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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 065139

2019 SEP 24 AM 11:20

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Lijiang Mansmith a/k/a Li Mansmith being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Harold Mansmith a/k/a Harold M. Mansmith, and that Harold Mansmith a/k/a Harold M. Mansmith and Lijiang Mansmith a/k/a Li Mansmith were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in Lake County, Indiana to-wit:

Lot 22, in Block 10, in Forestdale, in the City of Hammond, as per plat thereof, recorded in Plat Book 20, page 16, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 6735 Schneider Avenue, Hammond, IN 46323

2. The marital relationship which existed between Harold Mansmith a/k/a Harold M. Mansmith and Lijiang Mansmith a/k/a Li Mansmith continued unbroken from the time they so acquired title to said real estate until the death Harold Mansmith a/k/a Harold M. Mansmith on May 19, 2019, at which time Lijiang Mansmith a/k/a Li Mansmith acquired title as surviving tenant by the entireties. A copy of the Certificate of Death is attached.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

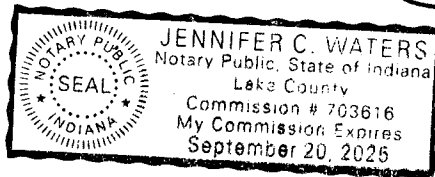
AFFIANT FURTHER SAYETH NOT.

Lijiang Mansmith
Lijiang Mansmith a/k/a Li Mansmith

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared Lijiang Mansmith a/k/a Li Mansmith and acknowledged the execution of the foregoing Affidavit, this 20th day of September, 2019.

MY COMMISSION EXPIRES:
September 20, 2025

Jennifer Waters
Jennifer Waters
A Resident of Lake County



MAIL TAX BILLS TO: Lijiang Mansmith a/k/a Li Mansmith
19927 S. Pine Hill Rd., Frankfort, IL 60423

TAX KEY NO: 45-07-09-152-010.000-0231
INSTRUMENT PREPARED BY: Douglas R. Kvachkoff, Attorney at Law
325 N. Main Street, Crown Point, IN 46307
File No. IN-19-61928-01

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.

Angela Andersen

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

FILED

043070

SEP 24 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$25.00
✓
#27345

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2019 0041144

DATE ISSUED 5/30/2019

DECEDENT'S LEGAL NAME HAROLD M MANSMITH		SEX MALE	DATE OF DEATH MAY 19, 2019
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH OCTOBER 02, 1944	
CITY OR TOWN OLYMPIA FIELDS	HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN HEALTH - OLYMPIA FIELDS		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT			
BIRTHPLACE HARVEY, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S BIRTH NAME EL LI
RESIDENCE 19927 SOUTH PINE HILL ROAD		APT. NO.	CITY OR TOWN FRANKFORT
INSIDE CITY LIMITS? YES		EVER IN U.S. ARMED FORCES? YES	
COUNTY WILL	STATE IL	ZIP CODE 60423	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HAROLD MANSMITH
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED MAHER		MAILING ADDRESS 19927 SOUTH PINE HILL ROAD, FRANKFORT, IL 60423	
INFORMANT'S NAME EL MANSMITH	RELATIONSHIP WIFE	FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER 03401841	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION MAY 28, 2019
FURNAL HOME ROBERT J. SHEEHY AND SONS - ORLAND, 9000 W 151ST STREET, ORLAND PARK, IL 60462			
GENERAL DIRECTOR'S NAME ROBERT SHEEHY		DATE FILED WITH LOCAL REGISTRAR MAY 23, 2019	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR MAY 23, 2019	
CAUSE OF DEATH PART I CARDIAC ARREST	IMMEDIATE CAUSE [REDACTED]		
<p align="center">Document is NOT OFFICIAL! This Document is the property of the Cook County Recorder! STOP</p>			
PART II Enter other significant conditions contributing to death (as a result of the injury or condition of the PART I)		WAS AN AUTOPSY PERFORMED? NO	
REMARKS/PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL
LOCATION OF INJURY		INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED		IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 08:54 PM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAFIA ALI, 1291 EAGLE STREET, JOLIET, ILLINOIS, 60432		DATE CERTIFIED MAY 21, 2019	
		DECEASED'S LICENSE NUMBER 036107622	

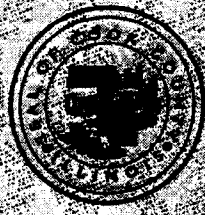
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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