

2013 03/22/22

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 MAY -2 PM 2:2
MICHAEL...
RECORDED



Fidelity National Title Insurance Company

SURVIVORSHIP AFFIDAVIT

New Mexico
STATE OF INDIANA)
COUNTY OF Permanente

SS:

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-012751
8:31 AM 2021 Feb 9

DAVID A Reynolds

being first duly sworn upon oath, deposes and says:

1. That Ann B Reynolds died on Oct 4, 2011 at 4:05 pm
2. That DAVID A Reynolds and Ann B Reynolds were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
* Ann Reynolds and David Reynolds

SEE ATTACHED LEGAL

FILED
FEB 08 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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 includable 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.

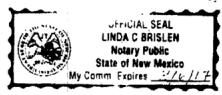
FILED
MAY 02 2013
PEGGY HOLINGA KATONA
LAKE COUNTY

Dated 4/10/2013

Further affiant sayeth not.

David A Reynolds
David A. Reynolds Affiant Signature

Subscribed and sworn to before me at Permanente on this 10th day of April, 2013 (4-10-2013)
personally appeared David A. Reynolds



Notary Public

My Commission Expires: 3/16/17 (3-16-17)

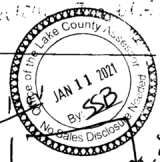
County of Residence: Sandoval County, New Mexico

This Instrument prepared by David A Reynolds
#312324

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.

David A. Reynolds

Re-recording to complete transfer of title



002517

Handwritten notes and signatures, including "02-59-08001" and "CCH 08/08/2011".

NOT AN OFFICIAL DEATH RECORD

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

STATE FILE NUMBER 2011 0074312

DATE ISSUED 10/13/2011

DECEASED'S LEGAL NAME JO ANN BOGDANOR HURD REYNOLDS				SEX FEMALE	DATE OF DEATH OCTOBER 04 2011
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH AUGUST 21 1940		
CITY OF DEATH CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3100 NORTH SHERIDAN ROAD			
DECEASED'S HOME					
REPORTING AGENCY SAINT LOJ S. MC	FEDERAL SECURITY NUMBER 498-44-3188	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DAVID REYNOLDS	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 3100 NORTH SHERIDAN ROAD		APT. NO. 108	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
DECEASED'S NAME COOK	STATE IL	ZIP CODE 60657	FATHER CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN MARLOW BOGDANOR	MOTHER CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ETHEL ADELE LYTLE	
DECEASED'S NAME DAVID REYNOLDS		RELATIONSHIP HUSBAND	MAILING ADDRESS 3100 NORTH SHERIDAN ROAD CHICAGO, IL 60657		
MANNER OF DEATH CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION OCTOBER 07 2011	
PLACE OF BURIAL					
CREMATION SOCIETY OF ILLINOIS - LAKEVIEW, 736 WEST ADDISON STREET, CHICAGO, IL 60613					
MARRIAGE OFFICER'S NAME GERALD F SULLIVAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165		
MARRIAGE OFFICER'S SIGNATURE DAVID CRR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 7, 2011		
CAUSE OF DEATH OVARIAN CA					
MAY BE SUBJECT TO INQUIRY BY VITAL RECORDS UNIT					
Due to () as a consequence of _____ Due to () as a consequence of _____ Due to () as a consequence of _____					
PART I - Immediate significant conditions contributing to death and resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? UNKNOWN	
FEMALE PRE-PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN	
MANNER OF DEATH NATURAL					
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
I. TYPE AND MECHANISM OF INJURY				II. TRANSPORTATION INJURY SPECIFY	
ATTENDING PHYSICIAN NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:05 PM	
PHYSICIAN PHYSICIAN			DATE CERTIFIED OCTOBER 05, 2011		
NAME ADDRESS AND PHONE OF PERSON COMPLETING CAUSE OF DEATH JOSHUA HAUSER 251 EAST HURON CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036-098497		

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

