

TICOR TITLE INSURANCE

Crown Point, Indiana

Highland, Ind.

943805

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Minnie Denenberg, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Sidney Denenberg died (~~without leaving a will~~) (leaving a will) on August 13, 1983 at Chicago, IL.

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 8 in Monaldi- Chayes Manor of Munster, as per plat thereof, recorded in Plat Book 34 page 51, in the Office of the Recorder of Lake County, Indiana.

#28-220-8

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) (~~her~~) 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 were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

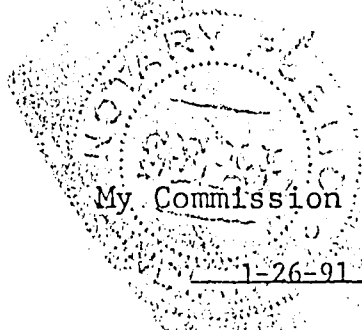
Minnie Denenberg
Minnie Denenberg

Subscribed and sworn to before me, a Notary Public, this 2nd day of October, 19 87.

Linda J. McBride
Linda J. McBride Notary Public

Oct 16 9 10 AM '87

WILLIAM BASTICK
RECORDER
OF RECORDS



My Commission expires:
1-26-91

County of Residence:
Lake

FILED

OCT 13 1987

Anna M. Anton
AUDITOR LAKE COUNTY

This Instrument prepared by Minnie Denenberg

529

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

616433

Aug. 15, 1983

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Sidney Denenberg 2 Male 3. August 13, 1983

RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE—LAST BIRTHDAY (MO., DAY, YEAR) UNDER 1 YEAR UNDER 1 YEAR UNDER 1 YEAR DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4. White AMERICAN 5a. 65 5b. 5c. DEC. 22, 1917 7. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME, IF NOT IN EITHER, GIVE STREET AND NUMBER IF HOSP. OR INST. INDICATED (SPECIFY) IF PATIENT

7. Chicago Rush Pres. St Luke's Med Center 7c. Inpatient

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. ILLINOIS 9. U.S.A. 10. MARRIED 11. MINNIE SILVER

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE

12. 350-01-7950 13. SELF EMPLOYED 13. MEAT PURVEYOR 13c. YES 13d. WWII

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. (INSIDE CITY YES/NO) COUNTY STATE

14. 1213 Beatrice Lane 14a. Munster 14c. YES 14d. LAKE 14e. Indiana

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. AARON DENENBERG 16. EVA VOISKY

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. Tanya Bailey 17b. Clerk 17c. 1753 W. Congress Pkwy Chgo Ill 60612

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I IMMEDIATE CAUSE

18a. Cardiac Arrest Minutes

18b. Sepsis 2 months

18c. Sudamina Pneumonia 1 month

18d. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT ALLIATED TO CAUSE GIVEN IN PART I (1)

19a. AUTOPSY (YES/NO) NO 19b. YES, WAS FEMUR CONSIDERED IN DETERMINING CAUSE OF DEATH

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. 20b. 20c. YES NO

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. Aug. 13, 1983 21b. NO 21c. 9:16 P 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 *Arthur M. Rossof* 22b. Aug. 15, 1983

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. Arthur Rossof M.D. 1725 W. Harrison Chgo Ill 60612 22d. 36-42916

23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. BURIAL 24b. KNESETH ISRAEL 24c. HAMMOND, INDIANA 24d. AUG. 15, 1983

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. MORTUARY SERVICES 4638 So. INDIANA CHICAGO, IL.

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. *Henry Stanton* 25c. 31-7963

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *Henry Stanton* ACTING LOCAL REGISTRAR 26b. AUG 15 1983

VR 200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

I, HENRY STANTON, ACTING 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.

Henry Stanton
ACTING LOCAL REGISTRAR

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

DEPARTMENT OF HEALTH CITY OF CHICAGO

Henry Stanton - Chicago Mayor
88-2120-8