

MAIL TO:

ILLIANA FEDERAL CREDIT UNION
1600 Huntington Drive
P. O. Box 1249
Calumet City, Illinois 60409

26-162-13

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF
COUNTY OF

} ss.

Order No. _____

NED O. TINGLEY

being duly sworn

states that he resides at 301 N. Woodlawn Av. in the City Griffith, IN.

960 / 1960

That he was acquainted with ELISABETH R. TINGLEY deceased who, at the time of her death, was one of the owners of the land in Lake County, Indiana, described as:

LOT 13 AND THE SOUTH HALF OF LOT 14, BLOCK 6, WOODLAWN ADDITION TO GRIFFITH IN THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 21, PAGE 15, LAKE COUNTY, INDIANA.

That the deceased died June 8, 1993, as evidenced by a certified copy of death certificate of the deceased attached hereto.

FILED

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament.

SAM ORLICH
AUDITOR LAKE COUNTY

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 25 AM 8:52
MARGARET HOLEMAN
RECORDER

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Two Hundred Thousand and no/100 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

"OFFICIAL SEAL"
Gloria Szott
Notary Public, State of Illinois
My Commission Expires 03/17/99

this 15th day of February, A.D. 1996.

Gloria Szott
Notary Public

Ned O. Tingley
(affiant's signature)

1100
26-162-13

BIRTH NO. REGISTRAR DISTRICT 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 610791

JUN 29 1993

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: 1. ELISABETH R. TINGLEY 2. FEMALE 3. JUNE 8, 1993
COUNTY OF DEATH: 4. COOK
AGE - LAST BIRTHDAY (YRS): 5a. 58
UNDER 1 YEAR: 5b. 5c. 5d. JUNE 8, 1935
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. CHICAGO
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. UNIVERSITY OF CHICAGO HOSPITALS
IF HOSP OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY): 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. Chicago, IL
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. Ned Owen Tingley
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. NO
SOCIAL SECURITY NUMBER: 10. 334-28-3969
USUAL OCCUPATION: 11a. Homemaker
KIND OF BUSINESS OR INDUSTRY: 11b. Own Home
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 4
RESIDENCE (STREET AND NUMBER): 13a. 301 N. Woodlawn
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Griffith
INSIDE CITY (YES/NO): 13c. YES
COUNTY: 13d. Lake
STATE: 13e. Illinois
ZIP CODE: 13f. 46319
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): 14a. White
OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b. NO
FATHER - NAME FIRST MIDDLE LAST: 15. Waldo D. Regennitter
MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST: 16. Juliann Donald
INFORMANT'S NAME (TYPE OR PRINT): 17a. MAYBLEINE GIGGERS
RELATIONSHIP: 17b. RECORDS
MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): 17c. CHICAGO, ILLINOIS 60637
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.
Immediate Cause (Final disease or condition resulting in death): (a) INTRACRANIAL HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO BERRY ANEURYSM DUE TO, OR AS A CONSEQUENCE OF (c)
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY: 20a.
MAJOR FINDINGS OF OPERATION: 20b.
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: 20c. YES | NO | X
1. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. JUNE 8, 1993
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. NO
HOUR OF DEATH: 21c. 8:45 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: [Signature] 22b. JUNE 29, 1993
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 5841 SOUTH MARYLAND, Chicago, IL 60637
ILLINOIS LICENSE NUMBER: 22d. 036-072690
22c. MICHAEL STURGILL, MD
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
23. BRYCE WEIR, MD
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial
CEMETERY OR CREMATORY - NAME: 24b. Calumet Park
LOCATION: 24c. Merrillville, Indiana
DATE (MONTH, DAY, YEAR): 24d. June 12, 1993
FUNERAL HOME: 25a. Blue-Lamb Funeral Home 5800 W. 63rd St., Chicago, Illinois 60638
FUNERAL DIRECTOR'S SIGNATURE: 25b. Rosemarie Lamb
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-011832
LOCAL REGISTRAR'S SIGNATURE: 26a. Virginia L. Parker, M.B.A.
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JUN 29 1993

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 KEEPER 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 ORDINANCES.

FILED
FEB 22 1996
SAM ORLICH
AUDITOR LAKE COUNTY



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

001060

DEPARTMENT OF HEALTH - CITY OF CHICAGO