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TICOR TITLE INSURANCE

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STATE OF INDIANA)
COUNTY OF LAKE) SS:

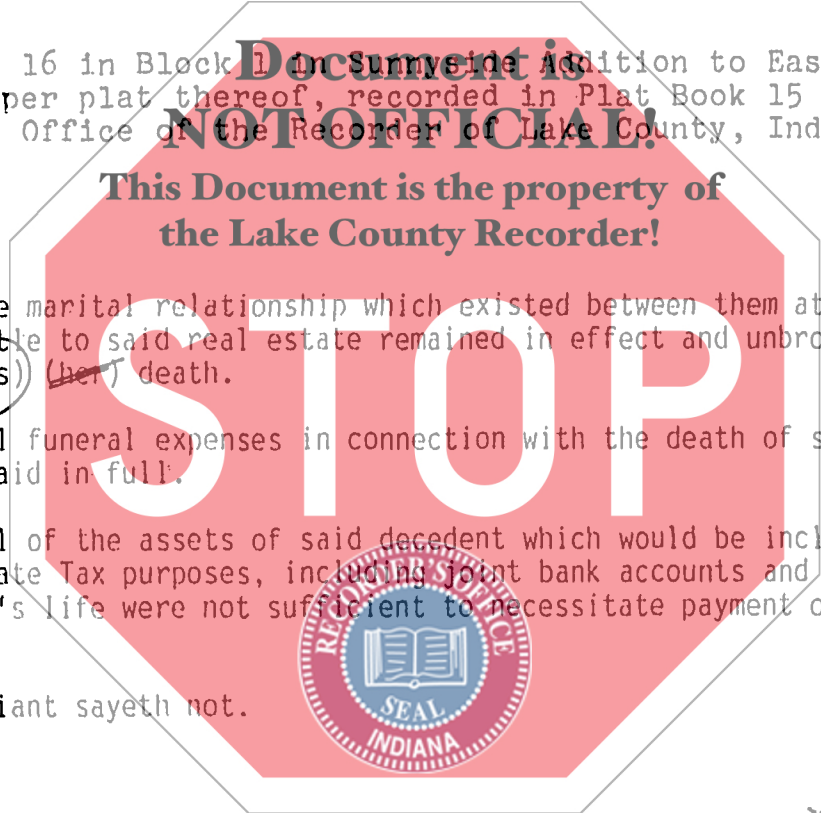
MARGARET B. CRAVEN, being first duly sworn upon oath, deposes and says:

STATE OF INDIANA
LAKE COUNTY
RECORDERS
MAR 23 11 15 AM '93

1. That FOREST I CRAVEN died on JULY 2, 19 82 at BIRMINGHAM HOSPITAL.
2. That FOREST I CRAVEN and MARGARET B. CRAVEN were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 16 in Block 1 in Sunnyside Addition to East Chicago, as per plat thereof, recorded in Plat Book 15 page 1, in the Office of the Recorder of Lake County, Indiana.

This Document is the property of the Lake County Recorder!



30-565-15

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Margaret B Craven
Margaret B. Craven

Subscribed and sworn to before me, a Notary Public, this 15th day of MARCH, 19 93.

FILED

MAR 25 1993

Thomas G. Schiller
Notary Public
THOMAS G. SCHILLER

My Commission expires:
June 7, 1996

Jana M. Anton
AUDITOR LAKE COUNTY

County of Residence:
LAKE

This Instrument prepared by MARGARET B. CRAVEN

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174551 - Year HO

REGISTRATION DISTRICT NO 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

613618

DECEASED NAME FOREST I. CRAVEN SEX 2. MALE DATE OF DEATH 3. July 2, 1982

RACE 4a. White ORIGIN OR DESCENT 4b. AMER AGE 5a. 69 UNDER 1 YEAR 5b. UNDER 1 DAY 6. 7-21-82 COUNTY OF DEATH 7a. Cook

CITY, TOWN, TRP OR ROAD DISTRICT NUMBER Chicago HOSPITAL OR OTHER INSTITUTION 7c. Billings Hospital 7d. INPATIENT

STATE OF BIRTH 8. Illinois CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. MARRIED NAME OF SURVIVING SPOUSE 11. MARGARET CHANLER

SOCIAL SECURITY NUMBER 12. 306-03-0743 USUAL OCCUPATION 13a. LA GARDER KIND OF BUSINESS OR INDUSTRY 13b. STEEL

RESIDENCE STREET AND NUMBER 14a. 4032 BUTTERNUT CITY, TOWN, TRP OR ROAD DISTRICT NO 14b. EAST CHICAGO INSIDE CITY 14c. YES COUNTY 14d. COOK STATE 14e. ILLINOIS

FATHER NAME 15. GAVER MIDDLE CRAVEN LAST CRAVEN MOTHER MAIDEN NAME 16.

INFORMANT'S SIGNATURE 17a. S. Richardson RELATIONSHIP TO DECEASED 17b. HOSPITAL RECORDS MAILING ADDRESS 17c. 950 E. 57th ST CHICAGO ILL 60637

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

PART I. IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST DUE TO OR AS A CONSEQUENCE OF (b) HEPATIC FAILURE DUE TO OR AS A CONSEQUENCE OF (c) UNCERTAIN

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)) RENAL FAILURE

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

I ATTENDED THE DECEASED FROM 21a. 6/20/82 TO 21b. 7/2/82 AND LAST SAW HIM, REVULSIVE OR 21c. 7/2/82 HOUR OF DEATH 21d. 7:50 A.M.

22a. SIGNATURE June C. Muller, MD NAME AND ADDRESS OF CERTIFIER 22c. 950 E. 57th St. Chgo. Ill 60637

22b. DATE SIGNED 7/2/82 ILLINOIS LICENSE NUMBER 22d. 036-063938

23. STEVEN MACBRIDE, M.D. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED

BURIAL, CREATION, REMOVAL (SPECIFY) 24a. BURIAL CEMETERY OR CREMATORY - NAME 24b. RIDGE LAWN LOCATION 24c. GARY, INDIANA DATE (MONTH, DAY, YEAR) 24d. 7-6-82

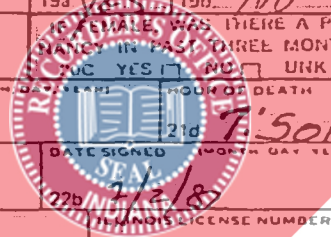
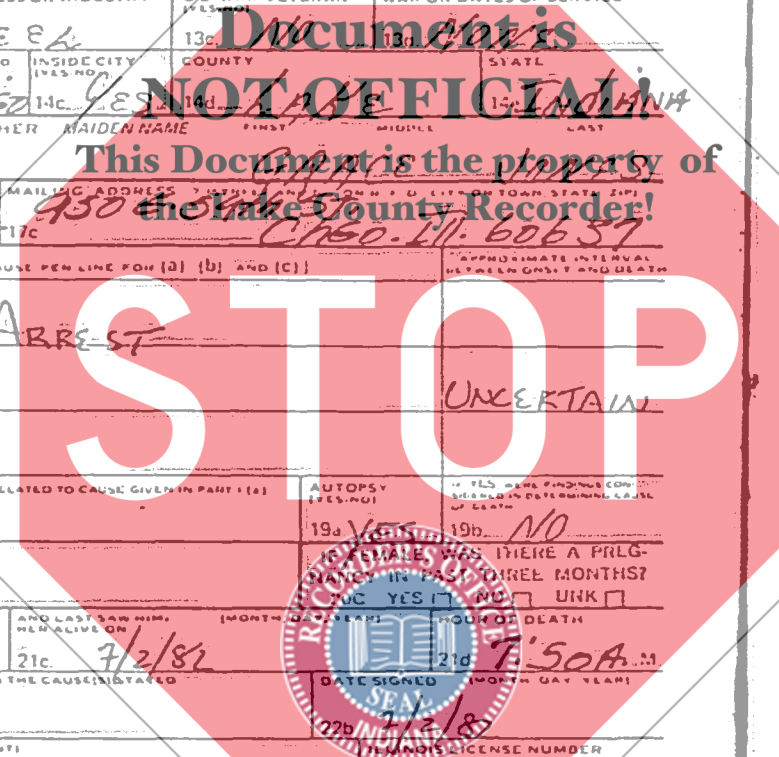
FUNERAL HOME 25a. GANDER-WILSON FUNERAL HOME 12534 S. HARLEM AVE. PARDON HEIGHTS, ILLINOIS 60643

FUNERAL DIRECTOR'S SIGNATURE

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAR 17 1993

I, 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.

FILED

MAR 25 1993

Alex N. Anton AUDITOR LAKE COUNTY

01304

T102-HO 174551

DEPARTMENT OF HEALTH - CITY OF CHICAGO