



91066631 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

S.S.

On this December 26th, 1991 before me personally appeared ROY L. BOSTON

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 ROY L. BOSTON and LOH BOSTON

4. Said LOH BOSTON (fill in name of co-tenant who died on June 5th, 1989 leaving NO will (insert "no" or "no"; if will left, attach a copy) This Document is the property of the Lake County Recorder!

5. The legal description of the premises in question is: THE WEST 125 FEET OF LOT 4, IN GROOT AND SZUR'S ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 23 PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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? NO

(If answer is "Yes," identify the divorce proceedings: N/A

8. Affiant's relationship to the deceased was SPOUSE

Signature: Roy L. Boston  
ROY L. BOSTON

Address: 8921 KENNEDY AVENUE  
HIGHLAND, IN 46322

Subscribed and sworn to before me by the affiant

this December 26th, 1991 (insert date)

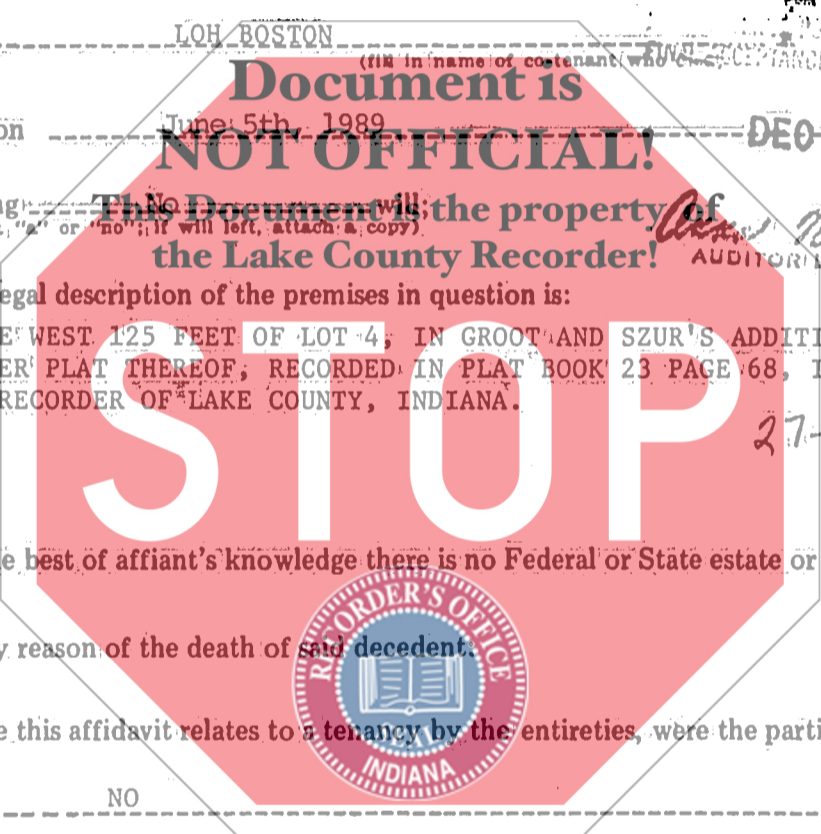
LISA A. GARCIA Notary Public

My Commission Expires 12/12/93

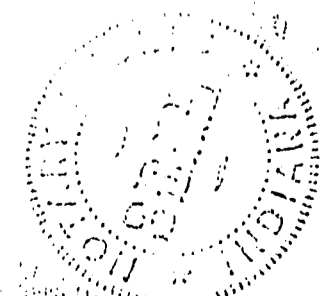
This instrument prepared by WILLIAM L. HEDGES, VICE PRESIDENT

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CHICAGO TITLE INSURANCE COMPANY  
STATE OF INDIANA INDIANA DIVISION



REGISTRATION DISTRICT NO: 16.32  
REGISTERED NUMBER 323

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

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

1. LOH BOSTON 2. FEMALE 3. JUNE 5, 1989

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

4. COOK 5a. 40 5b. 5c. 5d. MARCH 13, 1949

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 DO A OP EMER. RM. INPATIENT (SPECIFY)

6a. CHICAGO HEIGHTS 6b. ST. JAMES MEDICAL CENTER 6c. INDOIAN

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 OR NO)

7. THAILAND 8a. MARRIED 8b. ROY BOSTON 9. NO

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

10. 320-60-3281 11. HAUTICIAN 12. BEAUTY SHOP 12. 12

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

13. 8921 KENNEDY 13b. HIGHLAND 13c. YES 13d. LAKE

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. INDIANA 14. 46322 14a. ORIENTAL 14b. NO

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

15. ODD PUINOK 16. REAN KENA

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

17a. MR. ROY BOSTON 17b. HUSBAND 17c. 8921 KENNEDY HIGHLAND, INDIANA 46322

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) *Causes of the death as follows: pharynx*

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF

STATING THE UNDERLYING CAUSE LAST. (c) DUE TO, OR AS A CONSEQUENCE OF

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

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

20a. 20b. *Dr. N. Antonio* 20c. YES NO

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON? WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. 6/2/89 21b. YES 21c. 5:50 P.M.

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

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22b. *Everett E. Vokes, M.D.* 22c. 616189

22d. 5841 So. Maryland Avenue, Chicago, IL 60637 22d. 036-063064

23. 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. MOUNT HOPE CEMETERY 24c. WORTH, ILLINOIS 24d. JUNE 1, 1989

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

25a. TEWS FUNERAL HOME 18230 S. DIXIE HWY. HOMEWOOD, ILLINOIS 60430

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

25b. *Henry H. Tews* 25c. 26510

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

26a. *John M. Costabile (pm)* 26b. June 7-1989



I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JUN 7 1989 SIGNED: *John M. Costabile*

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR 01473