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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 035297

2019 JUN 12 AM 10:21

MICHAEL B. BROWN  
RECORDED

**AFFIDAVIT of SURVIVORSHIP**

TAX: I.D. NO. 45-16-21-301-008.000-041, 45-16-21-302-001.000-041, 45-16-21-302-002.000-041

ALLEN HORNER being first duly sworn upon oath, deposes and says:

1. That Affiant's mother, PATRICIA R. HORNER A/K/A PATRICIA RUTH HORNER, died (without leaving a will) (leaving a will) on May 14, 2015 at Advocate Christ Medical Center, Oak Lawn, IL.
2. That they were duly and legally married at the time they acquired title as Lewis Horner and Patricia R. Horner, Husband and Wife in the following described real estate:

PARCEL 1: LOT SIX (6), HORNER'S SUBDIVISION, AS SHOWN IN PLAT BOOK 35, PAGE 48, IN LAKE COUNTY, INDIANA.

PARCEL 2: LOTS FOUR (4) AND FIVE (5), HORNER'S SUBDIVISION, AS SHOWN IN PLAT BOOK 35, PAGE 48, IN LAKE COUNTY, INDIANA.

Commonly known as: 1203 W 129<sup>th</sup> Ave., Crown Point, IN 46307

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 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, your Affiant saith naught.

*Allen Horner*

002130

ALLEN HORNER

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public, \_\_\_\_\_, 2019.

Commission Number 677797

My Commission Expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Signature

Printed

*Elizabeth J. Webster*

ELIZABETH J. WEBSTER

Seal

Notary Public - State of Indiana

Porter County

My Commission Expires Jan 12, 2024

Notary Public

This instrument prepared by

NATHAN D. VIS, Attorney at Law, ID No. 29535-45

VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303

No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

FILED  
JUN 12 2019

JOHNE BETALAS  
LAKE COUNTY AUDITOR

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 of Preparer

ELIZABETH J. WEBSTER

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

COMMUNITY TITLE COMPANY  
FILE NO. 1916373

By: *[Signature]*

CK 109 11



# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0040439

MEDICAL EXAMINER'S CASE NUMBER ME2015-01986

DATE ISSUED 5/21/2015

DECEDENT'S LEGAL NAME PATRICIA RUTH HORNER			SEX FEMALE	DATE OF DEATH MAY 14, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH JUNE 04, 1941		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE HAMILTON, IN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LOUIS HORNER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1203 WEST 129TH	APT. NO.	CITY OR TOWN CROWN POINT	INSIDE CITY LIMITS? NO	
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLAYTON RAYMOND WEISS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RHEA PARROTT
INFORMANT'S NAME WAYNE A HORNER		RELATIONSHIP BROTHER IN LAW	MAILING ADDRESS 7104 WEST 126TH AVENUE, CROWN POINT, IN, 46307	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHAPEL LAWN MEMORIAL GARDENS	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION MAY 22, 2015	
FUNERAL HOME JAMES J MCPHEE FUNERAL SERVICE, 601 RICHARD AVENUE, ASHTON, IL, 61006				
FUNERAL DIRECTOR'S NAME JAMES J MC PHEE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010071	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 20, 2015	
<b>CAUSE OF DEATH</b> PART I. MULTIPLE INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. AUTOMOBILE COLLISION				
c. _____ 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 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 ACCIDENT	
DATE OF INJURY MAY 14, 2015	TIME OF INJURY 04:01 PM	PLACE OF INJURY AUTOMOBILE	INJURY AT WORK? NO	
LOCATION OF INJURY ROUTE 394 AND BURVILLE, CRETE, IL, 60417				
DESCRIBE HOW INJURY OCCURRED: AUTOMOBILE COLLISION			IF TRANSPORTATION INJURY, SPECIFY: PASSENGER	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 14, 2015	TIME OF DEATH 05:35 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 20, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

APPROXIMATE  
INTERVAL BETWEEN  
ONSET AND DEATH



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