



And Fred Sa La
Chicago Title Insurance Company

9-41777

B-429604-5 LD

HO47396

921147

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

} S. S.

COUNTY OF LAKE

On this 21st day of May before me personally appeared _____
(insert date)

SANDRA COURTIS SCHRAMM

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

- Affiant resides at the address given below affiant's signature;
- Affiant is JOINT OWNER _____;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
BESSIE COURTIS, GEORGE COURTIS and SANDRA COURTIS SCHRAMM _____;
- Said BESSIE COURTIS _____
(fill in name of co-tenant who died)
died on OCTOBER 3, 1986 _____
leaving a _____ will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

see attached

The West 20 feet of Lot 47 and East 50 feet Lot 48, Boulevard Estates and to Highland, Indiana as shown in Plat Book 36 page 89 in Lake County

STATE OF INDIANA / S. NO. LAKE COUNTY / FILED FOR RECORD / JUN 5 1 18 PM '87 / RICHARD BLAIR / RECORDER

27-348-87

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent: BESSIE COURTIS

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

N/A

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

8. Affiant's relationship to the deceased was DAUGHTER _____

Signature: Sandra C. Schramm

Address: 1940 W. 183rd St
Homewood, IL. 60430

Subscribed and sworn to before me by the affiant

this 21st Day of May, 1987
(insert date)

[Signature]
Notary Public
My Commission Expires 8/4/87

NOTARY PUBLIC

This instrument prepared by _____

FILED

JUN 3 1987

Anna N. Antonio
AUDITOR LAKE COUNTY

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

Handwritten initials/signature

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		619918
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Bessie Courtis		2 Female	3. October 3, 1986
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT	AGE (MONTHS, YEARS, MONTHS, DAYS)	DATE OF BIRTH (MO., DAY, YEAR)
4a. White	4b. American	5a. 62	5b. 7-22-1924
CITY, TOWN, VWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN ILLINOIS, GIVE STATE AND COUNTY)	IF HOSP. OR INST. INDICATED DO A P.P. / EMER. / IM. / PATIENT / P.P. / EMER. / IM. / PATIENT
7a. Chicago		7b. Rush-Pres-St. Luke's Medical Center	7c. Cook
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. Indiana	9. U.S.A.	10. Widowed	11. None
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAR OR DATES OF SERVICE
12. 310-22-2595	13a. Homemaker	13b. At Home	13c. No
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY STATE
14a. 3712 Manor Drive	14b. Highland	14c. Yes	14d. Lake Indiana
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. George Samblis	16. Clara Karras		
INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
17a. Noby Humphrey	17b. Clerk	17c. 1753 W. Congress Pkwy Chgo Ill 60612	
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE		6 Months	
(a) Leimyosarcoma Of Inferior Vena Cava DUE TO OR AS A CONSEQUENCE OF:		FILED	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		JUN 3 1987	
(b) DUE TO OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (SPECIFY) 19a. No	
DATE OF OPERATION, IF ANY		AUDITOR LAKE COUNTY, ILL. FEMALE, WAS THERE PREGNANCY IN PAST THREE MONTHS?	
20a.	20b.	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH
21a.	October 3, 1986	21b. <input checked="" type="checkbox"/>	21c. 8:20 A.M.
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.)	
22a. SIGNATURE		22b. October 3, 1986	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. Dr. Samuel Taylor 1753 W. Congress Pkwy Chgo Ill 60612		22d. 36-50342	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Ridgelawn	24c. Gary, Indiana	24d. 10-6-86
FUNERAL HOME: NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN STATE ZIP	
25a. MBAZEK & RUSS FUNERAL SERVICE	1706 W. JACKSON BLVD.	CHICAGO, ILL. 60612	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. [Signature]		25c. 5029	
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. [Signature]		26b. OCT 4 1986 YES	

October 6, 1986

STATE OF ILLINOIS
COUNTY OF COOK SS:
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO