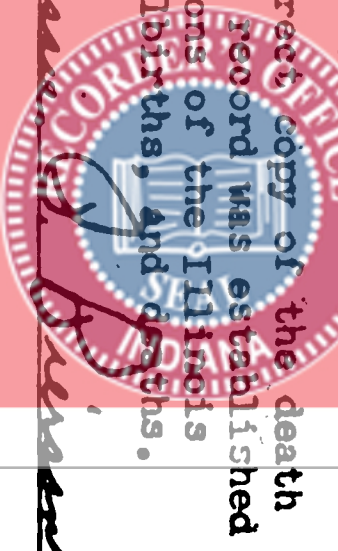


49080

Wenderson  
1.2.2370

At COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE: Chief Deputy Registrar  
1125 South Racine Avenue, Chicago, Illinois 60608

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.



ORIGINAL STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER 1427

1. PLACE OF DEATH  
STATE ILLINOIS COUNTY Cook  
 INSIDE corporate limits and in City, Village, or Incorporated Town  
Lansing, Illinois

2. USUAL RESIDENCE (Where deceased lived if institution residence before admission)  
STATE Indiana COUNTY Lake  
 INSIDE corporate limits and in City, Village, or Incorporated Town  
Hammond, Indiana

3. LENGTH OF STAY IN IC OR IH 4 days

4. DATE OF DEATH (MONTH) (DAY) (YEAR) March 25, 1967

5. SEX Female RACE White MARRIED NEVER MARRIED WIDOWED DIVORCED (specify) Married

6. USUAL OCCUPATION Own Home

7. BIRTHPLACE (City and state or foreign country) Omaha, Nebraska

8. MOTHER'S FULL MAIDEN NAME Olga Mc Girr

9. SIGNATURE Glyndon M. Garner

10. ADDRESS 2500-175th. St, Lansing, Ill.

11. IMMEDIATE CAUSE (A) Broncho pneumonia

12. CAUSE (B) RESPIRATORY FAILURE

13. UNDERLYING CAUSE (C) Cerebral Hemispheric Multiple Fracture of Right Calcaneum

14. SIGNATURE Wm. Black, M.D.

15. DATE OF OPERATION, IF ANY 3-26-67

16. MAJOR FINDINGS OF OPERATION Right Cerebral Hemisphere tumor

17. SIGNATURE Wm. Black, M.D.

18. DATE 3-25-67

19. ADDRESS Chi. Wesley Memorial Hosp., 250 E. Superior, Chicago, Ill. Phone 337-6500

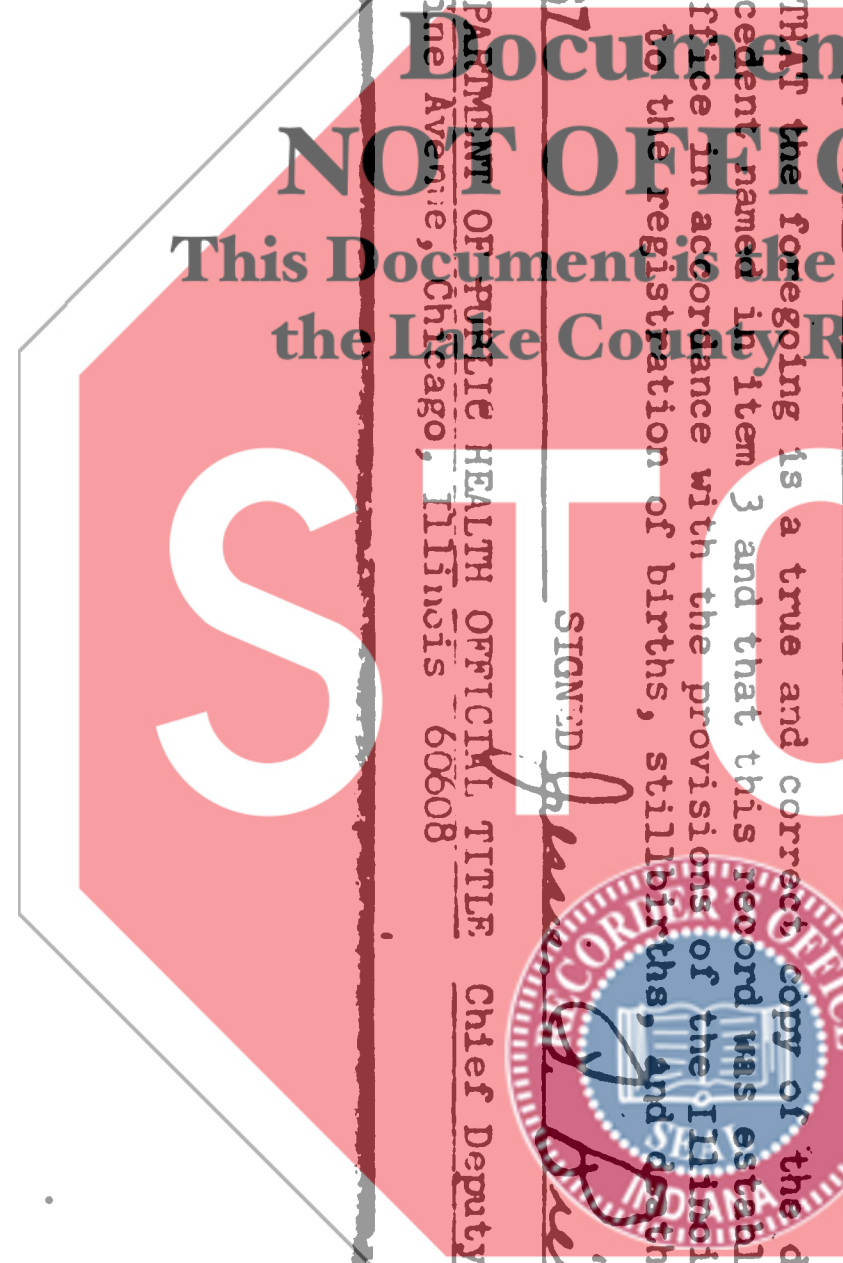
20. AUTOPSY? YES  NO

