


FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

OCT 07 1997

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SAM ORLICH
AUDITOR LAKE COUNTY

TICOR TITLE INSURANCE

WILLIAM W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUSIE FEDERSON, being first duly
sworn upon oath, deposes and says:

1. That JOHN FEDERSON ^{M.} died on
JANUARY 2, , 19 85 at VETERANS ADM. HINES ILL.

2. That SUSIE FEDERSON and JOHN FEDERSON ^{M.}
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

LOT 6, BLOCK 10, TARRYTOWN SECOND SUBDIVISION IN THE CITY OF GARY, AS PER PLAT
THEREOF RECORDED IN PLAT BOOK 30, PAGE 86, IN THE OFFICE OF THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA 47-457-6

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.

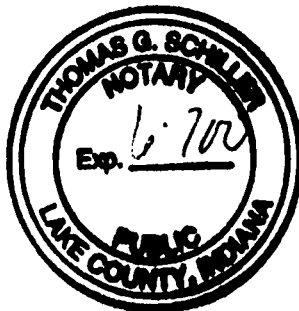
5. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.

Susie Federson

SUSIE FEDERSON

Subscribed and sworn to before me, a Notary Public, this 30TH day of
SEPTEMBER , 19 97 .



My Commission expires:

6-7-00

County of Residence:
LAKE

Thomas G. Schiller

Notary Public

THOMAS G. SCHILLER

000455

This Instrument prepared by PATRICIA SMIGLA

213072
TICOR TITLE INSURANCE
No Crown Point, Indiana

1100
11/24

CERTIFIED COPY OF A DEATH RECORD

[Signature]
 COUNTY CLERK
 NOTARY PUBLIC
 My Commission Expires 12/31/98

REGISTRATION DISTRICT NO 16.92	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 5	MEDICAL CERTIFICATE OF DEATH	

DECEASED—NAME 1. John Federson		SEX 2. Male	DATE OF DEATH 3. Jan 2, 1985
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 4. Black	ETHNIC OR DESCENT 5. American	DATE OF BIRTH (MO., DAY, YEAR) 6. Oct 28, 1910	COUNTY 7. COOK
CITY, TOWN, OR VILLAGE 8. PROVIDO TOWNSHIP	HOSPITAL OR OTHER INSTITUTION—NAME AND ADDRESS 9. VETERANS ADM. HINES, IL 60141	IF DEPT. OR KEY, INDICATE FOR PATIENT 10. Inpatient	

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 11. ARKANSAS	CITIZEN OF WHAT COUNTRY 12. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 13. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 14. Sue Ross
SOCIAL SECURITY NUMBER 15. 429-09-3196	USUAL OCCUPATION 16. Chemical Operator Borg Warner Co.	KIND OF BUSINESS OR INDUSTRY 17. Borg Warner Co.	WAR OR DATES OF SERVICE 18. WW#2
RESIDENCE STREET AND NUMBER 19. 4233 W. 22nd Ave	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 20. Gary	INSIDE CITY (YES/NO) 21. Yes	COUNTY 22. LAKE
FATHER—NAME 23. Mitchell Federson		MOTHER—MAIDEN NAME 24. Simpson	

INFORMANT—NAME (TYPE OR PRINT) 25. Kathryn Brown	RELATIONSHIP 26. Hospital	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE ZIP) 27. VETERANS ADM. HINES, IL 60141
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DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR PART I.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		FILED
(a) Hypertensive Cardiomyopathy.	Unknown	
(b) Congestive Heart Failure.	OCT 07 1997	
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PART I.		
Chronic Renal Failure		SAM ORLICH AUDITOR LAKE COUNTY
DATE OF OPERATION, IF ANY 28a.	MAJOR FINDINGS OF OPERATION 28b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 29. YES <input type="checkbox"/> NO <input type="checkbox"/>

(WHO) (MAY NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 30. Jan. 2, 1985	(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 31. No	HOUR OF DEATH 32. 21g. 2-15P
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MO., DAY, YR.) 33. Jan 3, 1985	
SIGNATURE 34. [Signature]		ILLINOIS LICENSE NUMBER 35. 036-08795	
NAME AND ADDRESS OF CERTIFIER 36. VETERANS ADM. HINES, IL 60141		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 37.	

BURIAL, CREMATION, REMOVAL (SPECIFY) 38. BURIAL	CEMETERY OR CREMATORY—NAME 39. OAK HILL	LOCATION 40. GARY	CITY OR TOWN 41. INDIANA	STATE	DATE (MONTH, DAY, YEAR) 42. JAN 5, 1985
FUNERAL HOME 43. Taylor Funeral Home	NAME 44. 63 E. 79th St. Chicago, Ill. 60619		FUNERAL DIRECTOR'S SIGNATURE 45. [Signature]		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 46. 6852		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 47. January 3, 1985			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **JAN 3 1985** SIGNED **[Signature]**
 AT **FOREST PARK ILLINOIS 60130** Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**