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97 MAR 26 AM 10:53

STATE OF ILLINOIS COUNTY OF DUPAGE) SS:

HEIRSHIP AFFIDAVIT

MORRIS W. CARTER RECORDER

JUDITH M. BLACK BEING FIRST DULY SWORN UPON OATH, DEPOSES AND SAYS:

THAT SHE IS THE SURVIVING SPOUSE OF WARREN E. BLACK WHO DIED ON JUNE 27, 1996 AT Munster, Indiana

THAT WARREN E. BLACK LEFT SURVIVING HIM AS HIS SOLE SURVIVING HEIRS THE FOLLOWING NAMED PERSONS:

- JUDITH M. BLACK, HIS SURVIVING SPOUSE
CORWYNN W. BLACK, HIS SON
CLIFTON H. BLACK, HIS SON

THAT WARREN E. BLACK, LEFT A WILL DATED 6/30/92, WHICH WAS FILED WITH THE CLERK OF THE CIRCUIT COURT OF COOK COUNTY, IL ON FEBRUARY 14, 1997. THAT 45 DAYS HAVE ELAPSED SINCE THE DEATH OF THE DECEDENT.

THAT NO ESTATE HAS BEEN OPENED IN ANY JURISDICTION NOR IS ANY CONTEMPLATED. THAT THE VALUE OF THE DECEDENT'S GROSS PROBATE ESTATE, LESS LIENS AND ENCUMBRANCES, DOES NOT EXCEED THE ALLOWANCE PROVIDED BY I.C. 29-1-8-1, THE COST AND EXPENSES OR ADMINISTRATION AND REASONABLE FUNERAL EXPENSES.

THAT ALL OF THE ASSETS OF SAID DECEDENT WHICH WOULD BE INCLUDABLE FOR FEDERAL ESTATE TAX PURPOSES, WERE NOT SUFFICIENT TO NESSITATE PAYMENT OF FEDERAL ESTATE TAXES.

THAT NO INDIANA INHERITANCE TAX WAS DUE OR PAYABLE.

THAT AMONG THE DECEDENT'S ASSETS IS THE FOLLOWING DESCRIBED REAL ESTATE: "LOTS 72 and 73 IN DALECARLIA, BLOCKS 39, 40, 41, 42, and 43, AS PER PLAT THEREOF, RECORDED MAY 23, 1947 IN PLAT BOOK 27 PAGE 49, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA."

FURTHER AFFIANT SAITH NOT.

Judith M. Black
JUDITH M. BLACK

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS 20th DAY OF MARCH, 1997, CAME JUDITH M. BLACK

AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE AFFIDAVIT.

MY COMMISSION EXPIRES: December 15, 1998

Mary L. Langer
NOTARY PUBLIC

COUNTY OF RESIDENCE: DU PAGE COUNTY, ILLINOIS
DUTY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

THIS INSTRUMENT PREPARED BY: RAYMOND J. LANGER ATTORNEY AT LAW 590 S. YORK RD. ELMHURST, IL 60126

MAR 25 1997

SAM ORLICH AUDITOR LAKE COUNTY



1700

001240

800

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2268-96
39651

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Warren E. Black		2. SEX Male	3a. TIME OF DEATH 4:50A M	3b. DATE OF DEATH (Month, Day, Yr) June 27, 1996
4. SOCIAL SECURITY NUMBER 312-18-2596	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 29, 1922
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1945	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) The Community Hospital		9b. CITY, TOWN OR LOCATION OF DEATH Munster		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Judith Mcbowell	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager		12b. KIND OF BUSINESS/INDUSTRY SteelMfr.
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN OR LOCATION Lansing		13d. STREET AND NUMBER 18503 Oakwood
13e. ZIP CODE 60438	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) Harry Black		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Tracy Greb		20a. INFORMANT'S NAME (Type/Print) Judith Black		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18503 Oakwood Lansing, IL 60438		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) July 1, 1996 Oakland Memory Lanes		21c. LOCATION—City or Town, State Dolton, Illinois
22a. EMBALMER'S NAME William Byma		22b. EMBALMER'S LICENSE NO. IL 034-012218		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William B. Byma</i>		24b. LICENSE NUMBER (of Licensee) FDO 1000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH83002885 5746 Hohman Hammond, IN for Schroeder-Lauer 3227 Ridge Rd. Lansing, IL 604
26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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) Acute myocardial infarction Approximate Interval Between Onset and Death 10 min CONDITIONS, IF ANY, WHICH LED TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST Coronary artery disease 5 yrs DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I SAM ORLICH AUDITOR LAKE COUNTY				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Debra J. ...</i>		29c. MEDICAL LICENSE NO. 21019251
29d. DATE SIGNED (Month, Day, Year) 7-1-96		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Fred Adler, MD 800 McArthur Blvd. Munster, IN 46321		
31. HEALTH OFFICER'S SIGNATURE <i>Debra J. ...</i>		32. DATE FILED (Month, Day, Year) 1996		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIPTION OF INJURY
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route, Number, City or Town, State) NOV 12 1996		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian NO		

NOT OFFICIAL
This Document is the property of the Lake County Health Department
FILED
MAR 25 1997
CORNER'S OFFICE

THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
NOV 12 1996
Debra J. ...
LAKE COUNTY HEALTH COMMISSIONER