FA # 12001	
LECAL DESCRIPTION:	<b>200</b> 000
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:	FILED
2428 Madison Street Gary IN 46407	APR 21 1994
94030269 ESTATE AFFIDAVIT	DIEKO N. anton
Claudeen Roby , Affiant, states ti	AUDITURI LAKE GOUNTY
1. James Roby Jr , deceased, died on	the 14thday
0†	•
2. Afflant is: XX the surviving spouse of the deceased,	nf bha
the Personal Representative/Executor-trix of the deceased;	or the
1 the deceased died:  1 leaving a will which has not been probated and Afflant were married on the 2157 day of this item applies only to the surviving spouse.)	bated: R
5. All expenses of the last illness and funeral of the dece have been paid;	
6. All State Inheritance Taxes and Federal Estate Taxes at the deceased and his/her estate have been paid;	tributable to
7. There are no claims against the estate of the decendent.	
This Affidavit is made to induce First American Title Insurance policy of title insurance on the above-described real estate.	e Company to issue a
Date  April 19 1994  Date  Caudlen Romannia  Signature of Affiant C1	eby
Date Signature of Affiant Cl	audeon Roby
Printed Name of Affiant	<del></del>

State of Indiana, County of Lake

Subscribed and sworn to before me, this 19thay of \_\_\_\_

Andrea A Widlowski
Printed Name of Notary
Commission expires: 9

THIS INSTRUMENT WAS PREPARED BY:

Claudeen Roby

01308



BIRTH NO.	REGISTRATION OISTRICT NO.	10 FA-	12001	STATE OF IL			S	TATE FILE 6/1355	
	REGISTERED NUMBER	ME	DICAL C	ERTIFIC	ATE OF	DEAT	ГН		
t in	DECEASED-NAME	FIRST	MYDDLE	LAST	SEX	ķ	DATE OF DEATH	H (MONTH, DAY, YEAR)	
ii INK	1.	JAMES		ROBY	2M	2MALE 3. J		UNE 14, 1992	
sici <b>ana</b> 'or	COUNTY OF DEATH		AGE-LAST	UNDER 1 YEAR	UNDERTUAY	DATE OF BIRT			
NS	4. COOK		SIRTHDAY (YRS)	MOS DAYS	HOUPS MIN	Sd AUG	UST 10	, 1923	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITALOROT	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STHEET AND				ONUMBER) IF HOSP, OR INST, INDICATE D OA OPEMER RM, INPATIENT (SPECIFY)	
ll	6a. CHICAGO		6b. IINTVI	6b. UNIVERSITY OF CHICAGO HOSPITAL					
	BIRTHPLACE (CITYANDSTATEOR MARRIED NEV		VER MARRIED,	R MARRIED NAME OF SLIBVIVING SPOUSE MADE HARRE E ME			FE) WAS DECEASED EVER IN U.S.		
ED	7. SALLIS, MI	SS. Ba MAR	RIED	8b CLAU	DEEN J	ENNING	S	ARMEDFORCES (YESHO)	
	SOCIAL SECURITY NUMBER				SS OR INDUSTRY	EDUCATION	V (SPECIFYONLY	HIGHEST GRADE COMPLETED)	
1	10428-20-022	5 11a OPE	RATER	U.S	. STEEL	1 4	condary (0-12)	College (1-4 or 5 + )	
	RESIDENCE (STREET AND NU			TOWN, TWP, OR I		O INC	DECTTY	COUNTY	
	13a 2428 MA	DISON ST	136.	GARY	/	WE	YES	LAKE	
	STATE	·	PACE MHITE BLACK A		HISPANIC ORIGIN			(130. DFY CUBAN MEXICAN, PUERTO RICAN, etc.)	
	13e.INDIANA		NDIAN, etc.) (SPECIFY)						
	FATHER-NAME FIRST		14a. BLACK LAST			YES SP		(MAIDEN) LAST	
īS	15. JAMES	ROBY	SENIOR		A DEPORT			LIAMS	
	INFORMANT'S NAME (TYPE			16.	CALC AND			OUGH GOZI	
		•		HOSPITAL				TTY OR TOWN, STATE, ZIP)	
ر	17a MAYBLEINE GIGGERS 17b. RI:CORDS 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 fine.								
	Immediate Cause (Final disease or condition								
	resulting in death)	(a) SEPSI	S						
	CONDITIONS, IF ANY		CONSEQUENCE OF			A T	LE		
اسا	WHICH GIVE RISE TO	1	MYELOGENO	US LEUKEM	IA				
3	IMMEDIATE CAUSE (a) STATING THE UNDERLYIN		CONSEQUENCE OF						
	CAUSE LAST.	(c)							
	PARTII. Other significant condit	ions contributing to death but no	t resulting in the underlying o	Busegiver in PART1.		APA	AUTOPSY DESNOVA	WERE AUTOPSY FRICINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES MO)	
\					_	TUND	AUTOPSY RESINDIANA 19a. 19a.	196.	
	DATE OF OPERATION, IF AN	Y MAJOR FINDI	NGS OF OPERATION		100	E.O.	IFFEMAL THREE M	E. WAS THERE A PREGNANCY IN PAST	
<b>\</b>	20a.	206.			and	w m	eoc.	YES NO	
	I (DID) (DID NOT) ATTEND TH AND LAST SAW HIMHER ALI	E DECEASED (MONTH	I, DAY, YEAR)		WASC	DACKER OF ME	DICALCON	OF DEATH	
	21a.		14, 1992		21b.	NO	THE STATE OF	1:00 A <sub>M.</sub>	
	TO THE BEST OF MY KNOW	EDGE, DEATH OCCURR	ED AT THE TIME, DAT	E AND PLACE AND D	UE TO THE CAUSE	(S) STATED.	DATE	SIGNED (MONTH, DAY, YEAR)	
	22a. SIGNATURE	Sosemani (	100 . Oct	Cis us		Very N	DIANA	IUNE 15, 1992	
<b>E</b> R	NAME AND ADDRESS OF CE		RINT)	V-1. 10/12		6060	BLUNC	DIS LICENSE NUMBER	
	22c DOSEMADY A	DEANCELTS	MD 58/1	MADVIAND	CHICACO	6063		125-026405	
	22c. ROSEMARY A. DEANGELIS, MD 5841 MARYLAND CHICAGO, ILLINOIS 22d. 125-026405  NAME OF ATTENDING PHYSICIAN IF OTHER THANCERTIFIER (TYPE OR PRINT)  23. RICHARD SCHILSKY, MD 5841 MARYLAND CHICAGO, ILLINOIS 22d. 125-026405  NOTE: # ANNUARY WAS INVOLVED IN THE DEATH THE COROMER OR MEDICAL EXAM MUST BE MOTTHED.								
}	BURIAL CREMATION.	CEMETERYOR CRE	MATORY-NAME	LOCATION			TATE	DATE (MONTH, DAY, YEAR)	
	BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	24b. EVER	GREEN	24c.	HOBART	, IND	•	6-19-1992	
	FUNERAL HOME	NAME		NUMBER OR R.F.D.		TY OR TOWN		STATE ZIP	
ION	252 BARKER S	MORTUARY	$INC_{\sim}$ 99	900 S. T	HROOP (	CHICAGO	o, ILL	. 60643	

1000 10m 5 901

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE REEPER 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 ORDI-NANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009009

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
260. 1982

RETURN TO:
FIRST AMERICAN TITLE INS
5265 COMMERCE DR. SUII
CROWN POINT, IN 4630