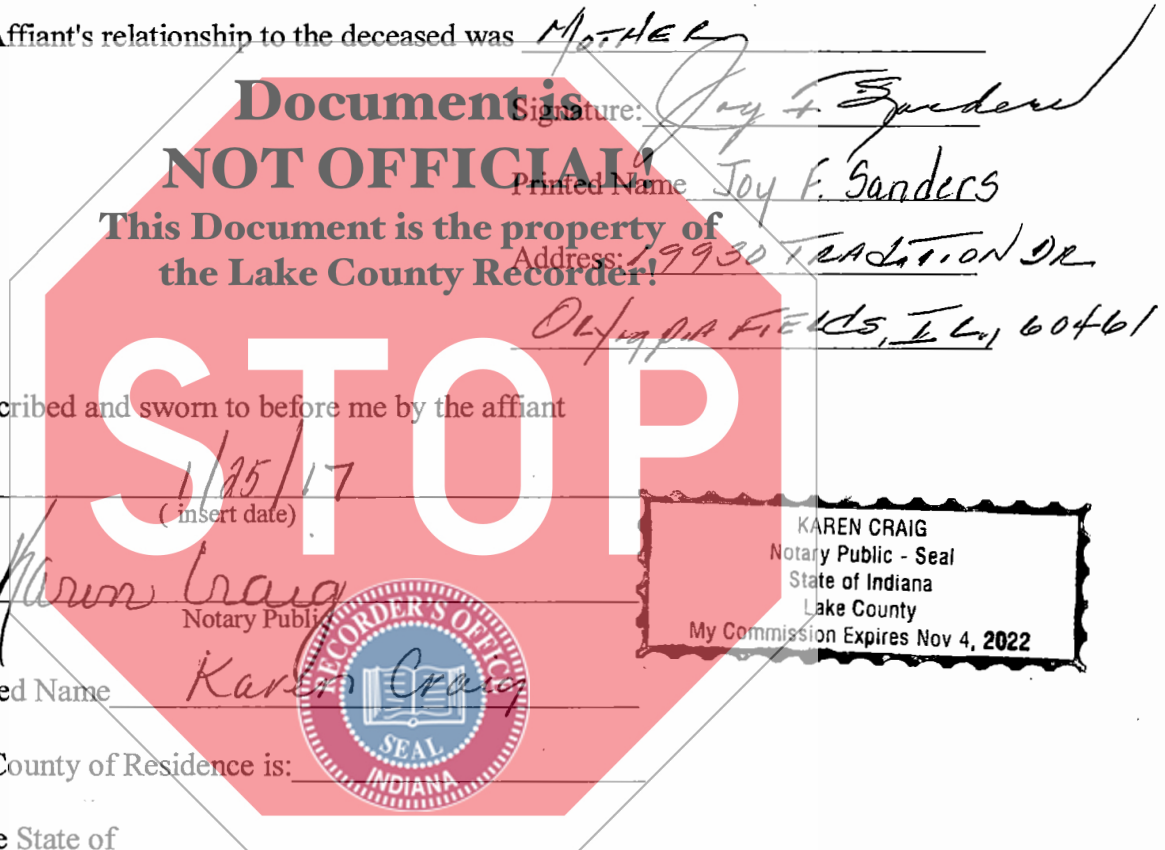
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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was MOTHER



Subscribed and sworn to before me by the affiant

This 11/25/17
(insert date)

Karen Craig
Notary Public
Printed Name Karen Craig

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by Joy F. Sanders
Return To: Joy F. Sanders, 19930 Tradition Drive
Olympia Fields, IL 60461

I affirm, under the penalties for perjury, that I have taken reasonable care to protect each Social Security number in this document, unless required by law.

EXHIBIT "A"

UNIT 4, IN BUILDING 35. IN LAKEWOOD ESTATES CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, CREATED BY A DECLARATION OF CONDOMINIUM, RECORDED DECEMBER 20, 2002, AS DOCUMENT NO. 2002-118268 AND ALL AMENDMENTS THERETO, INCLUDING BUT NOT LIMITED TO THE THIRTY-FIFTH (35TH) AMENDMENT THERETO, RECORDED MARCH 7, 2005 AS DOCUMENT NO, 2005-016565, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS PERTAINING THERETO.

Property
Address:

1447 Lakewood Lane, Schererville, IN 46375



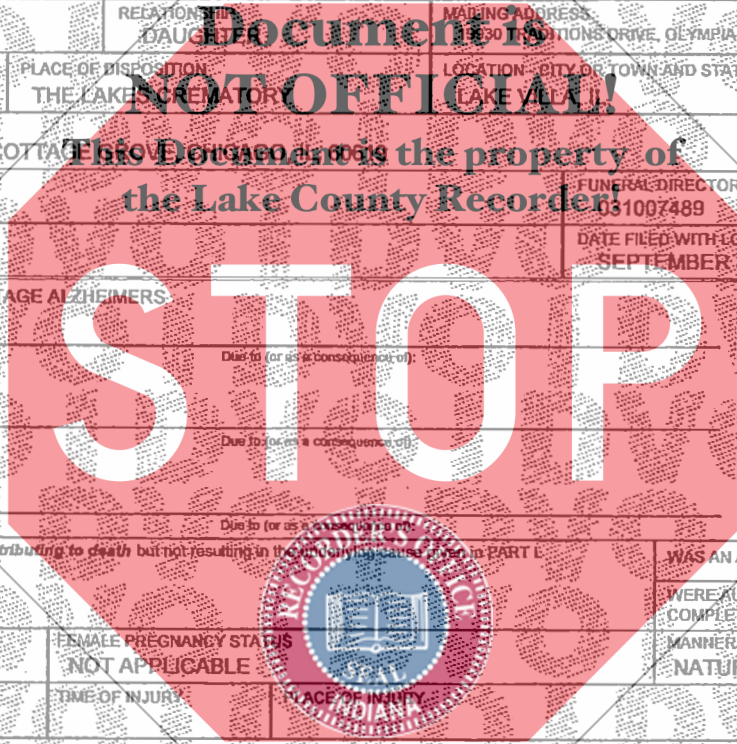
CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2010 0063581

DATE ISSUED 09/08/2010

DECEDENT'S LEGAL NAME JOSEPHINE E FORD		SEX FEMALE	DATE OF DEATH AUGUST 09 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH MAY 30 1917		
CITY OR TOWN OLYMPIA FIELDS		HOSPITAL OR OTHER INSTITUTION NAME 19930 TRADITIONS DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MONTGOMERY AL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 19930 TRADITIONS DRIVE		APT. NO.	CITY OR TOWN OLYMPIA FIELDS	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60461	FATHER'S NAME LEE MC NEIL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE PRISCILA MILES
INFORMANT'S NAME JOY F SANDERS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 19930 TRADITIONS DRIVE, OLYMPIA FIELDS, IL, 60461	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION THE LAKE COUNTY CREMATOR	LOCATION - CITY OR TOWN AND STATE LAKE COUNTY, IL	DATE OF DISPOSITION SEPTEMBER 02, 2010	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE AVENUE, CHICAGO, IL 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 2, 2010	
CAUSE OF DEATH PART I. END STAGE ALZHEIMERS IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 in the immediate cause listed in PART I.				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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 JULY 28, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 22, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHARON MANGUM, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036 069173	



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

