

SURVIVORSHIP AFFIDAVIT

784607

STATE OF ILLINOIS  
COUNTY OF COOK

S. S.

On this 11/27/84 before me personally appeared  
(insert date)

ERWIN H. MILLER

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is Owner  
(state interest of affiant in the above premises as "owner," "son of owner," etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by  
HELENE M. MILLER and ERWIN H. MILLER;
- 4. Said HELENE M. MILLER  
(fill in name of co-tenant who died)  
died on June 5, 1983  
leaving a will;  
(insert "a" or "no"; if will left, attach a copy)
- 5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 275,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- 6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

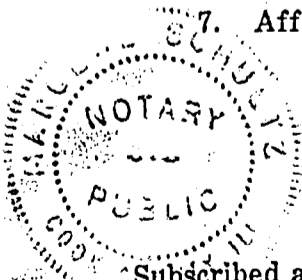
(If answer is "Yes," identify the divorce proceedings:)

FILED

DEC 13 1984

STATE OF ILLINOIS/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
DEC 14 3 14 PM 1984  
WILLIAM BIELSKI JR.  
RECORDER

7. Affiant's relationship to the deceased was Spouse



*Louis O. ...*  
AUDITOR LAKE COUNTY

Signature: *Erwin H. Miller*  
ERWIN H. MILLER  
Address: 18254 Ada Street  
Lansing, IL 60438

Subscribed and sworn to before me by the affiant  
this November 27, 1984  
(insert date)

*Margaret Schuetz*  
Notary Public

My Commission Expires 2/24/87

#33-157-14

WINTERHOFF & ASSOCIATES LTD.  
LAW OFFICES  
3346 RIDGE RD.  
LANSING, ILLINOIS 60438

This instrument prepared by \_\_\_\_\_

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JUN - 8 1983

AMANDA J. PEREDA, M.D.  
 HAMMOND HEALTH COMMISSIONER  
 Date Issued: June 16, 1983  
 Joseph C. Lauer  
 EMBALMER'S NAME

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD Below for State Office Use

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 423

State No. 603

FUNERAL HOME No. 285  
 FUNERAL DIRECTOR'S LICENSE No. 680  
 FUNERAL DIRECTOR'S SIGNATURE: *C. Lauer*

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Helene Miller					Female	6-5-83			
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr)	COUNTY OF DEATH			
4. White	5a. 70	MOS	DAYS	HOURS	MIN.	6 Apr. 5, 1913			
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in other; give street and number)		IF HOSP OR INST indicate DOA, OP, Emat, Am., Impatient (Specify)			
7b. Hammond				7c. St. Margaret's Hospital		7d. Inpatient			
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
8. Illinois	9. USA	10. Married		11. Erwin Miller		12. No			
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13. 330-60-5955				14a. Housewife		14b. Own Home			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)			
15a. Illinois	15b. Cook	15c. Lansing		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. Yes			
STREET AND NUMBER				IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
15d. 1825 1/2 Ada St.				15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME			MOTHER—MAIDEN NAME						
16. Henry Fritzsche			17. Rose Raitz						
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN			STATE	ZIP
18a. Erwin Miller			18b. 1825 1/2 Ada St. Lansing, Il.		60438				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN		STATE
19a. Burial			19b. Oak Glen Cemetery		19c. Lansing, Il.				
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
20a. June 8, 1983			20b. C.J. Huber 722-165th St. Hammond, Ind.		46320				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH			
21a. Frank R. Hebe				21b. 6-6-83		21c. 9:05 p.m.			
NAME OF ATTENDING PHYSICIAN (Type or Print)									
21d. Frank R. Hebe									
MAILING ADDRESS—PHYSICIAN									
21e. 7550 Hohman Ave Munster, IN 46321									
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER					
22. Amanda J. Pereda, M.D.				22b. JUN - 6 1983					
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
PART I (a) Cerebral Hemorrhage				Interval between onset and death: one week					
DUE TO OR AS A CONSEQUENCE OF									
PART I (b)				Interval between onset and death:					
DUE TO OR AS A CONSEQUENCE OF									
PART I (c)				Interval between onset and death:					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)									

FILED DEC 13 1984  
 AUDITOR LAKE COUNTY No