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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 049671

2017 AUG -9 AM 10:23

SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Grazyna Sonntag, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Maciej Sonntag died
(without leaving a will) (leaving a will on _____
20 14 at CHICAGO, ILL

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

(See attached)

- 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 included 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.

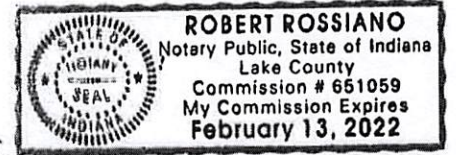
Subscribed and sworn to before me, a Notary Public, this 22ND day of JUNE, 2017.



Robert Rossiano
Notary Public

My Commission Expires: 2-13-2022

County of Residence: LAKE



This Instrument prepared by GRAZYNA SONNTAG

**FIDELITY NATIONAL
TITLE COMPANY**

FB1700419

FILED

AUG 08 2017

JOHN E. PETALAS Daianna Tariton
LAKE COUNTY AUDITOR

026151

"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."

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FW
RV

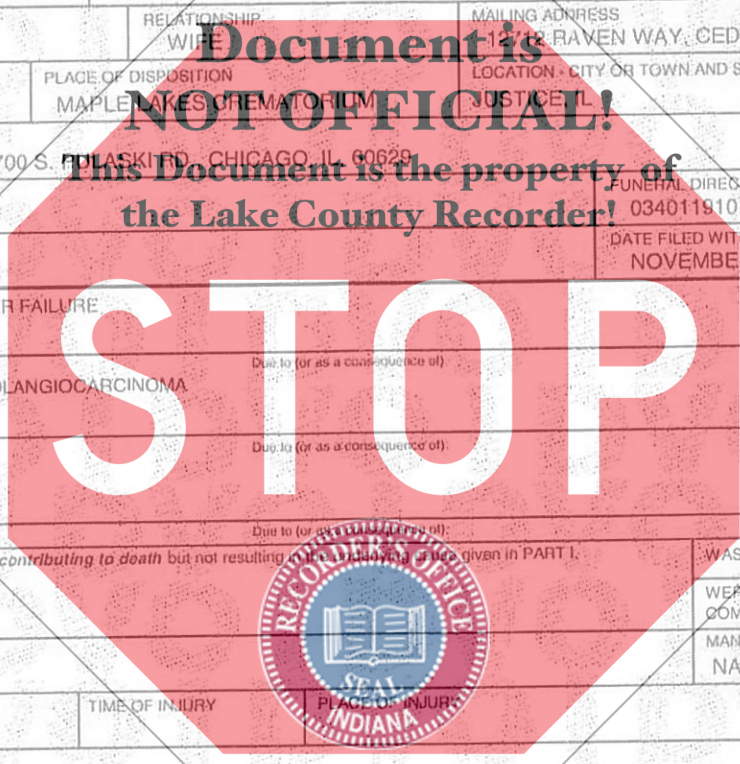
CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0085572

DATE ISSUED 11/12/2014

DECEDENT'S LEGAL NAME MACIEJ JOZEF SONNTAG				SEX MALE	DATE OF DEATH NOVEMBER 09, 2014
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH JANUARY 31, 1950		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GRAZYNA LIS		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 12712 RAVEN WAY		APT. NO.	CITY OR TOWN CEDAR LAKE		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46303	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TADEUSZ SONNTAG		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WLADYSLAWA BARAN
INFORMANT'S NAME GRAZYNA SONNTAG		RELATIONSHIP WIFE	MAILING ADDRESS 12712 RAVEN WAY, CEDAR LAKE, IN, 46303		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MAPLE LAKE CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 12, 2014	
FUNERAL HOME WOLNIAK FUNERAL HOME, 5700 S. PULASKI RD, CHICAGO, IL 60629			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011910		
FUNERAL DIRECTOR'S NAME NANCY ANN WOLNIAK COOK			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 12, 2014		
LOCAL REGISTRAR'S NAME DAVID ORR					
CAUSE OF DEATH PART I. LIVER FAILURE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. CHOLANGIOCARCINOMA c. _____ Due to (or as a consequence of) Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions</i> contributing to death but not resulting in the condition(s) given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE 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 NOVEMBER 09, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:10 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 09, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NATHANIEL STEIGER MD, 5841 S MARYLAND, CHICAGO, ILLINOIS, 60637				PHYSICIAN'S LICENSE NUMBER 125-062805	



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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

EXHIBIT "A"

LOT 295 IN HAVENWOOD PHASE 2, UNIT 4, AN ADDITION TO THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 91 PAGE 49, AND AMENDED BY CORRECTIVE AFFIDAVIT RECORDED SEPTEMBER 27, 2002 AS DOCUMENT NO. 2002 087475, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

45-15-22-170-003-000-014

