

199879. Kimmel Jacob H.O.



TICOR Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ~~INDIANA~~ INDIANA
COUNTY OF LAKE

} ss.

Order No. CM 199879

Michael Gene Kimmel

being duly sworn

states that he resides at 2945 E. Bending Creek Trail
Crete, Illinois

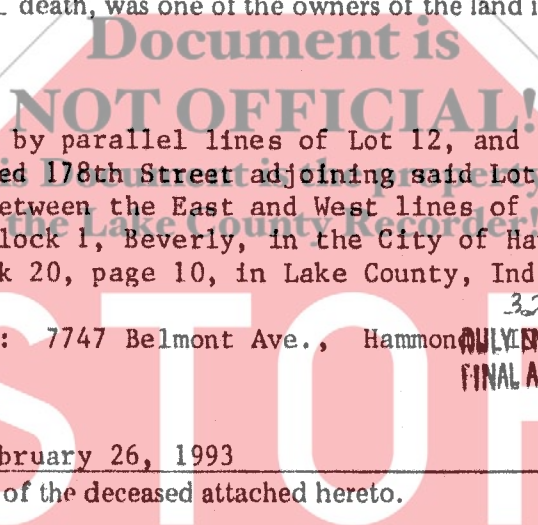
Village
City

That he was acquainted with Marjorie L. Kimmel

deceased who, at the time of her death, was one of the owners of the land in Lake
County, ~~Illinois~~, described as:
Indiana

The South 37 feet by parallel lines of Lot 12, and the North 13 feet of the vacated 178th Street adjoining said Lot 12 on the South and lying between the East and West lines of said Lot extended South, Block 1, Beverly, in the City of Hammond, as shown in Plat Book 20, page 10, in Lake County, Indiana.

Commonly known as: 7747 Belmont Ave., Hammond



32-45-14
ONLY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

APR 25 1996

as evidenced by a

That the deceased died February 26, 1993
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois.
- 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 _____

JAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

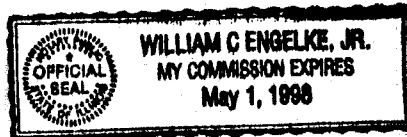
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Three Hundred and Fifty Thousand (\$350,000.00) dollars.

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

Subscribed and sworn to before me by the said

Michael Gene Kimmel



this 16th day of April A.D. 1996

William C Engelke Jr.
Notary Public

Michael Gene Kimmel
(affiant's signature)

1100
73
SW

NO. REGISTRATION DISTRICT NO. 16-10	STATE OF ILLINOIS	STATE FILE NUMBER 603585
REGISTERED NUMBER		
MEDICAL CERTIFICATE OF DEATH		
DECEASED-NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. MARJORIE L. KIMMEL	2. FEMALE	3. FEBRUARY 26, 1993
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 59 YRS	5d. APRIL 21, 1933
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 DO A OP/EMER. RM. INPATIENT (SPECIFY)
6a. Chicago	6b. EDGEWATER MEDICAL CENTER	6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
7. Sangamon County	7a. Married	8b. Gene
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
10. 341-26-1782	11a. Sales	11b. Retail
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.
12. 2	13a. 2968 Bending Creek Trail	13b. Crete
INSIDE CITY (YES/NO)	STATE	ZIP CODE
13c. YES	13e. Illinois	13f. 60417
COUNTY	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13d. COOK-Will	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	INFORMANT'S NAME (TYPE OR PRINT)
15. Roy Ladley	16. Lorraine McMillan	17a. JANE GOLD
RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)	17b. MEDICAL RECORDS
17c. 5700 N. ASHLAND CHICAGO, IL 60660	18. PART I	19a. No
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	19b.
(a) Pancreatic Cancer		
(b) Hepatic Metastases		
(c) PNEUMONIA		
Other significant conditions contributing to death but not resulting in the underlying cause given in PART I	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
PROTEIN CALORIE MALNUTRITION	19a. No	19b.
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES [] NO [X]
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	DATE SIGNED (MONTH, DAY, YEAR)
21b. No	21c. 12:35 P.M.	22b. 3-1-93
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 Keith Block	22c. 036061051	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22d. 036061051	
22c. Keith Block, MD 1800 Sherman Evanston, Illinois		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		
23.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE
24a. Burial	24b. Oakland Memory Lane	24c. Dolton, Illinois
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
25. Elmwood Chapel	11200 S. Ewing	Chicago, Illinois 60617
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25b. [Signature]	25c. 034012243	26b. MAR 02 1993
LOCAL REGISTRAR (NAME AND ADDRESS)		
26a. [Signature]		

MAR 02 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
APR 25 1996
SAM ORLICH
AUDITOR LAKE COUNTY 001555

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS MIXED.