

*Thomas M. Beaman  
9006 Grapeland Blvd  
Highland*

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**996451**

AFFIDAVIT OF HEIRSHIP

I, Jennifer Marie Hyland, being duly sworn state the following:

1. That I am the daughter of Sandra Hyland who died intestate on August 5, 1988, a resident of Lake County, Indiana.

2. That at the time of the death of Sandra Hyland she was survived by two children, Jennifer Marie Hyland and Marjorie Ann Hyland.

3. Sandra Hyland died without a will and under the laws of intestacy Jennifer Marie Hyland and Marjorie Ann Hyland are each entitled to one-half ( $\frac{1}{2}$ ) of the interest of Sandra Hyland in the parcel of real estate described in Exhibit A attached hereto and made a part hereof

4. That as a result of the death of Sandra Hyland, Jennifer Marie Hyland and Marjorie Ann Hyland each became the owners of one-half ( $\frac{1}{2}$ ) of the interest of Sandra Hyland in the parcel of real estate described in Exhibit A attached hereto and made a part hereof.

5. That the purpose of this affidavit is to show that Jennifer Marie Hyland and Marjorie Ann Hyland each have title to a one-half ( $\frac{1}{2}$ ) interest in the parcel of real estate described in Exhibit A attached hereto as a result of the death of Sandra Hyland.

*Jennifer Marie Hyland*  
Jennifer Marie Hyland

SUBSCRIBED AND SWORN to before me this 7<sup>th</sup> day of September, 1988.

*Kimberly Kay Umbaugh*  
Notary Public

My Commission Expires:

4-17-89

My County of Residence:

Lake

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

SEP 9 1988

*Oliver R. Cantor*  
AUDITOR LAKE COUNTY

LILLIAN A. BLASTEK  
RECORDER, LAKE COUNTY  
GROWN FROM PLANS, N.E.  
LAKE COUNTY, INDIANA  
FILED FOR RECORD  
SEP 9 10 01 AM '88

429 8<sup>00</sup>/<sub>100</sub>

EXHIBIT A  
TO AFFIDAVIT OF HEIRSHIP

The North 20 feet of Lot 43, all of Lot 44, and the South 15 feet of Lot 45, Block 15, Ridgewood Addition to the Town of Griffith, as shown in Plat Book 2, page 80, in Lake County, Indiana, and commonly known as: 134 N. Cline Avenue, Griffith, Indiana 46319.

(Tax Key No. 26-152-51 Unit No. 15)

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

615634

August 8, 1988.

1. SANDRA HYLAND 2. FEMALE 3. AUGUST 5, 1988  
4. White American 5. 44 6. 7-7-1944 7. Cook  
8. Chicago 9. UNIVERSITY OF CHICAGO MEDICAL CENTER 10. INPATIENT

11. None 12. 307-44-8057 13. Teacher 14. Yes 15. Lake 16. INDIANA  
17. 134 NORTH CLINE 18. GRIFFITH 19. Yes 20. Lake 21. INDIANA

22. Edward A. Nowak 23. Irene Seling  
24. RUSSELL JONES I 25. HOSPITAL RECORDS 26. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS

27. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
PART I. IMMEDIATE CAUSE  
(a) Cardiac failure one hour  
(b) intracranial hemorrhage five days  
(c) middle cerebral artery aneurysm five days

28. DATE OF OPERATION, IF ANY 29. MAJOR FINDINGS OF OPERATION  
30. AUTOPSY (YES/NO) 31. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
32. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES  NO

33. (1) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON AUGUST 5, 1988  
34. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) NO  
35. HOUR OF DEATH 36. 8:57 PM  
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
38. SIGNATURE 39. DATE SIGNED (MO., DAY, YR.) 8-6-88  
40. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) THOMAS BENDA 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637  
41. ILLINOIS LICENSE NUMBER 42. 125-022768

43. 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.

44. BURIAL, CREMATION, REMOVAL (BY CITY) 45. CEMETERY OR CREMATORY-NAME 46. LOCATION 47. CITY OR TOWN 48. STATE 49. DATE (MONTH, DAY, YEAR)  
50. Burial 51. Chapel Lawn 52. Schererville, Indiana 53. 8-9-88

54. FUNERAL HOME 55. NAME 56. STREET AND NUMBER OR R. F. D. 57. CITY OR TOWN 58. STATE 59. ZIP  
60. Mrazek & Russ Funeral Service-3601 W. Diversey Ave-Chicago, Ill 60647

61. FUNERAL DIRECTOR'S SIGNATURE 62. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5029  
63. LOCAL REGISTRAR'S SIGNATURE 64. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 7 1988

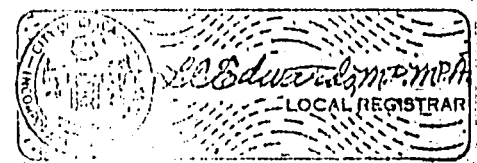
STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

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.

FILED

SEP 9 1988

Anna M. ...  
AUDITOR LAKE COUNTY



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

26-152-51  
Ridgewood Ave  
N 20th & 43 BL 15  
2 44 BL 15  
15th & 45 BL 15

DEPARTMENT OF HEALTH CITY OF CHICAGO

USA