

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

S. S.

On this December 6, 1994 before me personally appeared

CAROLE A. McQUEN

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 surviving joint tenant with rights of survivorship; (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 LEONARD P. McQUEN and CAROLE A. McQUEN
- 4. Said LEONARD P. McQUEN (fill in name of co-tenant who died)

died on June 3, 1993

leaving no will; (insert "a" or "no"; if will left, attach a copy)

SAM ORLICH AUDITOR LAKE COUNTY

5. The legal description of the premises in question is: Lot 13, Lakes of the Four Seasons, Unit No. 1, as shown in Plat Book 37, page 63, in the Recorder's Office 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: Carole A. McQuen
CAROLE A. McQUEN
Address: 4339 N. Lake Shore Drive
Crown Point, IN 46307

Subscribed and sworn to before me by the affiant

this 6th day of December 1994 (insert date)

Allen B. Zarembo
Notary Public

My Commission Expires 10-15-95

Residence: Parer Co.

SPANGLER, JENNINGS & DOUGHERTY, P.C.
BY: ALLEN B. ZAREMBA
8396 Mississippi Street
Merrillville, IN 46410

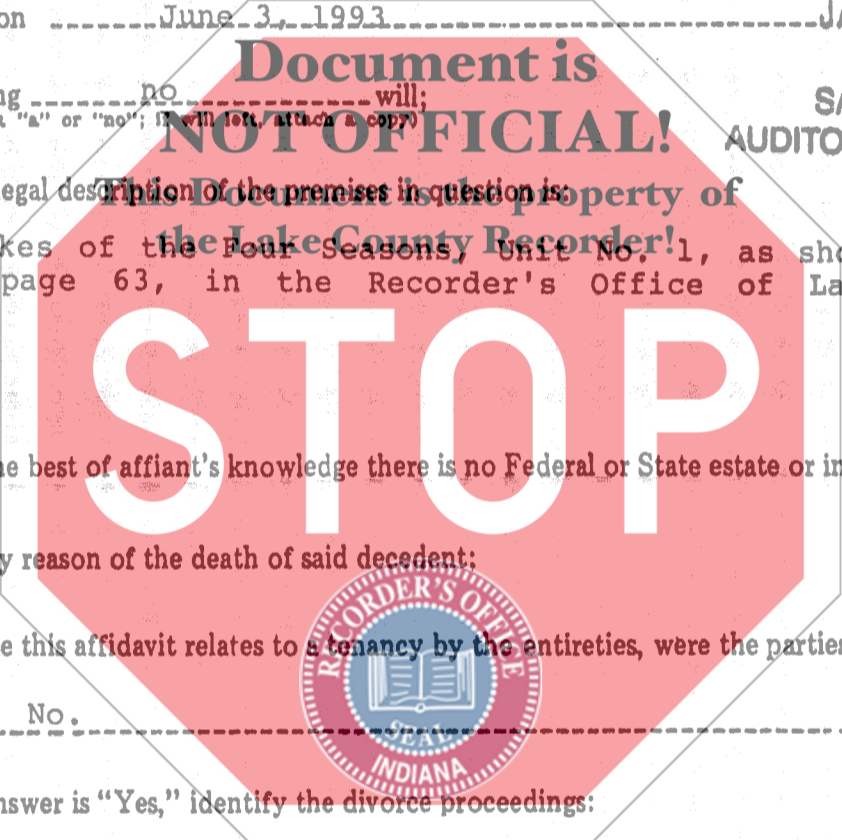
This instrument prepared by

MARGARET N. CLEVELAND
95 FEB 16 1995
FILED FOR RECORD

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

JAN 31 1995



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REGISTRATION DISTRICT NO		STATE OF ILLINOIS				STATE FILE NUMBER	
16.32		MEDICAL CERTIFICATE OF DEATH					
REGISTERED NUMBER		FIRST		MIDDLE		LAST	
442		LEONARD		P. McQuen		SEX: 2 MALE	
DECEASED NAME		DATE OF DEATH				(MONTH DAY YEAR)	
		2 JUNE 3, 1993					
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR)	
4 Cook		5a. 55		5b. 5c.		6d. October 3, 1937	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP OR INST INDICATED O A OF EMER RM, INPATIENT (SPECIFY)	
6a. Chicago Heights		6b. St. James Hospital				6c. Inpatient	
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 NO)	
7. Gary, IN.		8a. Married		8b. Carol N/A		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 308-36-2054		11a. Iron Worker		11b. Local #395		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO		INSIDE CITY (YES NO)		COUNTY	
13a. 4339 N. Lake Shore Drive		13b. Crown Point		13c. No		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		13f. 46307		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST					
15. James McQuen, Sr.		16. Thelma N/A					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Carol McQuen		17b. Wife		17c. 4339 N. Lake Shore Drive, Crown Point, IN, 46307			
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		RESPIRATORY FAILURE		1-2-h			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) CANCER OF LUNG WITH METASTASIS		2 months			
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.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 6-3-93		21b.		21c. 10:50 A.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED		(MONTH, DAY, YEAR)			
22a. SIGNATURE		22b. 6-7-93		ILLINOIS LICENSE NUMBER			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. HAKAM SAFADI MD., 8315 VIRGINIA ST, MERRILLVILLE IN 46410		INDIANA 01029166			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		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		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Calumet Park		24c. Merrillville, IN.		24d. June 7, 1993	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. ELMWOOD CHAPEL		11200 S. AEWING		CHICAGO, ILLINOIS		60617	
FUNERAL DIRECTOR'S SIGNATURE		25b. Henry Blake		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25c. 034012243		26a. John M. Costabile		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
LOCAL REGISTRAR'S SIGNATURE		26b. June 7, 1993					

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 28 1993

SIGNED: John M. Costabile

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

001224