

106822 SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } s. s.
COUNTY OF Lake }

1990

On this 24th day of May, before me personally appeared
(insert date)

Maurice C. Carter

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 Thomas Cobb, but Geraldine Cobb and Maurice C. Carter

4. Said Geraldine Cobb (fill in name of co-tenant who died)

died on Aug 14 1889

leaving no will (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is: The South 7 feet of Lot 14, All of lot 15 and the North 1 foot of Lot 16, Block 26, being a subdivision of the Northwest Quarter of Section 29, Township 37 North, Range 9 West of 2nd P.M. in the City of East Chicago, as shown in Plat Book 2, page 13 in Lake County, Indiana. # 30-75-15, 16, 17

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.

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 son

Signature: Maurice C. Carter

Address: 447 NorthCote East Chicago, IN

Subscribed and sworn to before me by the affiant

this 24th day of May, 1990 (insert date)

Christine S. Dudley Notary Public

My Commission Expires November 27, 1993

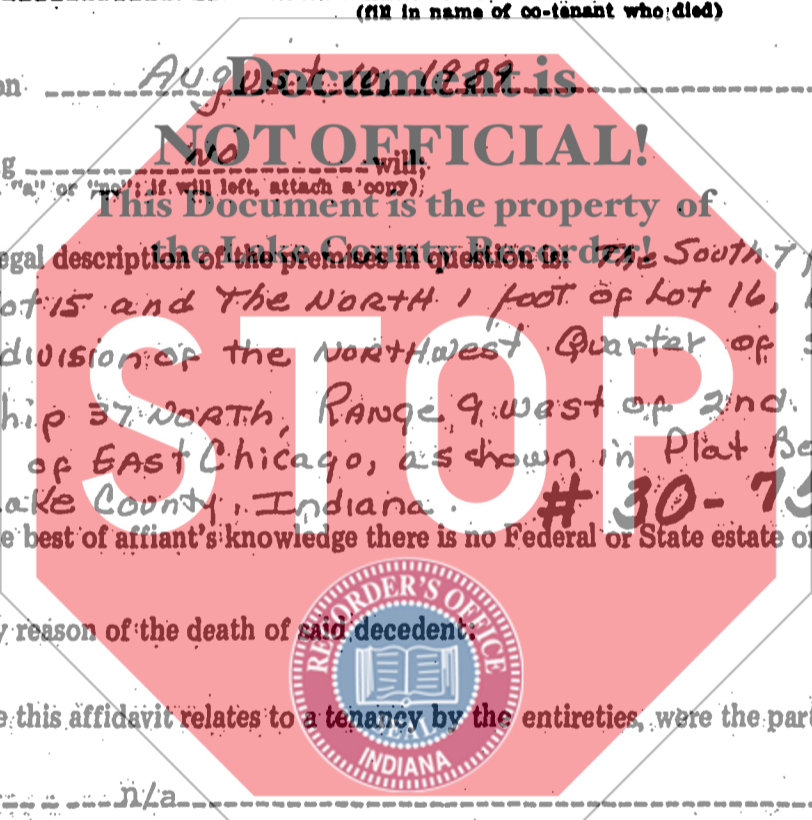
Resident of Lake County, Indiana.

This instrument prepared by Maurice C. Carter

JUN 14 1990

Robert H. Antone Notary Public

STATE OF INDIANA'S NO. LAKE COUNTY FILED IN RECORD JUN 18 3 33 PM '90 ROBERT H. ANTONE Notary Public



CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

530 OK

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

615697

SEP 5 1989

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

1. GERALDINE COBB FEMALE 3. AUGUST 10, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 32 5b. 5c. 5d. April 30, 1937

6a. Chicago 6b. ILLINOIS MASONIC MEDICAL CENTER 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES (YES/NO)

7. Detroit, Michigan 8a. Widowed 8b. None 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. Unavailable 11a. Homemaker 11b. Own Home 12. Elementary/Secondary (0-12) College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. COUNTY

13a. 4417 Northcote Street 13b. E. Chicago 13c. No 13d. Lake

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISpanic ORIGIN? (SPECIFY) YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Indiana 13f. 46312 14a. Black 14b. X NO  YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. Theodore Thomas 16. Lillie Mae Brown

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)

17a. JANN TOBEY 17b. HOSPITAL RECORDS 17c. 836 W. WELLINGTON, CHGO, IL; 60657

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

(a) ACUTE HEMORRHAGIC SHOCK DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO STATUS POST CORONARY BYPASS SURGERY DUE TO, OR AS A CONSEQUENCE OF

(c)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

TRIPPLE VESSEL CORONARY ARTERY DISEASE, HYPERTENSION

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. AUGUST 9, 1989 20b.

11 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON

21a. I DID - AUGUST 9, 1989

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21b. YES 21c. 2:36A

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE *John Karis M.D.* DATE SIGNED (MONTH, DAY, YEAR)

22b. AUGUST 13, 1989

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

22c. JOHN KARIS, M.D., 5600 W. ADDISON, CHGO, IL; 60634 22d. 36-42360

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.

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

24a. Cremation 24b. Lain-Sullivan 24c. Park Forest, Illinois 24d. August 19, 1989

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

25a. Calahan Funeral Home, 7030 So. Halsted Street, Chicago, Illinois 60621

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

25b. *Edward Calahan* 25c. 8812

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *James W. Masterson* 26b. AUG 18 1989



STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., 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.

Aut. N.W. A. 29737 R9.

A 711 1215 B2 26

151546

#30-75-15,167

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

ACTING LOCAL REGISTRAR

260-A