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GINA FIMENTEL
RECORDER
2021-044343
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
8:39 AM 2021 Jun 28

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

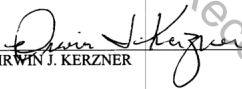
SURVIVORSHIP AFFIDAVIT

I, IRWIN J. KERZNER, this 8th day of JUNE 2021, being first duly sworn upon oath, states as follows:

1. This affidavit is based upon my personal knowledge, and I will testify to the following under oath if so required.
2. I am over the age of eighteen (18).
3. I am the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 406 Hickory Lane, Munster, IN 46321 and more particularly described as follows:

LOT 6, BLOCK 3, MUNSTER MANOR ADDITION TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 46, PAGE 8, LAKE COUNTY, INDIANA.
4. That the affiant and IDELLE B. KERZNER were married on the 4th day of September 1984 and not divorced. That I acquired title to said real estate with my spouse on the OCTOBER 21, 1991 by a deed of conveyance. That title to the real estate was held as tenants by the entirety. That IDELLE B. KERZNER died on the 22nd day of January 2015; at which time the real estate became the sole property of the affiant.
5. That any required Federal Estate Tax Return has been filed and the assessed taxes paid.
6. That this affidavit is being filed to clarify the title to the real estate.

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.


IRWIN J. KERZNER

FILED
JUN 25 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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#11700
TS

NOT AN OFFICIAL DOCUMENT

STATE OF ILLINOIS)
)
COUNTY OF COOK)

SS: ACKNOWLEDGEMENT

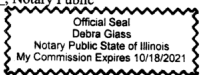
Before me, a Notary Public in and for said County and State, this 8 day of June 2021, IRWIN J. KERZNER acknowledged the execution of this affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 10/18/21

Signature [Signature]

Resident of Cook County

Printed _____ Notary Public



Send tax bills to _____

[Signature]

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

This instrument prepared by:
Jonathan Petersen (26893-45)
Law Office of Jonathan D. Petersen
1544 45th Avenue, Suite 3
Munster, IN 46321
219-803-4550

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH RECORD

SKOKIE HEALTH DEPARTMENT
SKOKIE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0007740

DATE ISSUED 3/4/2015

DECEDENT'S LEGAL NAME IDELLE BARBARA KERZNER		SEX FEMALE	DATE OF DEATH JANUARY 22, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH JULY 22, 1955		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME SKOKIE HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME IRWIN KERZNER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9343 KILBOURN AVENUE		APT. NO.	CITY OR TOWN SKOKIE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60076	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JACK ROSENBLUM	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MYRA LEVINSON
INFORMANT'S NAME IRWIN KERZNER		RELATIONSHIP HUSBAND	MAILING ADDRESS 9343 KILBOURN AVENUE, SKOKIE, IL, 60076	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SUNSET MEMORIAL LAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE NORTHBROOK, IL	DATE OF DISPOSITION JANUARY 28, 2015	
FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NORTH SKOKIE BOULEVARD, SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME DOUGLAS MACISAAC			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014265	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR JANUARY 28, 2015	
CAUSE OF DEATH PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. [REDACTED]		2 DAYS
		b. Due to (or as a consequence of):		
		c. Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
LACTIC ACIDOSIS, RENAL AND PRERENAL AZOTEMIA			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			PLACE OF INJURY	MANNER OF DEATH NATURAL
TIME OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 22, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:20 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 28, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JACK MORGAN, 9669 KENTON AVENUE, SKOKIE, ILLINOIS, 60076			PHYSICIAN'S LICENSE NUMBER 058-048974	

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.

Catherine A. Counard, M.D., M.P.H.
Catherine A. Counard, M.D., M.P.H.
Local Registrar/Director of Health
Skokie, Illinois



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE