

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

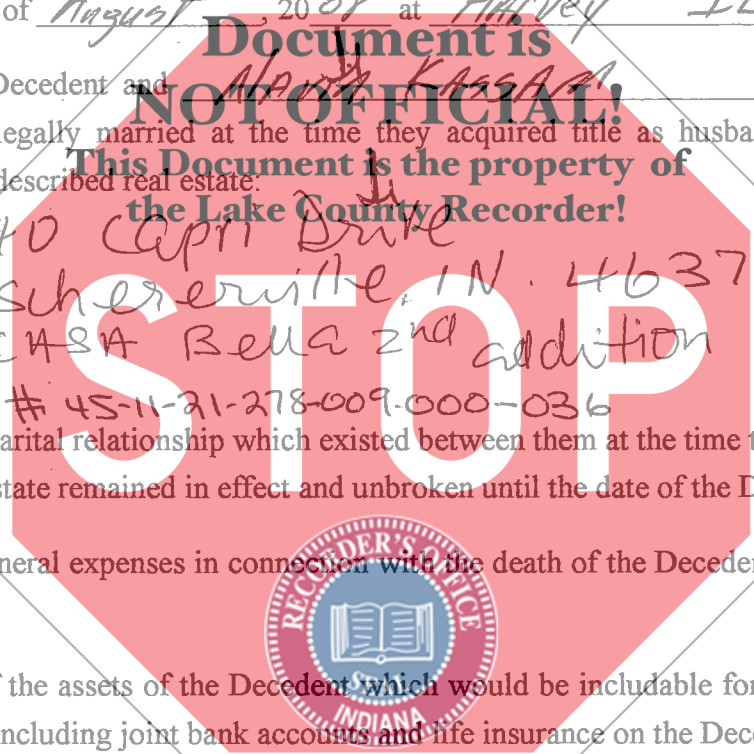
SS: 

NAVIN KASSAM, being first duly sworn upon oath, deposes and says:

1. That SALIM ^{WK} KASSAM (the "Decedent") died on the 30 day of August, 2007 at HARVEY IL.

2. That the Decedent and ANITA KASSAM were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAR 29 2017
MICHAEL B. BROOKS
RECORDER



40 Captin Drive
Schererville, IN. 46375
48A Bella 2nd addition unit 2 Lot #40
45-11-21-278-009-000-036

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 the Decedent's death.

4. That all funeral expenses in connection with the death of the Decedent have been paid in

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

Further affiant sayeth not.

N. Kassam
Signature of Affiant NAVIN KASSAM

Subscribed and sworn to before me, a Notary Public, this 29th day of March, 2017.

FILED
MAR 29 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

011352

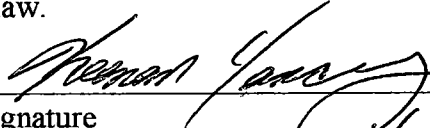
CASH
NC
\$16.00
M²

81

Notary Public

My Commission Expires: 1-8-20

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.

