

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF

97085700

S. S.

LAKE COUNTY
FILED FOR RECORD
97 DEC 15 AM 9:56

On this 11-30-97 before me personally appeared MORRIS W. CARTER
(insert date) GERALD T

PUREVICH

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is 313 King Henry DR W N6375;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by GERALD T PUREVICH and BARBARIE THERESA PUREVICH;
- Said BARBARIE THERESA PUREVICH
(fill in name of co-tenant who died)
died on 12-30-81
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ NA and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO
(If answer is "Yes," identify the divorce proceedings:
_____);
- Affiant's relationship to the deceased was HUSBAND

FILED

SANGLICH
NOTARY PUBLIC
LAKE COUNTY

Signature: Gerald T Purevich
Gerald T Purevich
Address: 313 King Henry Dr

Subscribed and sworn to before me by the affiant
this November 20, 1997
(insert date)

Cynthia M Orzechowicz
Notary Public

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My Commission Expires August 27, 2001
Resident Of Lake County, Indiana

This instrument prepared by Gerald T. Purevich

Return: Central Bank, Pine Island

214187

TICOR TITLE INSURANCE
Crown Point, Indiana

13-189-9

11-30-97
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REGISTRATION DISTRICT NO **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

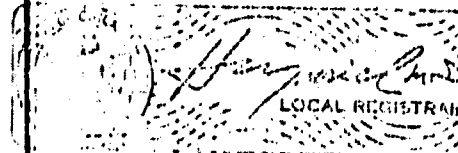
627529

DECEMBER 31, 1981

1. DECEASED - NAME 1. THERESA PUREVICH		2. SEX 2. FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 30, 1981	
4a. RACE - (WHITE, BLACK, AMERICAN INDIAN ETC.) (SPECIFY) 4a. WHITE	4b. ORIGIN OR DESCENT 4b. AMERICAN	5a. AGE - LAST BIRTHDAY (YRS) 5a. 38	5b. UNDER 1 YEAR MON. WKS. HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (MO., DAY, YEAR) 6. MARCH 20, 1943		7. COUNTY OF DEATH 7. Cook		
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		7c. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. UNIVERSITY OF CHICAGO - BILLINGS		7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RMA, INPATIENT (SPECIFY) 7d. INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. INDIANA	9. CITIZEN OF WHAT COUNTRY 9. USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. GERALD PUREVICH
12. SOCIAL SECURITY NUMBER 12. 314 44 9953	13a. USUAL OCCUPATION 13a. REFRACTORY	13b. KIND OF BUSINESS OR INDUSTRY 13b. WAKER	13c. U.S. WAR VETERAN (YES, NO) 13c. NO	13d. WAR OR DATES OF SERVICE 13d. NONE
14a. RESIDENCE STREET AND NUMBER 14a. 313 KING HENRY DRIVE		14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. SCHEREVILLE	14c. INSIDE CITY (YES, NO) 14c. Yes	14d. COUNTY 14d. Lake
14e. STATE 14e. INDIANA				
15. FATHER - NAME 15. VALENTINO MARTINEZ		16. MOTHER - MAIDEN NAME 16. CONCEPTION GARCIA		
17a. INFORMANT SIGNATURE <i>[Signature]</i>		17b. HOSPITAL RECORDS 17b. RECORDS		
		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 950 EAST 59th STREET CHGO, IL 60637		
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE				
(a) ARTERIAL HEMORRHAGE				
DUE TO, OR AS A CONSEQUENCE OF				
(b) COAGULOPATHY				
DUE TO, OR AS A CONSEQUENCE OF				
(c) gram negative bacteremia				
PART II. OTHER SIGNIFICANT CONDITIONS				
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
Chronic Renal Failure				
19a. AUTOPSY (YES/NO) 19a. No		19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
20a. DATE OF OPERATION, IF ANY 20a. 12/30/81		20b. MAJOR FINDINGS OF OPERATION 20b. Common Iliac A. puncture		
21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. DEC. 19, 1981		21b. TO (MONTH, DAY, YEAR) 21b. DEC. 30, 1981		21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21c. DECEMBER 30, 1981
21d. HOUR OF DEATH 21d. 11:57P M.				
22a. SIGNATURE <i>[Signature]</i> MARK Richter MD				22b. DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/31/81
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 950 EAST 59th STREET CHICAGO, IL 60637				22d. ILLINOIS LICENSE NUMBER 22d. 036-060674
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DOUGLAS T. DOMOTO M.D.				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL		24b. CEMETERY OR CREMATORY - NAME 24b. CALUNET PARK		24c. LOCATION 24c. MERRILLVILLE INDIANA
24d. DATE (MONTH, DAY, YEAR) 24d. 1-2-82				
25a. FUNERAL HOME 25a. MRAZEK & RUSS FUNERAL SERVICE		25b. NAME 25b. 1706 W. JACKSON BLVD.		25c. CITY OR TOWN 25c. CHICAGO, ILL. 60612
25d. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25e. 8573		
26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602		26c. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. DEC 31 1981

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.



This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE Are
Affixed.

DEPARTMENT OF HEALTH - CITY OF CHICAGO