



# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

96007246

Vera L. Lyles, being first duly sworn upon oath, deposes and says:

1. That Lee T. Lyles died on October 9, 1994 at Hines, Illinois.

2. That Vera L. Lyles and Lee T. Lyles were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 86 and the South 10 feet of Lot 87 in Morningside Addition to Gary, per plat thereof, recorded in Plat Book 12 page 36, in the Office of the Recorder of Lake County, Indiana.

46-51-41

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MARCO BELLECOSE AND  
RECORDER

96 FEB - 2 AM 9:27

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.

Vera L. Lyles

Subscribed and sworn to before me, a Notary Public, this 30th day of January, 1996

**FILED**

FEB 1 1996

**SAM ORLICH  
AUDITOR LAKE COUNTY**

Paula Barrick  
Paula Barrick Notary Public

My Commission expires:  
10-2-97

County of Residence:  
Lake

This Instrument prepared by Vera L. Lyles

Handwritten initials/signature

000019

REGISTRATION DISTRICT NO 10.92  
REGISTERED NUMBER 1371

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH 94 086097

STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR  
1. HARRY L. Thomas LYLES Male 3 October 9, 1994

COUNTY OF DEATH AGE-LAST BIRTHDAY YEAR MONTH DAY HOUR MIN SEC DATE OF BIRTH MONTH DAY YEAR  
4. COOK 64 28 11 28 1919

CITY TOWN, TWP. OR UNINCORPORATED PLACE HOSPITAL OR CLINIC  
64. PROVISO TOWNSHIP VETERANS ADM. HINES, IL 60141

BIRTHPLACE (CITY, STATE AND COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF DIFFERENT) HUSBAND OR WIFE (MARRIAGE LICENSE NO.) YES OR NO  
7 Tennessee Married Vera Johnson 9 Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SCHOOL GRADE COMPLETED) (SCHOOL TYPE) (SCHOOL CITY) (SCHOOL STATE)  
10 413-16-7996 11a Retention Worker 11b Automobile 12 12th 12c Yes 13. LAKE

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR UNINCORPORATED DISTRICT (IF APPLICABLE) COUNTY STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) OF HISPANIC ORIGIN? (YES OR NO) (YES SPECIFY)  
13a 4572 Jefferson Place 13b Gray 13c Yes 13d INDIANA 13e 46408 14a Anglo American 14b NO 14c YES SPECIFY

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MARRIAGE) LAST  
15. Boyd Lyles 16. Annie Webster

PREVIOUS MARRIAGE(S) (TYPE OR PRINT) RELATIONSHIP TO DECEASED (TYPE OR PRINT) MARITAL STATUS (TYPE OR PRINT)  
17a ROBERT J. BELCH, A.O.D. 17b Records 17c VETERANS ADM. HINES, IL 60141

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.  
Immediate Cause (The disease or condition resulting in death) (a) Metastatic Adenocarcinoma of the Prostate. Unknown

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) 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. AUTOPEY (YES OR NO) 19a NO 19b

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION (FEMALE) WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES ( ) NO ( )

ADDITIONAL INFORMATION (ATTEND THE DECEASED AND LAST BATHING (IF APPLICABLE)) MONTH DAY YEAR WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES OR NO) HOUR OF DEATH  
21a October 9, 1994 21b NO 21c 2:30 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 [Signature] William Towne, M.D. 22b October 10, 1994

NAME AND ADDRESS OF CERTIFIER (CITY OR TOWN) STATE ZIP CODE LICENSE NUMBER  
22c VETERANS ADM. HINES, IL 60141 22d 125-028185-5

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) (IF AN ALIEN WAS DECEASED, INDICATE THE COUNTRY OF ORIGIN AND THE DATE OF ENTRY INTO THE UNITED STATES)  
23

BURIAL, CREMATION, OR OTHER DISPOSAL METHOD (IF OTHER THAN BURIAL, SPECIFY) CEMETERY OR CREMATORY ADDRESS LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR  
24a Burial 24b Meadow Lawn 24c Saint Hill, TN 24d 10 02 1994

FUNERAL HOME (NAME) STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP CODE  
25a Carter's Chapel 25b 400 E. 75th Street 25c Chicago, Illinois 25d 60649

FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) (FURNISH LICENSE NUMBER) (DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR)  
25b [Signature] 25c 100153 25d October 11, 1994

LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) (FURNISH LICENSE NUMBER) (DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR)  
25e [Signature] 25f 100153 25g October 11, 1994

AMENDED ON 11-25-95 BY DR

FEB 7 1996

000020

November 2, 1995

SAM ORLICH  
AUDITOR LAKE COUNTY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

DEPUTY STATE REGISTRAR

NOT A VALID CERTIFIED COPY WITHOUT THE EMROSSED SEAL AND IMPRINTED SIGNATURE OF THE DEPUTY STATE REGISTRAR