

# NOT AN OFFICIAL DOCUMENT

**FILED**

Apr 26 2023 GM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

2023-512267  
04/26/2023 02:44 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 5

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER



2405978-1753-0

## AFFIDAVIT OF SURVIVORSHIP

Property Address: 2044 Monroe Lane, Gary, IN 46407  
Property County: Lake

**Douglas C. Sconyers**, of adult age, being first duly sworn, upon deposes and says:

That **Douglas C. Sconyers**, is the Wife of Bualai G. Sconyers aka Bualai Sconyers, deceased, who died on March 28, 2011 a resident of Cook, IL County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

### SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Betty Nichols recorded September 22, 2004 as Document No. 2004 081293 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

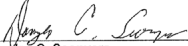
That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Douglas C. Sconyers**, surviving spouse or tenant of the decedent.

*see Exhibit "A"*

# NOT AN OFFICIAL DOCUMENT

Further, Affiant sayeth not.

  
\_\_\_\_\_  
Douglas C. Sconyers

Property of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

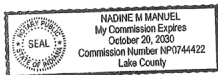
State of Indiana County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Douglas C. Sconyers** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 25 day of April, 2023

10-20-2030  
My Commission Expires:  
NP0744422  
Commission No.  
Lake Indiana  
Notary Public County and State of Residence

Nadine M. Manuel  
Signature of Notary Public  
Nadine M. Manuel  
Printed Name of Notary



This instrument was prepared by:  
Andrew R. Drake, Attorney-at-Law  
1120 W. Oak Street, Ste. 250, Zionsville, IN 46077

**Property Address:**  
2044 Monroe Lane  
Gary, IN 46407

**Grantee's Address and Mail Tax Statements To:**  
2044 Monroe Lane  
Gary, IN 46407

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. Andrew R. Drake

# NOT AN OFFICIAL DOCUMENT

## LEGAL DESCRIPTION

Lot 22 Except the West 5 feet thereof, an all of lot 21 in Block 3, in Andre Means Manor in the City of Gary, as per plat thereof, recorded in Plat Book 28, page 83, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):  
State ID Number Only      45-08-09-453-032.000-004

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS

EXHIBIT "A"

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0037325

MEDICAL EXAMINER'S CASE NUMBER 448 MARCH 11

DATE ISSUED 07/29/2011

DECEDENT'S LEGAL NAME BUALAI SCONYERS		SEX FEMALE	DATE OF DEATH MARCH 28, 2011	
COUNTRY OF DEATH COOK	AGE AT LAST BIRTHDAY 60 YEARS	DATE OF BIRTH DECEMBER 12, 1950		
CITY OR TOWN SAUK VILLAGE		HOSPITAL OR OTHER INSTITUTION NAME 21780 PETERSON AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE THAILAND	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME DOUGLAS SCONYERS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 21780 PETERSON AVENUE		APT. NO.	CITY OR TOWN SAUK VILLAGE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60411	FATHER'S NAME UNKNOWN	MOTHER'S NAME PRIOR TO FIRST MARRIAGE UNKNOWN
INFORMANT'S NAME DOUGLAS SCONYERS		RELATIONSHIP HUSBAND	MAILING ADDRESS 9209 S MICHIGAN AVENUE, CHICAGO, IL, 60619	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION MAY 09, 2011
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 17, 2011	
CAUSE OF DEATH PART I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN
		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	
DID TOBACCO USE CONTRIBUTE TO DEATH?			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			MANNER OF DEATH NATURAL	
TIME OF INJURY			PLACE OF INJURY	
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MARCH 28, 2011	TIME OF DEATH 05:41 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 07, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 80612				PHYSICIAN'S LICENSE NUMBER

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.

David Orr  
David Orr  
Cook County Clerk



ANY ALTERATION OR FRAUDULENT USE OF THIS CERTIFICATE IS A CRIME