

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-009376

9:35 AM 2024 Mar 22

STATE OF INDIANA )  
COUNTY OF LAKE )

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### AFFIDAVIT OF SURVIVORSHIP

CHIONG MAELING LUE MARTIN, being duly sworn upon her oath, says:

1. That she was the spouse of ALEXANDER JERMAINE MARTIN, who held property with your affiant as husband & wife pursuant to a Special Warranty Deed recorded on or about February 10, 2023, of the following described real estate, to-wit:

The East 49.17 feet of Lot 47 in Centennial Villas-Phase 1, as per plat thereof, recorded in Plat Book 114 page 68, in the Office of the Recorder of Lake County, Indiana.

Property Number: 45-15-28-253-007.000-014  
More Commonly known as: 10268 W 137<sup>th</sup> Avenue, Cedar Lake, IN 46303

2. That the said ALEXANDER JERMAINE MARTIN died on February 13, 2024, a resident of Cedar Lake, Lake County, Indiana, and at that time was the father of affiant herein. A certified copy of the death certificate of ALEXANDER JERMAINE MARTIN has been attached hereto and labeled as Exhibit "A".

3. That the estate of ALEXANDER JERMAINE MARTIN did not owe Federal Estate Taxes.

Further, Affiant Sayeth Not.

*Chiong Maeling Lue Martin*  
CHIONG MAELING LUE MARTIN

Subscribed and sworn to before me, a Notary Public, this 14th day of March, 2024.

My Commission Expires: 11/07/2031  
County of Residence: Lake

*Laura Murphy*  
Notary Public

This instrument prepared by Brian M. Smith  
Smith & Fankhauser, P.C.  
2260 W 93<sup>rd</sup> Avenue  
Merrillville, IN 46410  
(219) 769-2051



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.

*BMS*

4603  
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FILED

MAR 22 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

NOT AN OFFICIAL DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 0013434 MEDICAL EXAMINER'S CASE NUMBER 2024-00873 DATE ISSUED 2/16/2024

DECEDENT'S LEGAL NAME ALEXANDER JERMAINE MARTIN		SEX MALE	DATE OF DEATH FEBRUARY 13, 2024	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 28 YEARS	DATE OF BIRTH NOVEMBER 08, 1995	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE HARVEY, IL		SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHIONG M LUE
RESIDENCE 10268 W 137TH AVENUE		APT. NO.	CITY OR TOWN CEDAR LAKE	EVER IN U.S. ARMED FORCES? YES
COUNTY LAKE	STATE IN	ZIP CODE 46303	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JERMAINE MARTIN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VANTIANA PRICE
INFORMANT'S NAME CHIONG M LUE MARTIN		RELATIONSHIP WIFE	MAILING ADDRESS 10268 W 137TH AVENUE, CEDAR LAKE, IN, 46303	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HILLSIDE FUNERAL HOME & CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE HIGHLAND, IN	DATE OF DISPOSITION FEBRUARY 19, 2024
FUNERAL HOME BARONS BURIALS INC., 13909 S KOSTNER AVE, CRESTWOOD, IL, 60418				
FUNERAL DIRECTOR'S NAME STEPHANIE A BARON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016703	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 16, 2024	
CAUSE OF DEATH PART I.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. _____ Due to (or as a consequence of):		
		c. _____ 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.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? YES	
DATE OF INJURY FEBRUARY 13, 2024			TIME OF INJURY 11:07 PM	PLACE OF INJURY PARKING GARAGE
LOCATION OF INJURY 800 E GRAND AVENUE WEST PARKING GARAGE, CHICAGO, IL, 60611			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
DESCRIBE HOW INJURY OCCURRED:			MANNER OF DEATH	
ATTEND THE DECEASED?			DATE PRONOUNCED FEBRUARY 13, 2024	TIME OF DEATH 11:21 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED FEBRUARY 16, 2024	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT FOR POSTED STATE AND COUNTY SEALS AT BOTTOM

2757486

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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"