

91021169

Bank One
Pt 10129
mer 46411

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana }
COUNTY OF Lake } S. S.

On this 23rd April 91 before me personally appeared
(insert date)

Betty J. Butler

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 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 Jerome T. Butler and Betty J. Butler
- Said Jerome T. Butler
(in name of co-tenant who died)
died on April 16, 1991
leaving no will;
(insert "a" for "no"; if will left, attach a copy)
- 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 \$ 45,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- 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

APR 30 1991

Carol N. Anton
NOTARY LAKE COUNTY

Affiant's relationship to the deceased was spouse

Signature: Betty J. Butler

Address: 16009 Clark Street
Lowell, IN 46356

Subscribed and sworn to before me by the affiant

this April 20, 1991
(insert date)

Sherry King
Notary Public

My Commission Expires 2.25.92
Resident of LAKE County

This instrument prepared by Betty J. Butler



STATE OF INDIANA/S.S. NO. 11
MAY 3 11 08 AM '91
REC'D
FREELAND
RECORDER

01722

800 E

Lot 4 in Fetter's Addition, as per plat thereof, recorded in Plat Book 35 page 40, in the Office of the Recorder of Lake County, Indiana.

3-1944

REGISTRATION DISTRICT NO. 16-10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
606789

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. JEROME BUTLER 2. MALE 3. APRIL 06, 1991

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK 5a. 54 5b. 5c. 5d. Dec. 10, 1936

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)
6a. CHICAGO 6b. UNIVERSITY OF CHICAGO HOSPITALS 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. Chicago, Ill. 8a. Married 8b. Betty Henn 8c. Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGH SCHOOL OR ABOVE COMPLETED)
10. 358 26 9860 11a. Supervisor 11b. LTV Steel 12.

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 16009 Clark 13b. Lowell 13c. Yes 13d.

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Ind. 13f. 46356 14a. White 14b. NO 14c. YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. James Butler 16. Francis Birmingham

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. LAURA M HEDMAN 17b. RECORDS 17c. 17841 S MARYLAND, CHICAGO, IL 60637

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as hard as or respiratory arrest. APPROPRIATE INTERNAL OR EXTERNAL CAUSE OF DEATH
Immediate Cause (Final disease or condition resulting in death) (a) PANCREATIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF ONE MONTH

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF (c)

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON
21a. DID HIM APRIL 06, 1991 21b. NO 21c. 04:10 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE BARRY M SUMMERS MD 315 22b. DATE SIGNED APRIL 07 1991

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. BARRY M SUMMERS, MD 5841 S MARYLAND, CHICAGO IL 60637 22d. 125-023539

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. FABRIZIO MICHELASSI, MD

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. German Methodist 24c. Cedar Lake Ind. 24d. 4/9/1991

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Gender & Wilson 10240 S. Ewing Chicago Illinois

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 25c. 6815

DATE FILED BY REGISTRAR (MONTH, DAY, YEAR)
26a. APR 08 1991

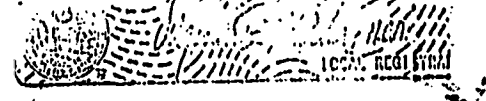
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File # 16-10-16

APR 16 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

VIRGINIA L. PARKER, M.B.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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Exhibit "A"

DEPARTMENT OF HEALTH - CITY OF CHICAGO