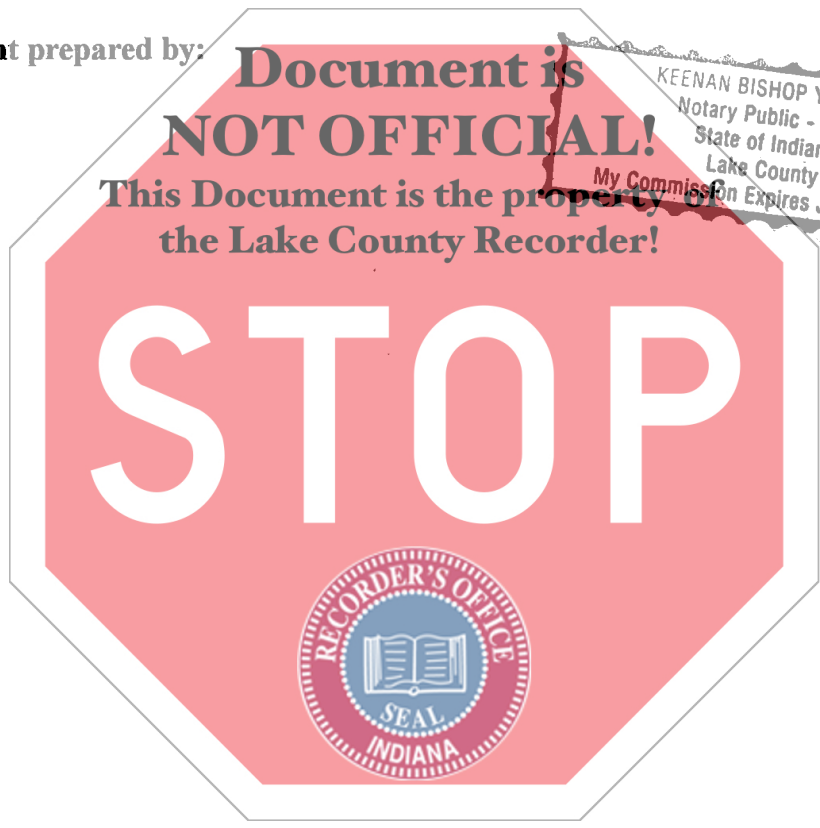

Signature
Print Name- KEENAN YANCEY

County of Residence: LAKE

This Instrument prepared by:

Name:

Address:



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

KEENAN BISHOP YANCEY
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Jan 8, 2020

**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.34**
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **SALIM M. KASSAM** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **AUGUST 30, 2008**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **57** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **MARCH 7, 1951**

7a. CITY OR TOWN **HARVEY** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **INGALLS HOSPITAL**

7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **TANZANIA** 9. SOCIAL SECURITY NUMBER [REDACTED] 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **NAVIN JIWAN** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **2740 CAPRI DRIVE** 13b. APT. NO. 13c. CITY OR TOWN **SCHERERVILLE** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **IN** 13i. STATE **IN** 13g. ZIP CODE **46375** 14. FATHER'S NAME (First, Middle, Last) **MOHAMMAD MUSSEIN KASSAM** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **SHERBANI NIRJI**

16a. INFORMANT'S NAME **NAVIN KASSAM** 16b. RELATIONSHIP **WIFE** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **2740 CAPRI DR. SCHERERVILLE, IN 46375**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **BOWMAN CEMETERY** 19. LOCATION - CITY, TOWN AND STATE **ILLINOIS** 20. DATE OF DISPOSITION (Month/Day/Year) **SEPTEMBER 2, 2008**

21a. FUNERAL HOME NAME **GEILS FUNERAL HOME** STREET AND NUMBER **260 WEST IRVING PARK ROAD** CITY OR TOWN **WOOD DALE, ILLINOIS** STATE **ILLINOIS** ZIP **60191**

21b. FUNERAL DIRECTOR'S SIGNATURE *Eugene S. Geil* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015412**

22. LOCAL REGISTRAR'S SIGNATURE *Fancy J. Clark* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **SEP 03 2008**

CAUSE OF DEATH (See instructions and examples)
24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Chronic Renal Failure**
Due to (or as a consequence of):
b. **Diabetes Mellitus**
Due to (or as a consequence of):
c. **Nelutis**
Due to (or as a consequence of):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **6 months**

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Coronary Artery Disease**
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months
29. MANNER OF DEATH Natural Suicide Could not be determined Accident Homicide Pending Investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **8/30/2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **AUGUST 30, 2008** 40. TIME OF DEATH **8:10** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **Ponnambalam Sundram** 43. PHYSICIAN'S LICENSE NUMBER **036-070565**

44. TITLE OF CERTIFIER **PHYSICIAN** 45. DATE CERTIFIED (Month/Day/Year) **9/3/08** 46. SIGNATURE OF CERTIFIER *[Signature]*

Based on the 2003 U.S. Standard Certificate (Illinois Department of Public Health - Division of Vital Records VR200 (Rev. 1/08))

