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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-012945

9:14 AM 2021 Feb 9

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-12-03-204-023.000-030

MARK SZUSTER, being first duly sworn upon oath, deposes and states:

- 1. That Affiant's aunt, MARIA KOSEFF, died on January 7, 2017 at Cook County, Illinois.
- 2. That Christ Koseff a/k/a Chris Koseff and Maria Koseff were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:
LOT 8, BLOCK 5, SUBDIVISION OF BLOCKS 2, 3 AND 5, AND A RESUBDIVISION OF LOTS 28, 29, 30 AND 31, BLOCK 4, GEORGIA HEIGHTS SUBDIVISION, AS SHOWN IN PLAT BOOK 30, PAGE 48, LAKE COUNTY, INDIANA.

Commonly known as: 5429 DEXTER DR., MERRILLVILLE, IN 46410

- 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 included 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.

FURTHER, your Affiant saith naught.

Mark Szuster
MARK SZUSTER

STATE OF WI, COUNTY OF Ozaukee SS:

Before me, the undersigned, a Notary Public in and for said county and state this 1st day of February, 2021, personally appeared **MARK SZUSTER**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 8/7/2021 Signature: [Signature]
County of Residence: Ozaukee Printed: Susan T Pallo, Notary Public

FILED
FEB 08 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
CASE NO. 2121007

SUSAN T PALLO
NOTARY PUBLIC
STATE OF WISCONSIN

85.00
KIK
CK15090

NOT AN OFFICIAL DOCUMENT

EXECUTED AND DELIVERED IN MY PRESENCE:

Julia Mentzel Witness Signature
Julia Mentzel Witness' Printed Name

STATE OF WI) County of Ozaukee)

Before me, a Notary Public in and for said County and State, personally appeared the above named WITNESS Julia Mentzel to the foregoing instrument, who, being duly sworn by me, did depose and say that he/she knows **MARK SZUSTER** to be the individual(s) described herein and who executed the foregoing instrument in the Witness's presence, and that the above named described Witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 1st day of February 2021

Susan T Pallo Notary Public Signature
Susan T Pallo Notary Public Printed Name

Commission Number: NA
My Commission Expires: 8/7/2021
Resident of Ozaukee County

SUSAN T PALLO
NOTARY PUBLIC
STATE OF WISCONSIN

This instrument prepared by

NATHAN D. VIS, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation
of deed or form of holding ownership. All information used
supplied by title company.

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.

Darleen S. Birchell
Signature

DARLEEN S. BIRCHEL
Printed Name

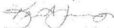
NOT AN OFFICIAL DOCUMENT

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2017 0001862		MEDICAL EXAMINER'S CASE NUMBER ME2017-00112		DATE ISSUED 3/4/2020	
DECEDENT'S LEGAL NAME MARIA KOSEFF			SEX FEMALE	DATE OF DEATH JANUARY 07, 2017	
COUNTRY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH OCTOBER 30, 1928		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE (OR OTHER PREDECESSOR'S NAME) & EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 5429 DEXTER DRIVE		APT. NO.	CITY OR TOWN MERRILLVILLE		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46410	FATHER-IN-LAW'S NAME PRIOR TO FIRST MARRIAGE-COOL LINDY STANISLAW SZEW CZYK		MOTHER-IN-LAW'S NAME PRIOR TO FIRST MARRIAGE-COOL LINDY LUCYNA SAPPETO
INFORMANT'S NAME CHRIS KOSEFF		RELATIONSHIP HUSBAND	MAILING ADDRESS 5429 DEXTER DRIVE, MERRILLVILLE, IN, 46410		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CALLIMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION JANUARY 14, 2017	
FUNERAL HOME BARON'S BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL, 60445					
FUNERAL DIRECTOR'S NAME STEPHANIE A BARON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR JANUARY 11, 2017		
CAUSE OF DEATH PART I: ORGANIC CARDIOVASCULAR DISEASE					
IMMEDIATE CAUSE (final disease or condition resulting in death)					
a. _____ Due to (or as a consequence of)					
b. _____ Due to (or as a consequence of)					
c. _____ Due to (or as a consequence of)					
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause (eggs) PART I					
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MULTIPLE INJURIES DUE TO MOTOR VEHICLE STRIKING FIXED OBJECT				WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY JANUARY 3, 2017				TIME OF INJURY 06:01 PM	PLACE OF INJURY AUTOMOBILE
LOCATION OF INJURY WEST 62ND AVENUE AND MARCELLA BLVD, HOBART, IN, 46342				MANNER OF DEATH ACCIDENT	
DESCRIBE HOW INJURY OCCURRED: PASSENGER IN MOTOR VEHICLE THAT STRUCK A FIXED OBJECT				IN TRANSPORTATION INJURY, SPECIFY PASSENGER	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PROMOSKICED JANUARY 07, 2017	TIME OF DEATH 03:03 AM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED JANUARY 10, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER 1243069	

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