

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-044463

2:45 PM 2021 Jun 28

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

Parcel No: 45-19-15-100-002.000-037

On this 23rd day of June, 2021 before me personally appeared Grady Humphries to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is Grady Humphries, who is the owner of real property/premises that is subject of this affidavit;
3. Said premises is described as follows (legal description):

That part of the Northwest $\frac{1}{4}$ of Section 15, Township 33 North, Range 9 West of the 2nd Principal Meridian, described as follows: Commencing at a Monument at the Northwest corner of said Northwest $\frac{1}{4}$; thence South 1 degree 03 minutes 05 seconds East, along the West line of said Northwest $\frac{1}{4}$, 1332.00 feet to a nail for a point of beginning; thence North 88 degrees 56 minutes 55 seconds East, along a line that intersects the East line of said Northwest $\frac{1}{4}$ at a steel pipe set at a point 1241.45 feet (as measured along said East line) South of the Northeast corner of said Northwest $\frac{1}{4}$, 1785.25 feet to a steel pipe; thence South 1 degree 03 minutes 05 seconds East, parallel with the West line of said Northwest $\frac{1}{4}$, 488.00 feet; thence South 88 degrees 56 minutes 55 seconds West 1785.25 feet to a nail on the West line of said Northwest $\frac{1}{4}$; thence North 1 degree 03 minutes 05 seconds West, along said West line, 488.00 feet to the point of beginning; all in Lake County, Indiana.

Commonly known as: 16605 Parrish Ave., Lowell, IN 46356

4. Said property is/was formerly owned by Grady Humphries and Barbara Humphries, as Husband and Wife.
5. Said Barbara Humphries died on March 13, 2009 and is survived by her husband, Grady Humphries; the parties were married on March 9, 1962 and remained married on the date of death of Barbara Humphries. See attached Death Certificate.
6. The purpose of this Affidavit is to remove the name of said deceased spouse, Barbara Humphries, as owner of said property.

FILED

JUN 28 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25
CS
RN

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Affiant's Signature Grady Earl Humphries
Name Printed Grady ~~H~~ Humphries (AKA) Grady Earl Humphries
Address 16605 Parish Ave.
Lowell, IN 46356
Phone # 773-742-3054

Subscribed and sworn before me by the Affiant this 23rd day of June, 2021.

My Commission expires 02/15/2024

[Signature]

Notary Public



Paul Rossi, Lake

Printed name & County



*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.

(Signature)

[Signature]

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

201 Mar 09

STATE FILE NUMBER

LOCAL FILE NUMBER

1. DECEASED'S LEGAL NAME (Include Middle Initial, Maiden, Last) **Barbara Humphries** 2. SEX **Female** 3. DATE OF DEATH (Month/Day/Year) **March 13, 2009**

4. CAUSE OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Month/Day/Year) **67** 5b. UNDECEASED 1. Year **1942** 2. Date of Birth (Month/Day/Year) **AUGUST 9, 1942**

7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION'S NAME (If not in white, give street and number) **4612 N Drake**

8. PLACE OF DEATH (Check only one; see instructions) Occurred in a hospital Occurred elsewhere OTHER THAN A HOSPITAL Home Emergency Room/Outpatient Dead on Arrival Decedent's home Other (Specify)

9. BIRTHPLACE (City and State or Foreign Country) **Jackson, TN** 10. SOCIAL SECURITY NUMBER **[REDACTED]** 11. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown **Grady Humphries** Yes No

12a. RESIDENCE (Street and Number) **4612 N Drake** 12b. APT. NO. **Chicago** 12c. CITY OR TOWN **Chicago** 12d. ZIP CODE **60625** 12e. CITY OR TOWN **Chicago** 12f. STATE **IL** 12g. ZIP CODE **60625** 13. FATHER'S NAME (First, Middle, Last) **Carl H. Bovkin** 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Ruth Mae Moody**

15a. DECEASED'S NAME **David Humphries** 15b. RELATIONSHIP **Son** 15c. MARRIAGE ADDRESS (Street and No., City or Town, State, ZIP Code) **1038 Seaview Ct., Schaumburg, IL 60190**

16. METHOD OF EXPOSITION Natural Convulsion Drowning Electrocution Other (Specify) **Rosehill** 17. PLACE OF EXPOSITION (Name of cemetery, crematory, other) **Chicago** 18. LOCATION - CITY, TOWN AND STATE **Chicago** 19. DATE OF DEPOSITION (Month/Day/Year) **March 18, 2009**

20a. FUNERAL HOME NAME **Cooney Funeral Home** 20b. STREET AND NUMBER **3918 W Irving Pkrd** 20c. CITY OR TOWN **Chicago, IL** 20d. STATE **IL** 20e. ZIP **60618**

21a. FUNERAL DIRECTOR'S SIGNATURE **Matthew Cooney** 21b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **11875**

22. LOCAL REGISTRAR'S SIGNATURE **Willy Johnson, MD** 22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAR 17 2009**

23. LOCAL REGISTRAR'S SIGNATURE **Willy Johnson, MD** 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAR 17 2009**

24. CAUSE OF DEATH (See Instructions and examples) **Arteriosclerotic Cardiovascular Disease** 25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

26. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or vascular obstruction without showing etiology. If the decedent had a terminal illness, Parkinson's Disease, or Parkinson's - dementia Complex, indicate in Part I as it is, DO NOT abbreviate. Enter only one cause per line. Add additional lines if necessary.

27. END TOBACCO USE Current Former Never Unknown Yes No Unknown Yes No Unknown

28. DATE OF INJURY (Month/Day/Year) 29. TIME OF INJURY A.M. P.M. 30. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 31. RESULT AT WORK Yes No

32. DESCRIBE HOW INJURY OCCURRED 33. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. (ICD-10) (DO NOT) ATTEND THE DECEASED (Month/Day/Year) 36. YES MEDICAL EXAMINER OR CORONER CONTACTED Yes No 37. DATE PROCLAIMED (Month/Day/Year) 38. TIME OF DEATH A.M. P.M.

39. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner - On the basis of examination and/or investigation, to my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

40. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Form 54) **Dr. Michel J. Humiller 2121 W. Harrison St., Chicago, Illinois 60612-3705** 41. PHYSICIAN'S LICENSE NUMBER **[REDACTED]**

42. NAME OF CERTIFIER **THE MEDICAL EXAMINER** 43. DATE CERTIFIED (Month/Day/Year) **March 14, 2009** 44. SIGNATURE OF CERTIFIER **Matthew Cooney, MD**

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY SHALL BE KEPT IN THE OFFICE OF THE REGISTRAR AND NOT REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

Handwritten signature and notes

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
1500 EAST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62762

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Based on the 2003 U.S. Standard Certificate (Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VISSCO (Form 1000)