

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
ROOM NUMBER TWO
SITTING AT EAST CHICAGO, INDIANA

IN THE MATTER OF THE ESTATE OF:)
BERNADINE FRANCES LEWIS,)
DECEASED.)
D.O.D.: 09/15/96;)
S.S.N.: 344-12-9642.)

CAUSE NO: 45D02-9702-ES-26

SURVIVORSHIP AFFIDAVIT

On this 21st day of November, 1997, before me personally appeared Affiant, SHARON CRNKOVICH, and being duly sworn her oath states:

1. Affiant resides at 6711 West 159th Avenue, Lowell, Lake County, Indiana 46356;

2. Affiant is the Daughter of the owner of the premises located at 6707 West 159th Avenue, Lowell, Lake County, Indiana 46356, BERNADINE FRANCIS LEWIS, deceased on September 15, 1996; a copy of BERNADINE FRANCIS LEWIS's death certificate is attached hereto as Exhibit "A"; and a copy of BERNADINE FRANCIS LEWIS's Last Will And Testament is attached hereto as Exhibit "B");

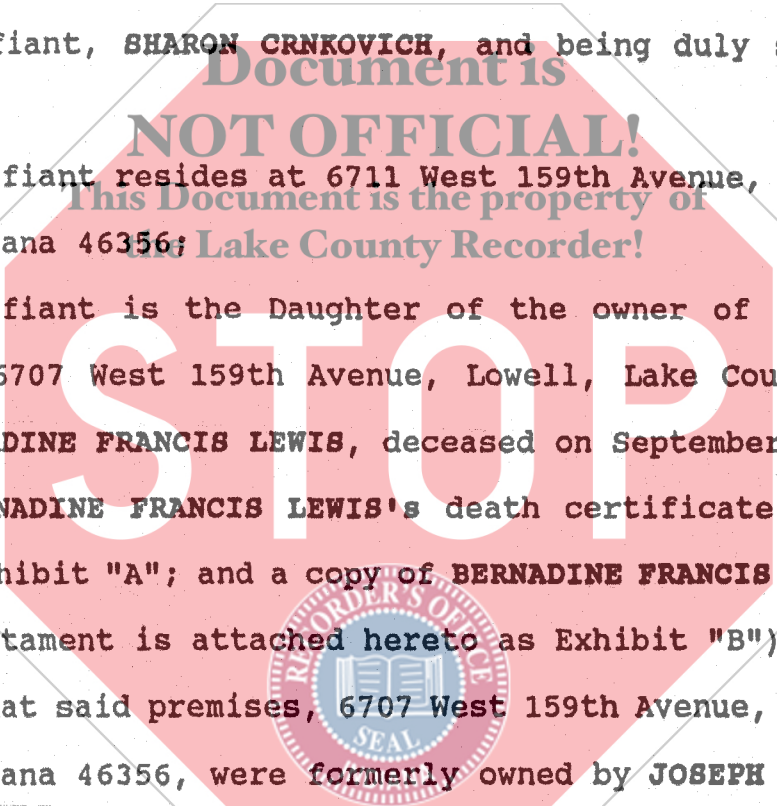
3. That said premises, 6707 West 159th Avenue, Lowell, Lake County, Indiana 46356, were formerly owned by JOSEPH W. LEWIS and BERNADINE FRANCIS LEWIS, Husband and Wife (a copy of the Warranty Deed is attached hereto as Exhibit "C");

4. JOSEPH W. LEWIS was Affiant's Father; and he was BERNADINE FRANCIS LEWIS's Husband;

5. Affiant's Father and Mother were never divorced;

6. Affiant's Father, JOSEPH W. LEWIS, died on November 2, 1989 leaving no Last Will And Testament;

98045869



STATE OF INDIANA
LAKE COUNTY
FILED
JUN 18 AM 9:50
REC'D

001366

FILED
JUN 17 1998

SAM ORLICH
CLERK LAKE COUNTY

29.00
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#5061

for the west

7. The legal description of the premises located at 6707 West 159th Avenue, Lowell, Lake County, Indiana 46356 is:

LOT 4 IN HOLIDAY HEIGHTS UNIT NO. 1, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34, PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

8. To the best of Affiant's knowledge, the Federal and State estate and inheritance tax liability by reason of the deaths of Affiant's Father and Mother have been paid (when JOSEPH W. LEWIS died, all his property was inherited by his Wife, BERNADINE FRANCIS LEWIS, and no inheritance tax was due; a file-marked copy of the Order Determining Inheritance Tax Due For Indiana Resident, BERNADINE FRANCIS LEWIS, is attached hereto as Exhibit "E");

9. Affiant is a named Beneficiary and the Personal Representative of BERNADINE FRANCIS LEWIS's Last Will And Testament.

FURTHER, YOUR AFFIANT SWEARS NOT.



BY: Sharon Crnkovich

SHARON CRNKOVICH, Affiant

V E R I F I C A T I O N


I, SHARON CRNKOVICH, declare under the penalties for perjury, that the above and foregoing representations are true.

Sharon Crnkovich
SHARON CRNKOVICH, Affiant

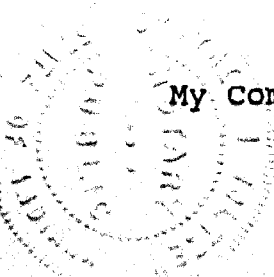
Dated: 11/21/97.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State, personally appeared SHARON CRNKOVICH, this 21ST day of NOVEMBER, 1997.


CYNTHIA J. WOLTZEN, Notary Public
Resident Of LAKE County, Indiana

My Commission Expires: 04/05/99.



THIS INSTRUMENT PREPARED BY:

MICHAEL B. HAUGHEE
Indiana Attorney No. 8103-45
219 North Broad Street
Griffith, IN 46319
Tel: (219) 924-0080

Estates\Crnkovch.SRV

Secondary and there will be no penalty for use.

INDIANA STATE DEPARTMENT OF HEALTH

cal No. ... 2784-96

CERTIFICATE OF DEATH

State No.

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

40704
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) BERNADINE F. LEWIS				2 SEX FEMALE		3a. TIME OF DEATH 1:47P M		3b. DATE OF DEATH (Month, Day, Yr) SEPTEMBER 15, 1996							
4. SOCIAL SECURITY NUMBER 344-12-9642		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) SEPT. 2, 1926							
7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS		8a. WAS DECEDENT A U.S. VETERAN? NO													
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence													
9b. FACILITY NAME (If not institution, give street and number) ST. ANTHONY NURSING CENTER				9c. CITY, TOWN OR LOCATION OF DEATH CROWN POINT			9d. COUNTY OF DEATH LAKE								
10. MARITAL STATUS (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOME MAKER			12b. KIND OF BUSINESS/INDUSTRY DOMESTIC								
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN OR LOCATION LOWELL			13d. STREET AND NUMBER 8707 W. 159TH.								
13e. ZIP CODE 46356		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A		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+) _____					
18. FATHER'S NAME (First, Middle, Last) JOHN T. MCNEILL						19. MOTHER'S NAME (First, Middle, Maiden Surname) MADELINE A. MCGARRY									
20a. INFORMANT'S NAME (Type, Print) SHARON CRNKOVICH				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6714 W. 159TH. LOWELL, INDIANA 46356				20c. Relationship DAUGHTER							
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) SEPTEMBER 18, 1996 HOLY SEPULCHRE CEMETERY				21c. LOCATION—City or Town, State WORTH, ILLINOIS							
22a. EMBALMER'S NAME CHARLES WELLS				22b. EMBALMER'S LICENSE NO. FD01042372				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR OR _____				24b. LICENSE NUMBER (of Licensee) FD01008300		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307									
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. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT Long Cancer JUN 26 1997										Approximate Interval Between Onset and Death					
PART II <i>Alexander S. Williams, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER										27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Ray Drasga</i>		29c. MEDICAL LICENSE NO. 01031484		29d. DATE SIGNED (Month, Day, Year) 9/16/96	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray Drasga M.D., 8127 Merrillville Rd. Merrillville, In 46410															
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>								32. DATE FILED (Month, Day, Year) September 16, 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		33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY		33c. INJURY AT WORK? (Yes or no)		33d. DESCRIBE HOW INJURY OCCURRED							
34a. 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)									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.											

DECEDENT

RENTS

FORMANT

DISPOSITION

USE OF ATH

CERTIFIER

ALTH OFFICER

EXHIBIT "A"

LAST WILL AND TESTAMENT OF
BERNADINE FRANCES LEWIS

I, Bernadine Frances Lewis, of 6707 West 159th Ave., Lowell, Lake County, Indiana 46356 declare this to be my Last Will And Testament, revoking all previous wills and codicils.

ARTICLE I

A. "MY HUSBAND" was Joseph Lewis who died on November 2, 1989.

B. "MY CHILDREN" are SHARON (Lewis) CRNKOVICH of 6711 West 159th, Lowell, and JAMES J. LEWIS, of 14404 Dragus Drive, Cedar Lake, IN 46303 and any other children born to and/or legally adopted by me.

