

LEGAL DESCRIPTION:

Lot 13 and the South 1/2 of Lot 12 in Bryan's Island Park Second addition, to the City of Gary, as per plat thereof, recorded in Plat Book 28 page 14, in the office of the recorder of Lake County Indiana.

RETURN TO: FIRST AMERICAN TITLE INS. CO. 5265 COMMERCE DR. SUITE 1 CROWN POINT, IN 46307

PROPERTY ADDRESS:

2428 Madison Street Gary IN 46407

FILED

APR 21 1994

94030269

ESTATE AFFIDAVIT

Alex N. Anton AUDITOR LAKE COUNTY

Claudeen Roby, Affiant, states that:

1. James Roby Jr, deceased, died on the 14th day of June, 1992;

2. Affiant is: XX the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; leaving no will;

4. The deceased and Affiant were married on the 21st day of December, 1962; and were never divorced. (This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

April 19 1994 Date

Claudeen Roby Signature of Affiant Claudeen Roby

Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 19th day of April, 1994.

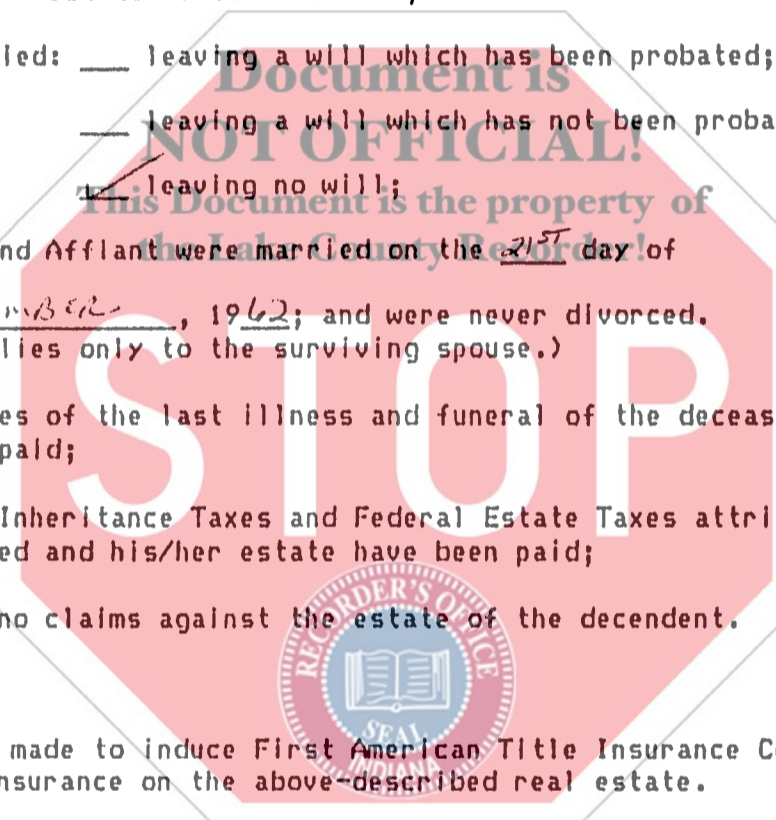
Andrea A Widlowski Printed Name of Notary

Signature of Notary

Commission expires: 9-17-97 County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY: Claudeen Roby

94.306



APR 21 9 48 AM '94 RECORDER JH

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

900 for

BIRTH NO. REGISTRATION DISTRICT NO. **16.10** **FA-12001** STATE OF ILLINOIS STATE FILE NUMBER **611355**

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST MIDDLE LAST JAMES ROBY		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. JUNE 14, 1992
4. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 68	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 10, 1923
6a. CHICAGO		6b. UNIVERSITY OF CHICAGO HOSPITALS	
7. SALLIS, MISS.		8b. CLAUDEEN JENNINGS	
10. 428-20-0225		11a. CRANE OPERATER	
13a. 2428 MADISON ST.		13b. GARY	
13e. INDIANA		14a. BLACK	
15. JAMES ROBY SENIOR		16. NANCY WILLIAMS	
17a. MAYBLEINE GIGGERS		17c. CHICAGO, ILLINOIS 60637	
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.			
Immediate Cause (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) SEPSIS DUE TO, OR AS A CONSEQUENCE OF			
(b) ACUTE MYELOGENOUS LEUKEMIA DUE TO, OR AS A CONSEQUENCE OF			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON JUNE 14, 1992		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
22a. SIGNATURE <i>Rosemary A. DeAngelis MD</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) JUNE 15, 1992	
22c. ROSEMARY A. DEANGELIS, MD 5841 MARYLAND CHICAGO, ILLINOIS 60637		22d. ILLINOIS LICENSE NUMBER 125-026405	
23. RICHARD SCHILSKY, MD			
24a. BURIAL EVERGREEN		24c. LOCATION CITY OR TOWN STATE HOBART, IND.	
24b. CEMETERY OR CREMATORY-NAME		24d. DATE (MONTH, DAY, YEAR) 6-19-1992	
25a. BARKER S MORTUARY INC 9900 S. THROOP CHICAGO, ILL. 60643		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009009	
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Richard Schilsky</i>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 19 1992	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Virginia L. Parker, M.B.A.</i>		26b.	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 19 1992

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.

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5265 COMMERCE DR. SUITE 1
CROWN POINT, IN 46307

FA-12001

DEPARTMENT OF HEALTH - CITY OF CHICAGO

