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TICOR TITLE INSURANCE

AFFIDAVIT

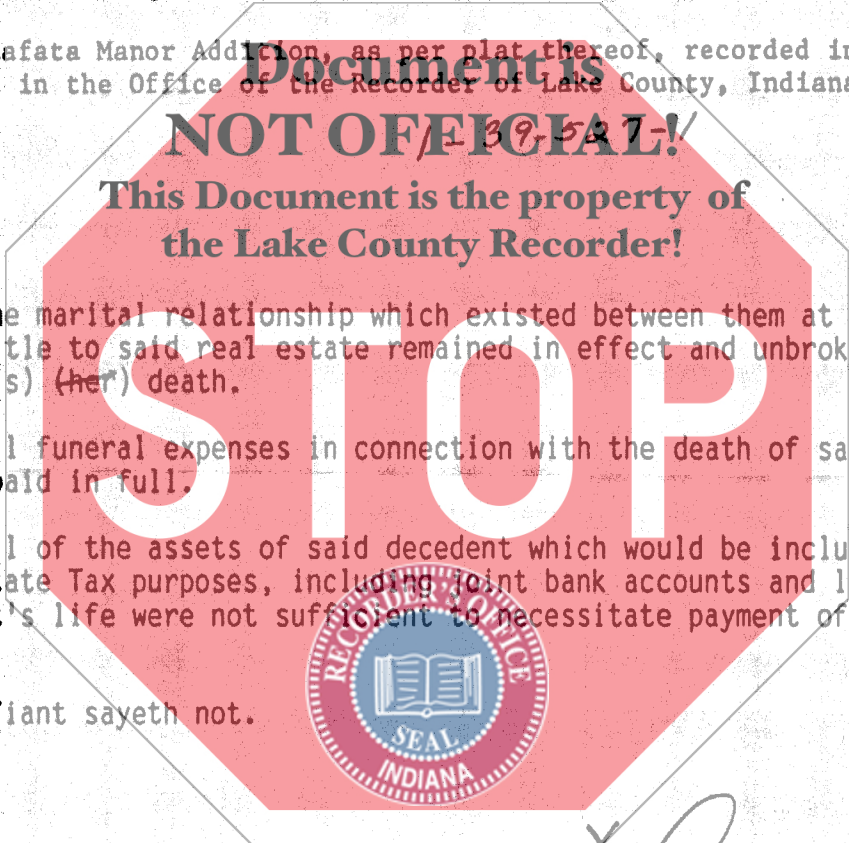
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

95057242

Agnes Lafata, being first duly sworn upon oath, deposes and says:

1. That Phillip Lafata died on Nov. 11, 19 89 at Lush North Medical Center
2. That Agnes Lafata and Phillip Lafata were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 1 in Lafata Manor Addition, as per plat thereof, recorded in Plat Book 35 page 3, 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) (her) 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.

Agnes Lafata
Agnes Lafata

Subscribed and sworn to before me, a Notary Public, this 15th day of September, 19 95.

FILED

SEP 22 1995

SAM ORLICH
AUDITOR LAKE COUNTY

My Commission expires 10-2-97

County of Residence:
Lake

This Instrument prepared by Agnes Lafata

001469

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 SEP 22 PM 2:30
MARSHETTE SHELBA
RECORDER

11.00
t

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

NOV 13 1989

DATE

SIGNED Lowell Huchleberry

AT Skokie

Illinois OFFICIAL TITLE

Director of Health

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR-201C (1978)

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

STATE OF ILLINOIS				STATE FILE NUMBER		
REGISTRATION DISTRICT NO. <u>16.36</u>		MEDICAL CERTIFICATE OF DEATH				
REGISTERED NUMBER <u>11314</u>						
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Phillip S. Lafata		2 Male	3. November 11, 1989			
COUNTRY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOE. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4 Cook		5a. 64	5b.	5c.	5d. July 3, 1925	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OPENER, R.M. INPATIENT (SPECIFY)	
6a Skokie		6b. Rush North Shore Medical Center			6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 Chicago, IL		8a. Married		8. Agnes Fiordiroso		9. Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)
10. 309-22-7690		11a. SUPERVISOR		11b. MAINTENANCE		12. 8
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 1350 N. Barrington Rd.		13b. Hoffman Estates		13c. Yes	13d. Cook	
STATE		COUNTRY OF BIRTH (IF NOT BORN IN U.S.) (SPECIFY)		ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. White		13g. NO YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST				
15. Paul Lafata		16. Pauline Palozzola				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Rita Flaherty		Hospital	17c. 9600 Gross Point Rd., Skokie, IL 60076			
17b. Records						
18. PART I Enter the disease, injuries, or complications that caused the death. Do not enter the results 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)						5 mo
(a) Metastatic adenocarcinoma of lung						
DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
(b)						
DUE TO, OR AS A CONSEQUENCE OF						
(c)						
PART II Other significant conditions contributing to death but not listed as a part of the underlying cause given in PART I						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a.		20b.		19a. NO		19b.
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
1 (M/D) (M/D/M) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21a. Nov. 10 1989		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a.				NO		21c. 12:28 AM
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. 11-11-89		ILLINOIS LICENSE NUMBER		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. DR EDWARD KAPLAN 600 S PAULINA CHICAGO 60612		22d. 36-66954		
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL		24b. QUEEN OF HEAVEN		24c. Hillside		Illinois Nov. 14, 1989
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
25a. CAPPETTA FUNERAL HOME 5855 W ROOSEVELT RD CHICAGO ILL. 60650-70		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Cappetta		25c. 8951		002470		
LOCAL REGISTRAR'S SIGNATURE		26a. Lowell Huchleberry		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a.				26b. NOV 13 1989		