

Affidavit of Survivorship

4710259-05
State of Indiana

County of Lake

Return to: Dawn Tetlak/AEG
5455 Detroit Rd, STE B AD
Sheffield Village, OH 44054
440-716-1820 2
1st

I Isabel Campos, residing at 441 N True St Griffith, IN. 46319, and being of legal age, do state the following:

1. That by Deed dated March 30, 2012 and recorded on March 30, 2012 as Document Number: 2012-022056, of the Lake County records, the Affiant Isabel Campos and her husband, Ricardo A Campos, became the owner of the property legally described in Exhibit A, attached hereto and commonly known as 441 N True St Griffith, IN. 46319.
2. That Ricardo A Campos expired on July 17, 2016, and his Death Certificate is attached hereto.
3. This affidavit is made for the purpose of furnishing a recordable document showing the termination of interest held by Ricardo A Campos, upon his death.



I certify under penalty of perjury that I know the contents of this Affidavit and that the statements are true and correct.

Isabel Campos Date 2/11/20
Isabel Campos

On this 11th day of February, 2020, before me personally appeared Isabel Campos, known to me to be the individual described in and who has executed the foregoing instrument in my presence.



TERI M. SAVOLA, Notary Public
Lake County, State of Indiana
My Commission Expires April 10, 2024

NOTARY PUBLIC

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 (Kecia Williams)

041436

PREPARED BY: Kecia Williams

FILED

FIRST FINANCIAL BANK
225 PICTORIA DRIVE
CINCINNATI, Ohio 45246

MAR 16 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: _____

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2020-017978

2020 Mar 17 8:40 AM

25.00
193367
JB

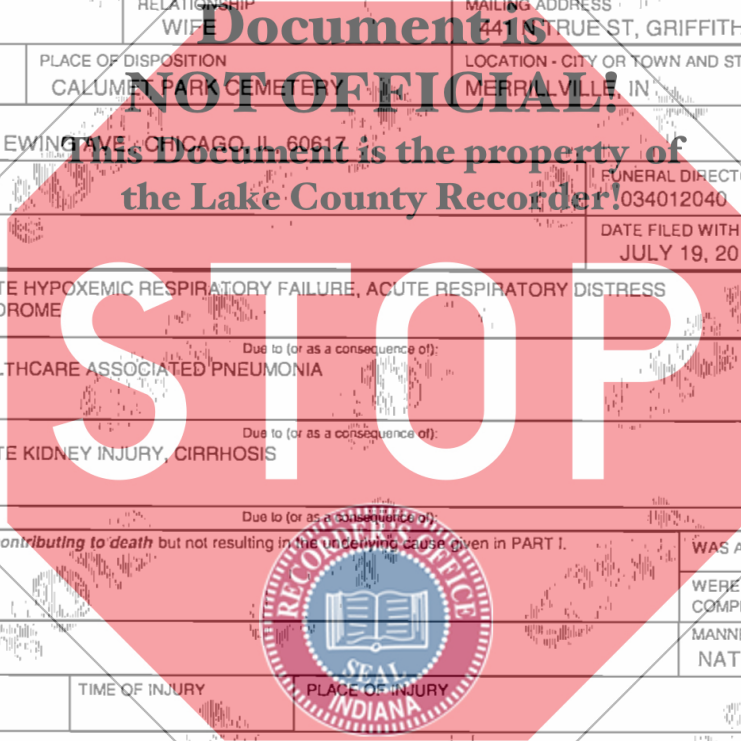
CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0055814

DATE ISSUED 7/19/2016

DECEDENT'S LEGAL NAME RICARDO A CAMPOS			SEX MALE	DATE OF DEATH JULY 17, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH JANUARY 14, 1950		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ISABEL MORALES		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 441 N TRUE STREET		APT. NO.	CITY OR TOWN GRIFFITH		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46319	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK CAMPOS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIRGINIA AVALOS	
INFORMANT'S NAME ISABEL CAMPOS		RELATIONSHIP WIFE	MAILING ADDRESS 441 N TRUE ST, GRIFFITH, IN, 46319		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CALUMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION JULY 22, 2016	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE, CHICAGO, IL, 60617					
FUNERAL DIRECTOR'S NAME JAMES F. BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 19, 2016		
CAUSE OF DEATH					
PART I. ACUTE HYPOXEMIC RESPIRATORY FAILURE, ACUTE RESPIRATORY DISTRESS SYNDROME					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. Due to (or as a consequence of):					
b. HEALTHCARE ASSOCIATED PNEUMONIA					
c. Due to (or as a consequence of):					
ACUTE KIDNEY INJURY, CIRRHOSIS					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY				MANNER OF DEATH NATURAL	
PLACE OF INJURY				INJURY AT WORK?	
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:					
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE JULY 17, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:20 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 17, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SAMANTHA KNOPP, 251 E HURON ST, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 125068358	



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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE