

2020-068235

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

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2020 Sep 25 10:41 AM

AFFIDAVIT FILED PURSUANT TO TRANSFER ON DEATH DEED

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COMES NOW Sylvia L. Terry, the Affiant herein, and for her Affidavit Filed Pursuant To Transfer On Death Deed, deposes and states as follows:

1. On or about the 2nd day of June, 2015, Lillian S. Terry executed a Transfer on Death Deed, transferring on her death to the Affiant, Sylvia L. Terry, the following described real estate, commonly known as 7400 Forest Avenue, Gary, Indiana:

Lot 99, except the North 85 feet, measured from and Parrallel to the North Line thereof, in Robert Bartlett's Marquette Park Estates, in the City of Gary, as per plat thereof recorded in Plat Book 27, Page 29 in the Office of the Recorder of Lake County, Indiana.

2. The Transfer on Death Deed executed by Lillian S. Terry, was recorded in the Office of the Recorder of Lake County on June 5, 2015 as Document Number 012654.

3. On August 28, 2020, Lillian S. Terry died, as evidenced by a certified copy of the Medical Certificate of Death, which is attached hereto.

4. The purpose of this Affidavit is to place on record in the Office of the Recorder of Lake County, Indiana, notice that Lillian S. Terry died on August 28, 2020.

5. As a result of the Transfer On Death Deed executed by Lillian S. Terry before her death, the above-described parcel of real estate should be held in the name of the Affiant, Sylvia L. Terry, only.

FURTHER AFFIANT SAYETH NAUGHT.



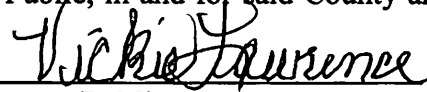
Sylvia L. Terry, Affiant

FILED

SEP 25 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 25th day of September, 2020.

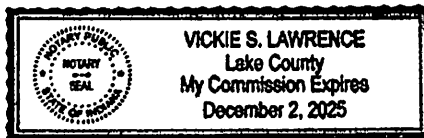


Notary Public

003721

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CAS4
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My Commission Expires: 12/02/2025
My County of Residence is Lake County, Indiana



CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Adriana Covarrubias
Witness Signature

ADRIANA COVARRUBIAS
Witness Printed Name

PROOF:

STATE OF Indiana

COUNTY OF Lake

Before me a Notary Public in and for said County and State, Dated on 9 / 25 / 2020, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Adriana Covarrubias to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S) Sylvia L. Terry execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Heather Rodziewicz
NOTARY PUBLIC SIGNATURE

Heather Rodziewicz
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of
Seal



My Commission Expires: 7-23-2023
Commission No: _____

CERTIFICATION OF DEATH RECORD

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


STATE FILE NUMBER 2020 0081399

DATE ISSUED 9/10/2020

DECEDENT'S LEGAL NAME LILLIAN TERRY			SEX FEMALE	DATE OF DEATH AUGUST 28, 2020																			
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS		DATE OF BIRTH OCTOBER 29, 1941																				
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL																					
PLACE OF DEATH INPATIENT																							
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO																			
RESIDENCE 7400 FOREST AVENUE		APT. NO.	CITY OR TOWN GARY		INSIDE CITY LIMITS? YES																		
COUNTY LAKE	STATE IN	ZIP CODE 46403	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SYLVESTER ROBINSON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUBERTA CROSSLEY																		
INFORMANT'S NAME SYLVIA LYNN TERRY		RELATIONSHIP DAUGHTER		MAILING ADDRESS 7400 FOREST AVENUE, GARY, IN, 46403																			
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GARY OAK HILL CREMATORY		LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION SEPTEMBER 08, 2020																		
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619																							
FUNERAL DIRECTOR'S NAME CHARLES B. TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097																				
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 3, 2020																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 15%;">PART I. ATRIAL FIBRILLATION</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td colspan="3" rowspan="4"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a. _____ <small>Due to (or as a consequence of)</small></td> </tr> <tr> <td></td> <td>b. HYPERTENSION _____</td> </tr> <tr> <td></td> <td>c. BACTEREMIA _____</td> </tr> <tr> <td colspan="6" style="text-align: center;"><small>Due to (or as a consequence of)</small></td> </tr> </table>						CAUSE OF DEATH	PART I. ATRIAL FIBRILLATION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____ <small>Due to (or as a consequence of)</small>		b. HYPERTENSION _____		c. BACTEREMIA _____	<small>Due to (or as a consequence of)</small>					
CAUSE OF DEATH	PART I. ATRIAL FIBRILLATION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																					
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	b. HYPERTENSION _____																						
	c. BACTEREMIA _____																						
<small>Due to (or as a consequence of)</small>																							
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 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 AUGUST 28, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 09:25 AM																		
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 28, 2020																			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BIANCA DI CHIARO, 2160 SOUTH 1ST AVENUE, MAYWOOD, ILLINOIS, 60153				PHYSICIAN'S LICENSE NUMBER 125075857																			

1479910

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

TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

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