

2



TICOR TITLE INSURANCE

95010218

AFFIDAVIT

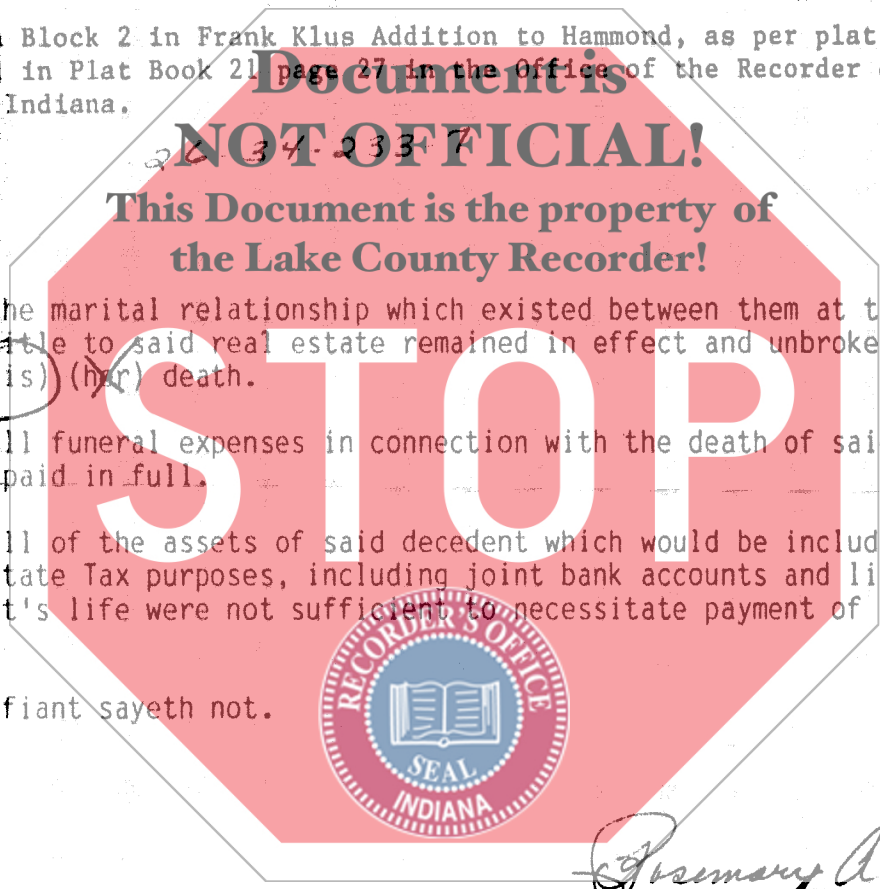
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROSEMARY A. CLARKE, being first duly sworn upon oath, deposes and says:

1. That ROLAND M. CLARKE died on MARCH 31, 1994 at St. Margaret Hospital, Hammond,

2. That ROLAND M. CLARKE and ROSEMARY A. CLARKE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 7 in Block 2 in Frank Klus Addition to Hammond, as per plat thereof recorded in Plat Book 21 page 27 in the Office of the Recorder of Lake County, Indiana.



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.

Rosemary A. Clarke
Rosemary A. Clarke

Subscribed and sworn to before me, a Notary Public, this 31 day of FEBRUARY, 1995.

FILED

FEB 24 1995

Thomas G. Schiller
Notary Public

My Commission expires: SAM ORLICH
JUNE 7, 1996 AUDITOR LAKE COUNTY

County of Residence:
LAKE

This Instrument prepared by ROSEMARY A. CLARKE

001136

800 to

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 FEB 23 AM 10:04
RECORDER

CERTIFICATION OF VITAL RECORD

191308 - TICOR HO - MASSEY

BUREAU COUNTY, ILLINOIS

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 6.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in Permanent Ink Physician, Funeral Director, or Registrar Handbook for Instructions		DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. ROLAND M. CLARKE		2. Male		3. March 21, 1994			
COUNTY OF DEATH		AGE LAST BIRTHDAY (M) (D) (Y)		UNDER 1 YEAR		UNDER 1 DAY	
4. BUREAU		5a. 72		5b. 72		5c. July 8, 1921	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)				F. HOSP. OR INST. INDICATE P.O.A. (OTHER AND INPATIENT SPECIFY)	
6a. SPRING VALLEY		6b. ST. MARGARET 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. DEPUÉ, IL		8a. Married		8b. ROSEMARY LAWLESS		8. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 512-18-2748		11a. TEACHER		11b. ELEMENTARY		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YEARS)		COUNTY	
13a. 7519 JACKSON AVE.		13b. HAMMOND		13c. Yes		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. 46324		14a. White		14b. <input type="checkbox"/> NO <input type="checkbox"/> YES! SPECIFY:	
FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE LAST		(MAIDEN) LAST			
15. GEORGE CLARKE		16. ANNA KENDZIERSKI					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. ROSEMARY CLARKE		17b. WIFE		17c. 7519 JACKSON AVE. HAMMOND, IN 46324			
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Cerebral Hemorrhage				18 Days	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Angiostenosis					
		(c)					
PART II		List diseases or conditions contributing to death but resulting in the underlying cause given in PART I				AUTOPSY (YES/NO)	
						19a. No	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a.		20b.					
1 (DO) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a.		21b. No		21c. 6:45 AM 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)		ILLINOIS LICENSE NUMBER			
22a. SIGNATURE		22b. 03-22-94		22d. 36-48248			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22c. ALEX B BERNAL MD 202 N MAIN LADD IL 61329							
23. BURIAL OR CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. VALLEY MEMORIAL PARK		24c. SPRING VALLEY, IL		24d. Mar 24, 1994	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. BARTO FUNERAL HOME LTD., 120 W CLEVELAND ST. SPRING VALLEY, IL 61362		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. James M. Barto		25c. 010974		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
LOCAL REGISTRAR'S SIGNATURE		25d. Tom Velon		26b. March 24, 1994			
26a.							



FILED

FEB 24 1995

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS) SS DATE ISSUED MAR 25 1994 001137
 COUNTY OF BUREAU)

I, Tom Velon, Bureau County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Bureau County, Princeton, Illinois.

Tom Velon

TOM VELON
COUNTY CLERK

