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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 070935

2017 OCT 20 AM 9:15

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-09-16-107-019.000-021

DEBRA JOANN DENNISON, being first duly sworn upon oath, deposes and says:

- 1. That **Elsie R. Black**, died on the 18th day of June, 2017 at Rush University Medical Center, Cook County, Illinois.
- 2. That at the time of her death, she held a Life Estate interest in the following described real estate:

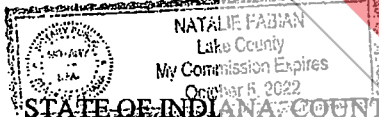
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THE SOUTH 60 FEET OF THE NORTH 240 FEET OF THE NORTH 308 FEET OF THE FOLLOWING DESCRIBED TRACT IN THE CITY OF LAKE STATION, INDIANA, PART OF SCHOOL LOT 5 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE 2nd P.M., DESCRIBED AS COMMENCING AT A POINT ON THE EAST LINE OF ALBERT REICH'S SUBDIVISION AS RECORDED IN PLAT BOOK 29, PAGE 9 (IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA) WHICH IS 330 FEET SOUTH OF THE NORTHEAST CORNER THEREOF; THENCE SOUTHERLY ON SAID EAST LINE 388.81 FEET; THENCE EASTERLY ON A LINE PERPENDICULAR TO SAID EAST LINE 156.8 FEET; THENCE NORTHERLY 388.83 FEET; THENCE WESTERLY ON A LINE PERPENDICULAR TO SAID EAST LINE 160.23 FEET TO THE POINT OF BEGINNING.

COMMONLY KNOWN AS: 2184 ST JOSEPH PLACE, LAKE STATION, IN 46405

- 3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Elsie R. Black.
- 4. That this Affiant's relationship to the Decedent was daughter.

FURTHER, your Affiant saith naught.



Debra Joann Dennison
DEBRA JOANN DENNISON

Subscribed and Sworn to before me, a Notary Public this 10 day of Oct, 2017

My Commission Expires: Oct 5 2022 Signature Natalie Fabian
Resident of Lake County Printed Natalie Fabian, Notary Public

This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Natalie Fabian
Signature of Preparer

Natalie Fabian
Printed Name of Preparer

25-
cm
nr

OCT 18 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

005606

Community Title Company
File No. 712948

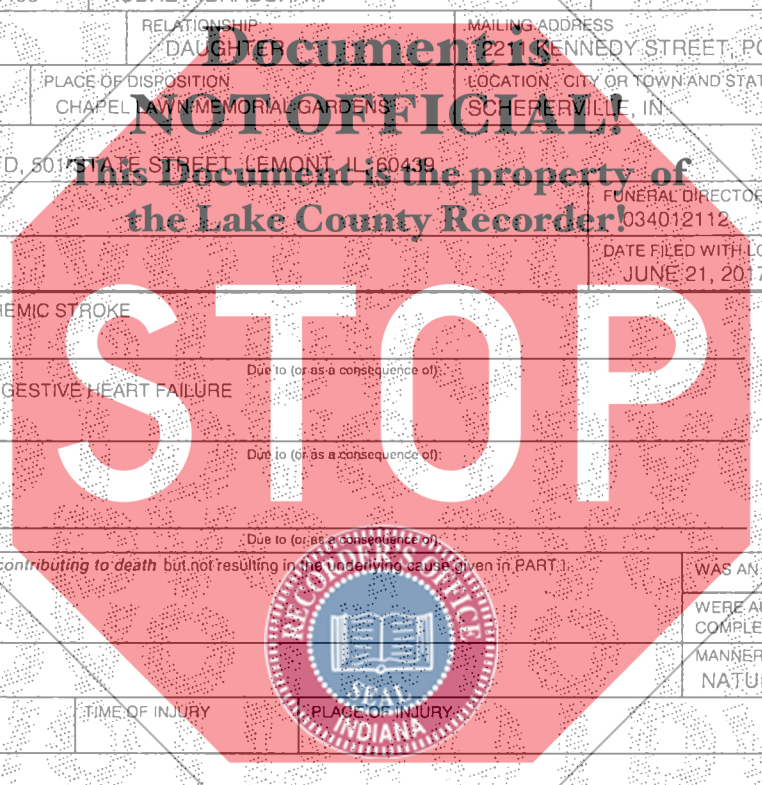
CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2017 0050134

DATE ISSUED 6/23/2017

DECEDENT'S LEGAL NAME ELSIE R. BLACK			SEX FEMALE	DATE OF DEATH JUNE 18, 2017														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH AUGUST 07, 1933															
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER																
PLACE OF DEATH INPATIENT																		
BIRTHPLACE PELL CITY, AL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JASPER BLACK		EVER IN U.S. ARMED FORCES? NO													
RESIDENCE 2184 ST JOSEPH STREET		APT. NO.	CITY OR TOWN LAKE STATION		INSIDE CITY LIMITS? YES													
COUNTY LAKE	STATE IN	ZIP CODE 46405	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AUBREY BRADSHAW	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EFFIE MAE HICKENBOTTOM														
INFORMANT'S NAME DEBRA DENNISON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 22 KENNEDY STREET, PORTAGE, IN, 46368															
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CHAPEL DAVIN MEMORIAL GARDENS	LOCATION: CITY OR TOWN AND STATE SCHEPERSVILLE, IN	DATE OF DISPOSITION JUNE 24, 2017														
FUNERAL HOME GERHARZ FUNERAL HOME LTD, 5017 STATE STREET, GEMONT, IL 60439																		
FUNERAL DIRECTOR'S NAME ANTHONY P. CAPPETTA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112															
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 21, 2017															
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 75%;">ISCHEMIC STROKE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td>Due to (or as a consequence of):</td> </tr> <tr> <td></td> <td>b.</td> <td>CONGESTIVE HEART FAILURE</td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (or as a consequence of):</td> </tr> </table>						CAUSE OF DEATH	PART I	ISCHEMIC STROKE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of):		b.	CONGESTIVE HEART FAILURE		c.	Due to (or as a consequence of):
CAUSE OF DEATH	PART I	ISCHEMIC STROKE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH															
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of):																
	b.	CONGESTIVE HEART FAILURE																
	c.	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.				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 JUNE 18, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:50 PM														
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 18, 2017														
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AMER ZWEIN, 1620 W HARRISON STREET, CHICAGO, ILLINOIS 60612				PHYSICIAN'S LICENSE NUMBER 036142273														



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



D00018269



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
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE