

2 NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-020574

12:38 PM 2022 Jun 28

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake)

SS:

N
Sybil Bonds

being first duly sworn upon oath, deposes and says:

1. That Lorenzo Bonds died on February 17 2021 at Zion, IL (N. (City/State))
2. That Lorenzo Bonds and Sybil Bonds were duly and legally married at the time they acquired title as husband and wife to the following described real estate: LOT 19 IN OCTAVE CONCRETE ADDITION TO GRAY, AS PLETT AT THERE, RECORDED FEBRUARY 25, 1913 IN Plat Book 10, Page 31 IN OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. LOT W43RA Di GARY IN MAP PROPERTY ID ~~45-45-023-CORP~~ 45-08-25-452-011-46408-000, 004
3. That the marital relationship which exists between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (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.

Further affiant sayeth not.

Sybil N. Bonds
Signature
Sybil N. Bonds

STATE OF Indiana)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Sybil N Bonds who acknowledged the execution of the foregoing instrument, and who having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24th day of June, 2022

Resident of LAKE County, Indiana. Signature Montaye Will
My Commission Expires: March 17, 2029 Printed Montaye Williams

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. Montaye Will (Name)

This instrument prepared by JAMA BONDS

FILED
JUN 28 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

MONTAYE WILLIAMS
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0732492
My Commission Expires Mar 17, 2029

25
CASH
LK

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY
WAUKEGAN, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0018930

DATE ISSUED 3/29/2021

DECEDENT'S LEGAL NAME LORENZO V BONDS		SEX MALE	DATE OF DEATH FEBRUARY 17, 2021	
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH AUGUST 05, 1944		
CITY OR TOWN ZION		HOSPITAL OR OTHER INSTITUTION NAME 2520 ELISHA AVENUE		
PLACE OF DEATH CANCER TREATMENT OF AMERICA				
BIRTHPLACE BROWNSVILLE, TN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SYBIL WASSON	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 10694 BENTON STREET		APT. NO.	CITY OR TOWN CROWN POINT	INSIDE CITY LIMITS? NO
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LV BONDS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUTISHA MABON
INFORMANT'S NAME SYBIL BONDS		RELATIONSHIP WIFE	MAILING ADDRESS 10694 BENTON STREET, CROWN POINT, IN, 46307	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION EVERGREEN MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE HOBART, IN	DATE OF DISPOSITION FEBRUARY 27, 2021	
FUNERAL HOME GOLDEN GATE FUNERAL HOME, 2036 W. 79TH STREET, CHICAGO, IL, 60620				
FUNERAL DIRECTOR'S NAME SYLVESTER DUNN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014576	
LOCAL REGISTRAR'S NAME JANET E KILKELLY			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 26, 2021	
CAUSE OF DEATH PART I. RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a.		Due to (or as a consequence of):		
b. ACUTE MYELOID LEUKEMIA				
c. MODS		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.			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?	
			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK? NO	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 24, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SYED ABUTALIB, 2520 ELISHA AVENUE, ZION, ILLINOIS, 60099			PHYSICIAN'S LICENSE NUMBER 036118492	

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.

Robin M. O'Conna
Lake County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

