

2023-511023  
12/06/2023 02:10 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Dec 06 2023 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

2023-529269  
09/07/2023 03:39 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**  
Aug 22 2023 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

2023-527250  
08/23/2023 11:39 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**  
Sep 07 2023 LM  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR



**AFFIDAVIT OF SURVIVORSHIP**

Property Address: 6613 Marshall Avenue, Hammond, IN 46323  
Property County: Lake  
AKA Monica A Johnston (MS)

Monica Alice Johnston, By Padraig Johnston her attorney in fact, of adult age, being first duly sworn, upon deposes and says: AKA Monica A. Johnston (MS)

That Monica Alice Johnston, By Padraig Johnston her attorney in fact, is the Wife of [redacted] deceased, who died on January 13, 2021 a resident of Cook County, Indiana. (MS)

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 J. Edward Johnston and Daniel B. Johnston Co-Trustees of the Lowell S. Johnston Living Trust recorded July 19, 2000 as Document No. 2000051063 in the Office of 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 Monica Alice Johnston, surviving spouse or tenant of the decedent.

Further, Affiant sayeth not. AKA Monica A. Johnston (MS)

MTC File No.: 23-18621 (AOS)

Page 1 of 3

HOLD FOR MERIDIAN TITLE CORP

Are record to correct missing title. X record to correct vested owner 12/4

# NOT AN OFFICIAL DOCUMENT

Padraig Johnston  
 Monica Alice Johnston, By Padraig Johnston  
 her attorney in fact POA #2023-527114  
 Monica A. Johnston AS  
 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  
 Monica Alice Johnston, By Padraig Johnston her attorney in fact 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 21 day of August, 23

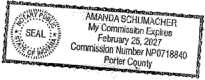
2/25/27  
 My Commission Expires:

A Schumacher  
 Signature of Notary Public

NP0718840  
 Commission No.

Printed Name of Notary

Porter, IN  
 Notary Public County and State of Residence



This instrument was prepared by:  
 Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P89602  
 202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
 6613 Marshall Avenue  
 Hammond, IN 46323

Grantee's Address and Mail Tax Statements To:  
 6613 Marshall Avenue  
 Hammond, IN 46323

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. Debra A. Guy

# NOT AN OFFICIAL DOCUMENT

## LEGAL DESCRIPTION

Lots Numbered Thirteen (13) and Fourteen (14) in Block No. One (1), as marked and laid down on the recorded plat of Alexine (Trainor) Schumacher Subdivision, being a subdivision of part of the Northeast quarter of the Northwest Quarter of Section 9, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 17, page 17 in the Recorder's Office of Lake County, Indiana.

Tax ID Number(s):

State ID Number Only 45-07-09-134-004.000-023

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATION OF DEATH RECORD

### COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0003623

DATE ISSUED 1/19/2021

DECEDENT'S LEGAL NAME JAMES EDWARD JOHNSTON		SEX MALE	DATE OF DEATH JANUARY 13, 2021	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH OCTOBER 19, 1942	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME WESLEY PLACE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURNAMES OF SPOUSAL UNION PARTNERS MARRIAGE NAME MONICA ALICE O'NEILL	
RESIDENCE 1070 NORTH WARREN STREET		APT. NO.	CITY OR TOWN GARY	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46409	FATHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/COUL UNION LOWELL JOHNSTON	MOTHER'S PARENT'S NAME PRIOR TO FIRST MARRIAGE/COUL UNION TILLY LOURENE MORRISON
INFORMANT'S NAME MONICA ALICE JOHNSTON		RELATIONSHIP WIFE	MAILING ADDRESS 1070 NORTH WARREN STREET, GARY, IN 46406	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION KELLY CARROLL CREMATORY	LOCATION - CITY OR TOWN AND STATE GARY, IN	
FUNERAL HOME BOCKEN FUNERAL HOME, 7042 KENNEDY AVENUE, HAMMOND, IN, 46323				
FUNERAL DIRECTOR'S NAME JOSE G. CORONA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012287	
SPICAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 14, 2021	
CAUSE OF DEATH				
IMMEDIATE CAUSE Part I (please indicate condition resulting in death)		PART I. CEREBRAL INFARCTION		APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
PART II. Enter <u>after</u> significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
VASCULAR DEMENTIA			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN	DATE PROMULGATED	TIME OF DEATH 02:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 13, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHARLES DRUECK, 600 WEST CERMAK ROAD, CHICAGO, ILLINOIS 60616			PHYSICIAN'S LICENSE NUMBER 036045416	

1627008



DECEDENT ALIAS

This is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough  
Cook County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE