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KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
Date 3/7/2024 12:00 AM Pg: 1 of 5

SURVIVORSHIP AFFIDAVIT ILLINOIS STATUTORY

MAIL TO/PREPARED BY:

George W. Carberry
Burke Costanza & Carberry LLP
156 S. Washington Street
Valparaiso, IN 46383

NAME AND ADDRESS OF TAXPAYER:

Alka Chhabra
1016 Waterville Ct.
Dyer, IN 46311

GRANTEES' ADDRESS:

Alka Chhabra
1016 Waterville Ct.
Dyer, IN 46311

RECORDER'S STAMP

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

SURVIVORSHIP AFFIDAVIT

Comes now ALKA CHHABRA, on this 22nd day of February, 2024, who, being first duly sworn, deposes and states as follows:

1. Affiant is the surviving spouse of BHUPINDAR CHHABRA ("Decedent"), and is qualified to make this Affidavit.

2. Decedent died a resident of Lake County, Indiana on December 9, 2023. A redacted copy of Decedent's death certificate is attached hereto.

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3. At the time of his death, Decedent had an interest in real estate legally described as follows (“Real Estate”):

SEE ATTACHED EXHIBIT A

Commonly known as 600 NORTH FAIRBANKS COURT, UNIT 1806,
CHICAGO, IL 60611-5846.

Parcel No. 1710-206-035-1044

Mail Tax Bills To: 1016 WATERVILLE CT., DYER, IN 46311

4. At the time of the death of Decedent, ALKA CHHABRA and BHUPINDAR CHHABRA, owned the Real Estate by the entirety, having received title to the Real Estate by deed dated July 21, 2021, which deed was recorded in the Office of the Recorder of Cook County, Illinois, on March 23, 2022.

5. At the time of his death, ALKA CHHABRA and BHUPINDAR CHHABRA were not divorced and were living together as husband and wife

6. Upon the death of BHUPINDAR CHHABRA, and by operation of law, ALKA CHHABRA became the sole owner of the Real Estate.

7. ALKA CHHABRA, surviving spouse of Decedent and surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.

Further Affiants Sayeth Naught.

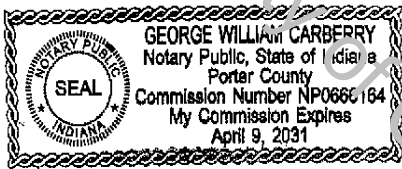


ALKA CHHABRA

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 22nd day of February, 2024, personally appeared ALKA CHHABRA and acknowledged the execution of the foregoing affidavit as her voluntary act for the purposes stated therein.



A handwritten signature in black ink, appearing to read 'G. Carberry', written over a horizontal line.

George William Carberry, Notary Public
My Commission Expires: 4/9/2031
Commission No. 666164
Resident of Porter County, Indiana

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. George W. Carberry

This instrument prepared by: George W. Carberry, Burke Costanza & Carberry LLP
156 S. Washington Street, Valparaiso, IN 46383 (219) 769-1313

EXHIBIT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 386079



Local No 004306

EDR No 000011650098

State No 2023-064087

1. Decedent's Legal Name (First, Middle, Last) Bhuondar Chhabra				1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 09:00 PM	4. Date Of Death (Month/Day/Year) 12/09/2023	
5. Social Security Number 09	6a. Age - Yrs 69		6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/02/1954		8. Birthplace (City and State or Foreign Country) Lucknow, India
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			9a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Munster									
12. City Or Town, State, And Zip Code Munster, Indiana 46321					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Alka Chhabra			15a. Last Name Before First Marriage Bhatia		16. Decedent's Usual Occupation Doctor		17. Kind Of Business/Industry Family Physician		
16. Residence - State IN		18a. County Lake		18b. City Or Town Dyer		16c. Apt. No.		18c. Zip Code 46311	18d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Doctorate (e.g. PhD, EdD) or Professional		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino			21. Decedent's Race Asian Indian				
22. Parents Name (First, Middle, Last) Somdutt Chhabra				23. Parents Name (First, Middle, Last) Savitri Chhabra			23a. Parent's Last Name Before First Marriage Lal		
24. Informant's Name Alka Chhabra		24a. Relationship to Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 1016 Waterville Court, Dyer, IN, 46311					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Solan-Pruzin Funeral Home & Crematory			25c. Location - City, Town, And State Schererville, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Solan-Pruzin Funeral Home & Crematory (Schererville) 14 Kennedy Avenue, Schererville, Indiana, 46375					27a. Funeral Home License Number FH10200037		
27b. Signature Of Indiana Funeral Service Licenses: John S. Pruzin Jr				27c. License Number (Of Licensee) FD29600100		27d. License Number (Of Licensee)			
Cause Of Death (See Instruction A and Examples)									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)								Immediate	
A. Cardiac arrest									
B. Acute respiratory failure								Immediate	
C.									
D.									
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
Diabetes mellitus, hypertension, coronary atherosclerosis									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods, Arroyo)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: Manjeet Geeta				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Licensed Number: 01062217			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Manjeet Geeta 6375 United Highway 6, Portage, IN 46368				44. Date Certified 12/11/2023		45. "Attest"			
46. Additional Funeral Service Provider:				47. Signature Of Local Health Officer: Chandana Varshala		48. For Registrar Only - Date Filed (Month/Day/Year) 12/12/2023		49. Date Certified	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</p> <p>DEC 13 2023</p> <p>LAKE COUNTY HEALTH OFFICER</p> </div>									

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EXHIBIT A

LEGAL DESCRIPTION

Tax Id Number(s): 17-10-206-035-1044

Land situated in the County of Cook in the State of IL

UNIT 1806 IN 600 NORTH FAIRBANKS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING LEGAL DESCRIPTION: PARCEL 1: LOTS 24, 25 AND 26 IN SUB-BLOCK 1 IN THE SUBDIVISION OF BLOCK 31 IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION OF +246.73 FEET CHICAGO CITY DATUM, IN COOK COUNTY, ILLINOIS.

PARCEL 2: THAT PART OF LOTS 19 TO 23 BOTH INCLUSIVE IN BLOCK 1 IN THE SUBDIVISION OF BLOCK 31 IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF +97.60 FEET CHICAGO CITY DATUM, AND LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION +246.73 FEET CHICAGO CITY DATUM, IN COOK COUNTY, ILLINOIS.

PARCEL 3: THAT PART OF LOTS 19 TO 26 BOTH INCLUSIVE IN BLOCK 1 IN THE SUBDIVISION OF BLOCK 31 IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF +246.73 FEET CHICAGO CITY DATUM, AND LYING BELOW A HORIZONTAL PLANE HAVING AN ELEVATION +354.00 FEET CHICAGO CITY DATUM, IN COOK COUNTY, ILLINOIS. AS DELINEATED ON THE PLAT OF SURVEY ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0730615045 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Commonly known as: 600 North Fairbanks Court, Unit 1806, Chicago, IL 60611-5846