21. I hereby certify that I attended the deceased from Febr. 25, 1967 to March 25, 1967, that I last saw the deceased alive on March 25, 1967 and death occurred at 9:15 A.M. from the causes and on the date stated above.

22. DISPOSITION: BURIAL ~~XXXXXX~~ Date 3-27-67 CEMETERY Elmwood Cemetery LOCATION Hammond, Indiana

23. FUNERAL DIRECTOR Botma Funeral Home SIGNATURE Harry Botma ADDRESS 1743 Terrace License 6710

24. Received for filing on 3-27-67 (Signed) Channette O. Buffel COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. JOHN B. HALL, M. D. LOCAL REGISTRAR



49000

Anderson  
122370

PIONEER NAT'L TITLE INS. CO.  
59 MUENICH CT.  
HAMMOND, INDIANA

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE )

**Document is NOT OFFICIAL!**

**This Document is the property of Keith G. Grandfield, being first duly sworn upon oath, deposited with the Lake County Recorder!**

1. That ~~my husband~~ his wife, Joan Grant Grandfield died without leaving a will on March 23, 1967 at Lawson, Illinois.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 1 in Block 4 in Homes and Gardens 2nd Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 30 page 18 in the Office of the Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal estate tax purposes, including joint bank accounts and life insurance on decedent's life, did not equal or exceed \$50,000.00.

Further affiant sayeth not.

*Keith G. Grandfield*  
Keith G. Grandfield

Subscribed and sworn to before me this 13th day of February, 1970.

*John H. Oliver, Jr.*  
John H. Oliver, Jr. Notary Public

My Commission expires:

6/6/70

This instrument prepared by: **KEITH G. GRANDFIELD**

34-344-1

FEB 16 1970

*Benjamin J. ...*  
AUDITOR LAKE COUNTY