



Chicago Title Insurance Company

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93013989

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

COUNTY OF Lake

} S. S.

On this February 2, 1993 before me personally appeared Dorothy Barnett

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 Fred M Barnett and Dorothy Barnett;

4. Said Fred M Barnett (fill in name of co-tenant who died)

died on March 29, 1990 leaving no will (insert "a" or "not" if will left, attach a copy)

5. The legal description of the premises in question is: Parcel I The West 157.92 feet of the South 35 feet of the North 412.5 feet of the East 1/2 of the East 1/2 of the Southeast 1/4 of the Southwest 1/4 of Section 9, Township 36 North, Range 9 West of the 2nd. Principal Meridian in the City of Hammond, Lake County, Indiana: Parcel II Lot 4 in Greenlawn 2nd. Add to Hammond, as per plat thereof recorded in Plat Book 18, page 28 in the Office of the Recorder of Lake Co, 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? in August 1944 and remarried December 1946

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

8. Affiant's relation to the deceased was wife

FILED

FEB 26 1993

Signature: Dorothy Barnett
Address: 7131 Marshall

Subscribed and sworn to before me by the affiant

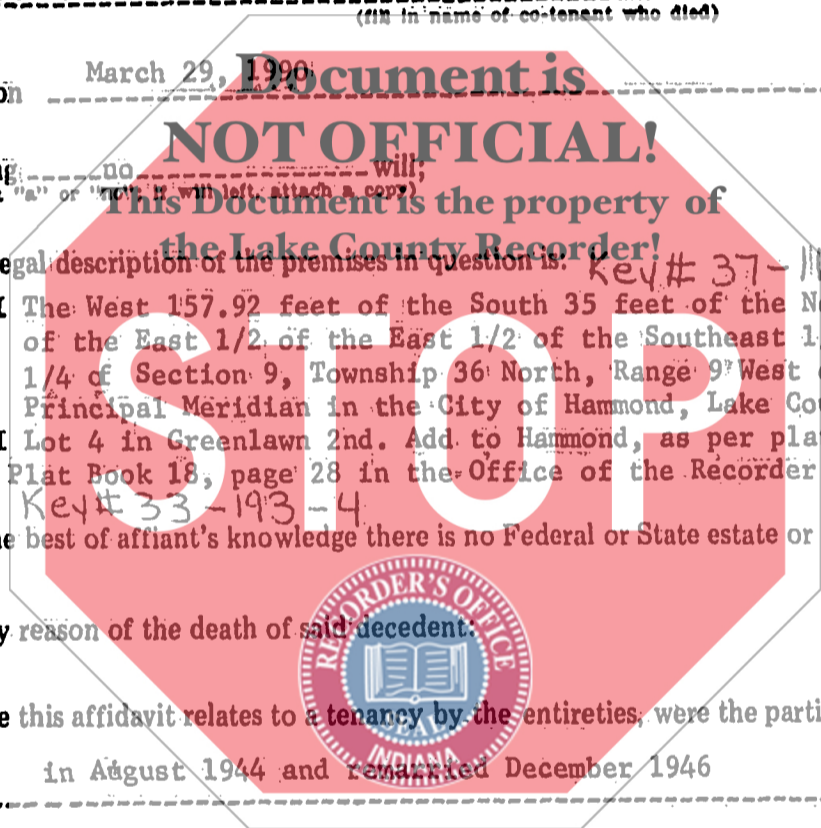
this February 5 1993 (insert date)

Faye Cowser Notary Public

My Commission Expires 9/9/93

This instrument prepared by Dorothy Barnett

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD MAR 3 1 07 PM '93 SAHUEL ORLICH RECORDER



Chicago Title Insurance Company

Handwritten initials and marks at bottom right

# Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <b>485</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS:  A..... DECEASED B..... C..... D..... E.....  1..... 2..... 3.....  CAUSE 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13..... 14..... 15..... 16..... 17..... 18..... 19..... 20..... 21..... 22..... 23..... 24..... 25..... 26..... 27..... 28.....	DECEASED-NAME FIRST MIDDLE LAST <b>1. Fred M. Barnett</b>		SEX <b>2. Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3. March 29, 1990</b>		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>4. COOK</b>		AGE - LAST BIRTHDAY (YRS) MO'S DAYS <b>5a. 76</b>	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. <b>5b. 5c.</b>	DATE OF BIRTH (MONTH DAY YEAR) <b>5d. Oct. 24, 1913</b>	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>6a. PROVISO TOWNSHIP</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER ONE, STREET AND NUMBER) <b>6b. VETERANS ADM. HINES, IL 60141</b>		IF HOSP. OR INST. INDICATE D.O.A. (OPEREM. PM. INPATIENT) (SPECIFY) <b>6c. Inpatient</b>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Nedesha, Kansas</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. Dorothy Turner</b>		IF HOSP. OR INST. INDICATE D.O.A. (OPEREM. PM. INPATIENT) (SPECIFY) <b>9. Yes</b>
	SOCIAL SECURITY NUMBER <b>10. 458-09-9503</b>		USUAL OCCUPATION <b>11. Operator, Engr.</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Local #150</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) College (1-4 or 5+) <b>12. 8 0</b>	
	RESIDENCE (STREET AND NUMBER) <b>13a. 7131 Marshall St.</b>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>13b. Hammond</b>		INSIDE CITY (YES/NO) <b>13c. Yes</b>	COUNTY <b>13d. LAKE</b>
	STATE <b>13e. Indiana</b>		ZIP CODE <b>13f. 46323</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>13g. White</b>	HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>13h. No</b>	
	FATHER-NAME FIRST MIDDLE LAST <b>15. C. Joel Barnett</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>18. Edith Ethel Betts</b>		INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Kathryn Brown</b>	
	RELATIONSHIP <b>17b. Sister</b>		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. Hammond, Indiana</b>		VETERANS ADM. HINES, IL 60141	
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		(a) <b>Respiratory Arrest,</b> DUE TO, OR AS A CONSEQUENCE OF		IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Unknown</b>	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Carcinoma of Lung.</b> 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.		(c)				
DATE OF OPERATION, IF ANY <b>20a.</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>		AUTOPSY (YES/NO) <b>No</b>		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES [ ] NO [ ]</b>		DATE OF OPERATION, IF ANY <b>20a. March 29, 1990</b>		HOUR OF DEATH <b>21c. 6:00 A. M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 3/29/90</b>		
SIGNATURE <b>22a. [Signature]</b>		NAME AND ADDRESS <b>22c. MAK M.D. VETERANS ADM. HINES, IL 60141</b>		ILLINOIS LICENSE NUMBER <b>2226 46841</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23.</b>		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>		CEMETERY OR CREMATORY-NAME <b>24b. Elmwood Cemetery</b>		
FUNERAL HOME <b>25a. Brown Funeral Home</b>		LOCATION CITY OR TOWN STATE <b>24c. Hammond, Indiana</b>		DATE (MONTH, DAY, YEAR) <b>24d. 4-2-90</b>		
FUNERAL DIRECTOR'S SIGNATURE <b>25b. [Signature]</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 9108</b>		LOCAL REGISTRAR'S SIGNATURE <b>28a. [Signature]</b>		
LOCAL REGISTRAR'S SIGNATURE <b>28a. [Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>28b. March 30, 1990</b>				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1; and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **MAY 25, 1990** SIGNED **[Signature]**

AT **Broadview, 60153**, Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH, at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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