

# NOT AN OFFICIAL DOCUMENT

2022-526748  
06/29/2022 11:21 AM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## FILED

Jun 29 2022 SLG  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

### SEND TAX BILLS TO:

Susan I. Bates  
7543 Grand Avenue  
Hammond, IN 46323

### RECORDED DOCUMENT TO:

Attorney Lisa A. Kma  
1022 - 119<sup>th</sup> Street  
Whiting, IN 46394

## SURVIVORSHIP AFFIDAVIT

**Susan I. Bates**, an interested person herein, being duly sworn, says:

1. That **Richard L. Bates** died on the 12<sup>th</sup> day of February, 2021. A redacted copy of the Owner's Death Certificate is attached to this Affidavit and made part of it by reference.
2. That **Richard L. Bates** and **Susan I. Bates**, held fee simple title, as **husband and wife (tenants by the entireties)**, in the property commonly known as **7543 Grand Avenue, Hammond, IN 46323**, and further described as follows:

Lot 3 in Tri-State Manor Unit 3 to Hammond, as per plat thereof, recorded in Plat Book 32, page 37, in the Office of the Recorder of Lake County, Indiana.

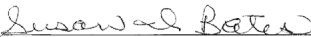
**Parcel Number:** 45-07-15-181-003.000-023

3. That the marital relationship which existed between them remained in effect and unbroken until the date of the death of **Richard L. Bates**.
4. That due to the death of **Richard L. Bates**, fee simple title in the above-described real estate now vests solely in **Susan I. Bates**.
5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Susan I. Bates, 7543 Grand Avenue, Hammond, IN 46323**.

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Further your affiant sayeth not.

Dated this 28 day of June, 2022.

  
Susan I. Bates

STATE OF INDIANA        )  
  ) SS  
COUNTY OF LAKE        )

Before me, a Notary Public in and for said county and state, personally appeared Susan I. Bates, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

  
Nicole S. Rauner, Notary Public  
Resident of Lake County, IN  
My Commission #NP0739146 Expires: 02/14/2030



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. - Lisa A. Kmak

*This instrument prepared by Lisa Kmak, LLC, 1022 - 119<sup>th</sup> Street, Whiting, IN 46394, 219/659-1355 at the specific bequest of the Affiant based solely on information supplied by one or more of the parties to this conveyance, and without examination of title or abstract. The drafter assumes no liability for any errors, inaccuracy, or omissions in this instrument resulting from the information provided, the parties hereto signifying their assent to this disclaimer by the Affiant's execution.*

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## KANE COUNTY CLERK REGISTRAR GENEVA, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0014019

DATE ISSUED 2/16/2021

DECEDENT'S LEGAL NAME RICHARD LENOS BATES				SEX MALE	DATE OF DEATH FEBRUARY 12, 2021
COUNTY OF DEATH KANE	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH FEBRUARY 27, 1950			
CITY OR TOWN NORTH AURORA		HOSPITAL OR OTHER INSTITUTION NAME 808 BENNETT DRIVE			
PLACE OF DEATH DAUGHTERS RESIDENCE					
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S M maiden NAME SUSAN PROKOPCJO	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 7543 GRAND AVENUE		APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46323	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RICHARD L BATES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY ANN BETTERTON	
INFORMANT'S NAME SUSAN BATES		RELATIONSHIP WIFE	MAILING ADDRESS 808 BENNETT DRIVE NORTH AURORA, IL, 60542		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEVILLE, IL	DATE OF DISPOSITION FEBRUARY 16, 2021	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - AURORA, 4255 WESTBROOK DRIVE, AURORA, IL 60504					
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610		
LOCAL REGISTRAR'S NAME JOHN ANDREW CUNNINGHAM			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 16, 2021		
CAUSE OF DEATH PART I CONGESTIVE HEART FAILURE					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH		
		b.			
		c.			
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I. CEREBROVASCULAR ACCIDENT					
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		MANNER OF DEATH NATURAL	
LOCATION OF INJURY				INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 10, 2021	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:33 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 12, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY AMIN, 580 WATERS EDGE DR, LOMBARD, ILLINOIS, 60148				PHYSICIAN'S LICENSE NUMBER 036-087155	

347984

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.

  
 John A. Cunningham  
 Kane County Clerk and Registrar

