

NOT AN OFFICIAL DOCUMENT

FILED

Apr 13 2023 GM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-510764
04/14/2023 10:10 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, **Gerald H. Copeland**, being first duly sworn upon his oath, deposes and says:

1. That he is the spouse of **Patricia A. Copeland** the deceased, and is knowledgeable of the facts stated herein.

2. That **Gerald H. Copeland** and **Patricia A. Copeland** acquired title as husband and wife to certain Real Estate in **Lake County, Indiana** to-wit:

Lots 38, 39 and 40 in Block 2 in Park Ridge Addition to East Gary, in the City of Lake Station, as per plat thereof, recorded in Plat Book 12, page 27, in the Office of the Recorder of Lake County, Indiana.

Key Nos. 45-09-16-229-001.000-021 & 45-09-16-229-002.000-021

Commonly known as 2135 WAYNE ST, LAKE STATION IN 46405

3. That **Patricia A. Copeland** died on **February 6, 2019**, at which time **Gerald H. Copeland** acquired title as the sole owner. A copy of her death certificate is attached hereto.

4. That the purpose of this affidavit is to induce the Lake County Auditor to remove **Patricia A. Copeland** from title to the subject parcel and to establish **Gerald H. Copeland** as the sole owner to the subject parcel.

AFFIANT FURTHER SAYETH NOT.



Gerald H. Copeland

THIS INSTRUMENT PREPARED BY: Michael D. Kvachkoff, Attorney at Law, 405 N. Main Street, Crown Point, IN 46307, 219-661-9500.

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared **Gerald H. Copeland** and acknowledged the execution of the foregoing Affidavit of Survivorship this 31st Day of March, 2023.

My Commission Expires:

06-12-2030

Deborah M. Haddad
Notary Public

Resident of Lake County, IN



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.
no social sec

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CERTIFICATION OF DEATH RECORD

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0011821

MEDICAL EXAMINER'S CASE NUMBER 021319PH2

DATE ISSUED 2/13/2019

DECEDENT'S LEGAL NAME PATRICIA ANN COPELAND		SEX FEMALE		DATE OF DEATH FEBRUARY 06, 2019	
COUNTRY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY 85 YEARS		DATE OF BIRTH MAY 13, 1933	
CITY OR TOWN WOODRIDGE		HOSPITAL OR OTHER INSTITUTION NAME 933 INTERNATIONALE PARKWAY			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE HAMMOND, IN		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH MARRIED	
RESIDENCE 933 INTERNATIONALE PARKWAY		APT. NO.		CITY OR TOWN WOODRIDGE	
COUNTY DU PAGE		STATE IL		ZIP CODE 60517	
FATHER'S NAME PRIOR TO FIRST MARRIAGE LOUIS LAVERNE HANSEN		MOTHER'S NAME PRIOR TO FIRST MARRIAGE DOROTHY MARIE DOWNS		EVER IN U.S. ARMED FORCES? NO	
INFORMANT'S NAME GERALD COPELAND		RELATIONSHIP HUSBAND		MAILING ADDRESS 933 INTERNATIONALE PARKWAY, WOODRIDGE, IL, 60517	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1000 ROHLWING ROAD, LOMBARD, IL, 60148		DATE OF DISPOSITION FEBRUARY 13, 2019			
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610			
LOCAL REGISTRAR'S NAME KAREN J AYALA		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 13, 2019			
CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		PART I. MALIGNANT NEOPLASIA OF VAGINA		MANY YEARS IN SPAN OF BETWEEN (NUMBER AND FRACTION)	
		a. Due to (or as a consequence of):			
		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.					
				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY	
LOCATION OF INJURY				INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO		DATE LAST SEEN ALIVE UNKNOWN		DATE PRONOUNCED	
CERTIFIER PHYSICIAN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		TIME OF DEATH 10:09 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAJEEV KUMAR, 8101 SOUTH COUNTY LINE ROAD, BURR RIDGE, IL, 60527				DATE CERTIFIED FEBRUARY 13, 2019	
				PHYSICIAN'S LICENSE NUMBER 036093496	




 Karen J. Ayala
 Local Registrar

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.

Not valid without the embossed seal of the DuPage County Health Department.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE