NOT AN OFFICIAL DOTAL STATE COUNTY OF THE COUNTY HEAVE SOME STATE COUNTY OF THE COUNTY HEAVE SOME STATE COUNTY HEAVE STATE COU

FILED

PG #: 3 RECORDED AS PRESENTED

Apr 01 2024 SLG PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA	١
COUNTY OF LAKE	

)) SS:

AFFIDAVIT OF SURVIVORSHIP

I, Carol S. Black, being duly sworn, state as follows:

- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- Kenneth L. Black and Carol S. Black are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 6 in a Resubdivision of Lots 1 thru 12, 14 and 15, 18 thru 20 and 22 thru 63 in Block 1 and Lots 5 thru 20 in Block 4, of Ridgewood Addition to the Town of Griffith, as per plat thereof, recorded November 16, 1990 in Plat Book 69 page 47, as amended by instrument recorded December 5, 1990 as document no. 137533, and further amended by instrument recorded December 12, 1991 as Document No. 91063582, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 149 N. Lillian, Griffith, IN 46319

Affiant's Address: 149 N. Lillian, Griffith, IN 46319

Tax ID #45-07-34-451-012.000-006

- 3. Kenneth L. Black and Carol S. Black acquired title to said real estate as Husband and Wife as tenants by entireties by Trustees Deed on the 7th day of January, 1999 and recorded in the Office of the Lake County Recorder on the 15th day of January, 1999 as Document No. 99003527.
- 4. Kenneth L. Black died on May 7, 2016. See attached Death Certificate for Kenneth L. Black.

NOT AN OFFICIAL DOCUMENT

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Carol S. Black, Affiant

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this <u>26th</u> day of <u>March</u>, <u>2024</u> Personally appeared: <u>Carol S. Black</u> and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed/my official seal.

Garett W. Bonk, Notary Public My commission expires 1/25/2027 Resident of Lake County



Laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. /s/Gary P. Bonk

NOT AN OFFICIAL DOCUMENT

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

STATE FILE NUMBER 201	6 0036897								DAT	E ISSUED 5/11/201	
DECEDENT'S LEGAL NAME KENNETH L BLACK							SEX MALE		OF DEATH		
COUNTY OF DEATH AGE AT LAST BIRTHDAY 60 YEARS						DATE OF B	OF BIRTH NE 15, 1955				
CITY OR TOWN CHICAGO						R INSTITUTION ERN MEMOR		PITAL			
PLACE OF DEATH INPATIENT											
BIRTHPLACE SULLIVAN, IN	SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL MARRIED CAROL S KOCH							PARTNER'S MA	VIDEN NAME	FORCES? NO	
RESIDENCE 149 NORTH LILLIAN	TREET		AP*	T. NO.		OR TOWN				INSIDE CITY LIMITS? YES	
COUNTY	TATE ZIP CODE 46319		PARENT'S NAME RICHARD	PRIOR TO FIRST				PARENT'S NAME	E PRIOR TO F	IRST MARRIAGE/CIVIL UNION	
INFORMANT'S NAME CAROL S BLACK	RELATIONSHIP MAILING ADDRESS							46319			
						Y OR TOWN AND STATE DATE OF DISPOSITION					
FUNERAL HOME CHAPEL HILL GARDI	ENS SOUTH FUNE	RAL HO	ME. 11333 S	S. CENTRAL			_	453		2,2010	
CHAPEL HILL GARDENS SOUTH FUNERAL HOME, 11333 S. CENTRAL AVENUE, OAK L FUNERAL DIRECTOR'S NAME DAVID C KOBAK							FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011919				
LOCAL REGISTRAR'S NAME DAVID ORR							DATE FILED WITH LOCAL REGISTRAR MAY 10, 2016				
CAUSE OF DEATH PA IMMEDIATE CAUSE (Final disease or conductor resulting in death)	BEPSIS SECO		Due ti	O (or as a consequen		E PNEUMONI	IA		INTERVAL BETWEEN ONSET AND DEATH		
	s STAPHYLOCO	OCCAL SCA	Oue in	o (or as a consequer SYNDROME	Ö,	,		APPRO	INTERVAL ONSET A		
0407 # 5				o (or as a consequer							
PART II Enter other significant	conditions contributing	g to death b	ut not resulting	in the underlying	cause giv	ren'in PART I	- 1			FORMED? NO	
FEMALE PREGNANCY STATUS	3							MANNER OF	DEATH	DEATH? N/A	
NOT APPLICABLE DATE OF INJURY		TIME OF INJ	IURY	PLACE OF II	JURY	-	7	NATURA	L	INJURY AT WORK?	
LOCATION OF INJURY											
DESCRIBE HOW INJURY OCC	JRRED:								RANSPORT	ATION INJURY, SPECIFY:	
YES	MAY 07, 2016						RONOUNCED	TIME OF DEATH			
CERTIFIER PHYSICIAN									AAY 07,		
NAME, ADDRESS AND ZIP COL				11010 4004						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.



