#### **SURVIVORSHIP AFFIDAVIT**

On this 16th day of September, 2019 before me, personally appeared Patricia L. Moran to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Patricia L. Moran
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Edward H. Moran and Patricia L. Moran;
- 4. Edward H. Moran passed away on 4/5/2015 leaving a will / no will (circle one);
- 5. The legal description of the premises in question is: THE SOUTH 54.15 FEET OF LOT 126 IN LYNNSWAY UNIT 3, IN THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 98, PAGE 29, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

14908-A Carey Street a/k/a 14908 Carey Street # A, Cedar Lake, IN 46303 Property Address: 45-19-04-226-001.000-057 Parcel ID: Is there Federal or State inheritance tax liability by reason of the death of said descendent? Yes (No)(circle one) -If yes, then estimated taxes due are \$ paid The taxes due are: unpaid OF Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? Yes (No)(circle one) S (If yes, identify the divorce proceedings:  $\dot{\mathbb{Z}}$ 8. Affiant's relationship to the decea ocument is the property of the Lake County Record

Patricia L. Moran EDGESTONE WAY (Address) Ö S STATE OF Illinois ) SS: ACKNOWLEDGMENT COUNTY OF COUNTY

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Patricia L. Moran, who acknowledged the execution of the foregoing Survivorship Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 16th day of September, 2019.

My Commission Expires:

8-17-2027

Resident of: COOK County of: TLUWIS

Printed:

"OFFICIAL SEAL" LENORA C. DENNIS Notary Public, State of Illinois My Commission Expires 08-17-2022

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. Lisa Palmer

Prepared by: Liberty Title & Escrow Company, LLC, Janice Lorraine Shei, Attorney, (25092-46), 505 Silhavy Road, Suite 600, Valparaiso, IN 46383

Liberty Title & Escrow File #: T8V19006127

Of See AHAdre Death Contilienter

FILED

SEP 2 4 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR



2015 0030349

STATE FILE NUMBER

## CERTIFICATION OF DEATH RECORD





### CITY OF HARVEY CITY CLERKS OFFICE

# HARVEY, ILLINOIS

## **MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2	015 0030	349							", DA	TE ISSUED	4/17/2015	
DECEDENT'S LEGAL NAME EDWARD H MORAN	N SR							SEX MALE	DATE OF DEAT APRIL 05,			
COUNTY OF DEATH COOK				AST BIRTHDA	Υ		DATE OF E	BIRTH ARY 09, 1940		*		
CITY OR TOWN HARVEY							ER INSTITUTION			·		
PLACE OF DEATH INPATIENT								•	:			
BIRTHPLACE SOCIAL SECURITY CHICAGO, IL			NUMBER	STATUS AT 1		DF DEATH SURVIVING SPOUS PATRICIA			E/CIVIL UNION PARTNER'S MAIDEN NAME LIZZIO		EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 22419 LEDGE STONE WAY				APT. NO.			OR TOWN	•		INSIDE CITY LIMITS? YES		
COUNTY · WILL	STATE	ZIP CODE 60423	JOHN	MORAN	PRIOR TO FIRST N	ARRIAG	E/CIVIL UNION	DOROTHY	A LANG	FIRST MARRIAGE/	NOINU JIVK	
INFORMANT'S NAME PATRICIA MORAN	ME OCUMEN			n	MAILING ADDRE		FRANKFORT, I	RANKFORT, IL, 60423				
METHOD OF DISPOSITION BURIAL		PLAC GOO	OF DISPO	SITION RD CATHOLIC	CEMETERY	T	ORLAND P	Y OR TOWN AND		E DISPOSITION		
FUNERAL HOME KURTZ MEMORIAL CHAPEL, 65 OKT FRANKFORT WAY, FRANKFORT, 11, 60423 OPERTY OF												
FUNERAL DIRECTOR'S NAM JENNIFER L BERLO	lE .							FUNERAL DIRECTOR	CTOR'S ILLINOIS I	ICENSE NUMBER	₹	
LOCAL REGISTRAR'S NAME NANCY L CLARK								DATE FILED WI APRIL 14,	TH LOCAL REGIST	RAR		
CAUSE OF DEATH	PART I. (	CARDIAC ARR	EST					4	TP. WEEN			
(Final disease or condition resulting in death)	<b>b</b> . F	PULMONARY	AILURE	Due t	o (or as a consequenc	o of):			APPROXIMA INTERVAL BEIN ONSET AND DE			
*	<b>c</b> . [	RENAL FAILUR	RE	Due t	o (or as a consequenc	:e of):			AE INTER ONSE			
	-		· · · · ·	Duo t	o (or as e consequenc	e of):			<u> </u>			
PART II. Enter other significa	nt conditi	ons contributing	to death b	t not resulting in the punertying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO				
					, marginaria	No.			PLETE CAUSE O			
FEMALE PREGNANCY STAT	us <sup>.</sup>		A CONTRACTOR OF THE PARTY OF TH					NER OF <b>DEATH</b> ATURA <b>L</b>				
DATE OF INJURY			TIME OF IN	IURY [	PLACE OF IN	JURY	7			INJURY AT	WORK?	
LOCATION OF INJURY						111			-			
DESCRIBE HOW INJURY OCCURRED:									IF TRANSPORTATION INJURY, SPECIFY:			
ATTEND THE DECEASED?		E LAST SEEN AL INKNOWN	IVE		AL EXAMINER OR ONTACTED?	NO	DATE P	RONOUNCED		TIME OF DEA 04:35 AN		
CERTIFIER PHYSICIAN										DATE CERTIFIED APRIL 09, 2015		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AKBAR RAHMANI, 19550 GOVERNORS HWY, FLOSSMOOR, ILLINOIS, 60422									I	PHYSICIAN'S LICENSE NUMBER 036-052283		
							,		÷			

D81848

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.

anly L.

NANCY L. CLARK

LOCAL REGISTRAR