

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 022957

2019 APR 22 AM 10:12

MICHAEL B. BROWN
RECORDER

SURVIVOR'S AFFIDAVIT

JANICE L. KORBEL, hereby referred to as the affiant, states under oath that the affiant was acquainted with JOSEPH KORBEL, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 28 IN RIDGEMOOR FIRST ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 68 PAGE 50, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO: 45-11-17-353-016.000-035

ADDRESS: 1436 KEENLAND WAY, SCHERERVILLE, IN 46375-3034

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on JANUARY 28, 2019, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

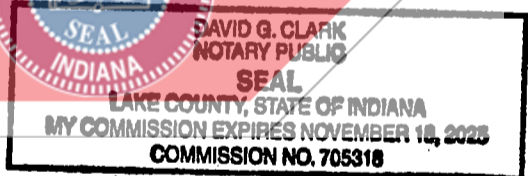
The affiant states no more.

Subscribed and sworn to before me this
11th day of April, 2019.

David G. Clark
Notary Public



Janice L. Korbel
JANICE L. KORBEL



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 - DAVID G. CLARK

PREPARED BY, RECORD AND RETURN TO:

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

001426

FILED

APR 18 2019

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

AMOUNT \$ 25000
CASH _____ CHARGE _____
CHECK # 3245
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY JRS

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2019-0009345

DATE ISSUED 2/7/2019

DECEDENT'S LEGAL NAME JOSEPH R. KORBEL			SEX MALE	DATE OF DEATH JANUARY 28, 2019																								
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH JULY 28, 1938																									
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER																										
PLACE OF DEATH INPATIENT																												
BIRTHPLACE WHITING, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JANICE L ROE	EVER IN U.S. ARMED FORCES? NO																							
RESIDENCE 1436 KEENLAND WAY		APT. NO.	CITY OR TOWN SCHERERVILLE		INSIDE CITY LIMITS? YES																							
COUNTY LAKE	STATE IN	ZIP CODE 46375	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH KORBEL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SOPHIA UNKNOWN																							
INFORMANT'S NAME JANICE KORBEL		RELATIONSHIP SPOUSE	MAILING ADDRESS 1436 KEENLAND WAY, SCHERERVILLE, IN, 46375																									
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY		LOCATION - CITY OR TOWN AND STATE CHICAGO, HEIGHTS, IL	DATE OF DISPOSITION																								
FUNERAL HOME CASTLE HILL FUNERAL HOME, 248 155TH PLACE, CALUMET CITY, IL, 60409																												
FUNERAL DIRECTOR'S NAME CHRISTOPHER CHARLES CHELBANA				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015299																								
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR FEBRUARY 5, 2019																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I:</td> <td style="width: 50%;">METASTATIC WALDEN STROM MACROGLOBULINEMIA</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%;"></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> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>ASPIRATION PNEUMONIA</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>ACUTE RENAL FAILURE</td> <td></td> </tr> <tr> <td colspan="6">PART II: Enter other <i>significant conditions contributing to death</i>, but not resulting in the underlying cause given in PART I.</td> </tr> </table>						CAUSE OF DEATH	PART I:	METASTATIC WALDEN STROM MACROGLOBULINEMIA	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.	ASPIRATION PNEUMONIA			c.	ACUTE RENAL FAILURE		PART II: Enter other <i>significant conditions contributing to death</i> , but not resulting in the underlying cause given in PART I.					
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				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 28, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:58 PM																								
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 01, 2019																								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JINGZHOU WANG MD, 5841 MARYLAND AVE, CHICAGO, ILLINOIS				PHYSICIAN'S LICENSE NUMBER 125072150																								

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.

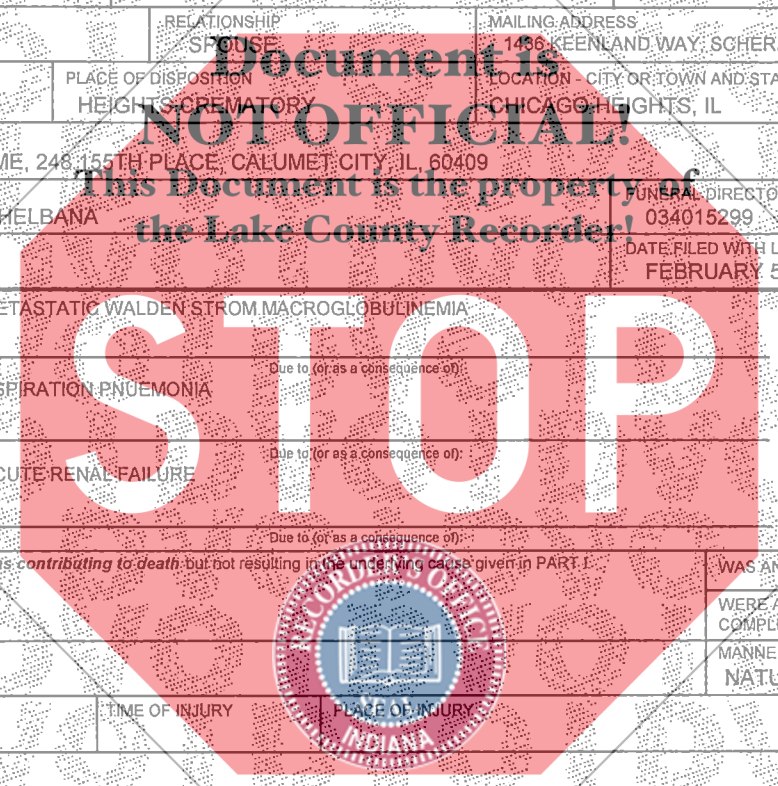

 Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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