C. "DESCENDANTS" mean the immediate and remote lawful, lineal descendants of the person referred to who are in being at the time they must be ascertained in order to give effect to the reference to them, whether they are born before or after my death or the death of any other person. The persons who take under this Will as Descendants take by right of representation, in accordance with the rule of per stirpes distribution and not in accordance with the rule of per capita distribution. The term Descendants shall include legally adopted descendants.

ARTICLE II

All expenses of administering my estate, all estate, inheritance, transfer, legacy or succession taxes, and/or death duties which may be assessed or imposed with respect to my estate, or any part thereof, wheresoever situated, whether or not passing under my Will including the taxable value of all policies of insurance on my life, and all of the transfers, powers, rights, or interest includible in my estate for the purposes of such taxes and duties, shall be paid out of my residuary estate as an expenses of administration and without apportionment, and shall not be prorated or charged against any of the other gifts in this Will or against property not passing under this Will. These expenses shall be paid by my Executor. All legacies in this Will are made subject to all of the encumbrances they bear at my death.

11/17/95
DATE

B.F.L.
INITIALS

EXHIBIT

"B"

ARTICLE III

I hereby give and bequeath all of my property, both real, personal and/or mixed, of whatever kind and nature and wheresoever situated, in equal shares, per stirpes, to my Son, JAMES J. LEWIS, of 14404 Dragus Drive, Cedar Lake, IN 46303 and to my Daughter, SHARON (Lewis) CRNKOVICH of 6711 West 159th., Lowell, IN 46356.

ARTICLE IV

NO CONTEST CAUSE

A. I have noted in my lifetime that some person and/or persons have attempted through courts and/or otherwise to establish a right to inherit from a deceased person. I do not want this to occur in my estate upon my demise. Therefore, should any person, other than those mentioned and provided for in this my Last Will And Testament, establish a right to inherit from me and against my estate of any nature whatsoever, or in any manner whatsoever, then, in that event, I hereby give and bequeath unto such person or persons the sum of One Dollar (\$1.00) each, which shall constitute the only share of any such person or persons in my estate.

B. Should any beneficiary named herein and/or any other person and/or entity contest this Will, and/or any nontestamentary transfer made as part of my assets' disposition plan, said contestant shall immediately forfeit all interest given to him/her. In addition, said contestant shall be required to pay all expenses, attorney fees and court costs precipitated by said action.

ARTICLE V

I hereby nominate, constitute and appoint SHARON (Lewis) CRNKOVICH, of 6711 West 159th., Lowell, Indiana 46356 as Executrix of this, my Last Will And Testament. I request my Executrix if appointed in this Article, be allowed to serve without bond or sureties. Any disputes between beneficiaries shall be arbitrated by my Executrix whose resolution of said dispute shall be final. I hereby nominate, constitute and appoint my Son, JAMES J. LEWIS, of 14404 Dragus Drive, Cedar Lake, Indiana 46303 as Successor Executor of this, my Last Will And Testament.

11/17/95
DATE


INITIALS

ARTICLE VI

A. My Executor may make such elections under the tax laws applicable to my estate as my Executor determines should be made. No compensating adjustment between principal and income, nor with respect to any devises or requests, shall be made even though the elections so made may effect (beneficially or adversely) the interests of any persons. My Executor shall have the right and power to buy and/or sell real property, personal property and/or any other property without obtaining prior approval of any Court. The action of my Executor shall be binding upon all beneficiaries.

B. No bond shall be required of my Executor, or if such bond is required by law, no surety shall be required on the bond. My Executrix need not account to any Court or obtain the order or Approval of any Court in the exercise of any powers or discretion herein.

IN WITNESS WHEREOF, I have signed this Will on this 17th day of November, 1995 and for identification, I have initialed the foregoing 2 pages of this Will which consists of 4 pages.

Bernadine Frances Lewis
BERNADINE FRANCES LEWIS, TESTATRIX

the undersigned, attesting witnesses, do hereby attest that BERNADINE FRANCES LEWIS signed the above and foregoing instrument declaring it to be her Last Will And Testament in our presence and that we, at her request and in her presence, and in the presence of each other, have hereunto affixed our signatures as attesting witnesses.

Michael B. Hauger residing at 219 N. Broad Street
Triffin, W. Va 26379
Mary Ann Tully residing at 20205 Columet Avenue
Howell, IN 46332
Mary Ann Hauger residing at 106 Dukey Ct.
Nelson, W. Va 26371

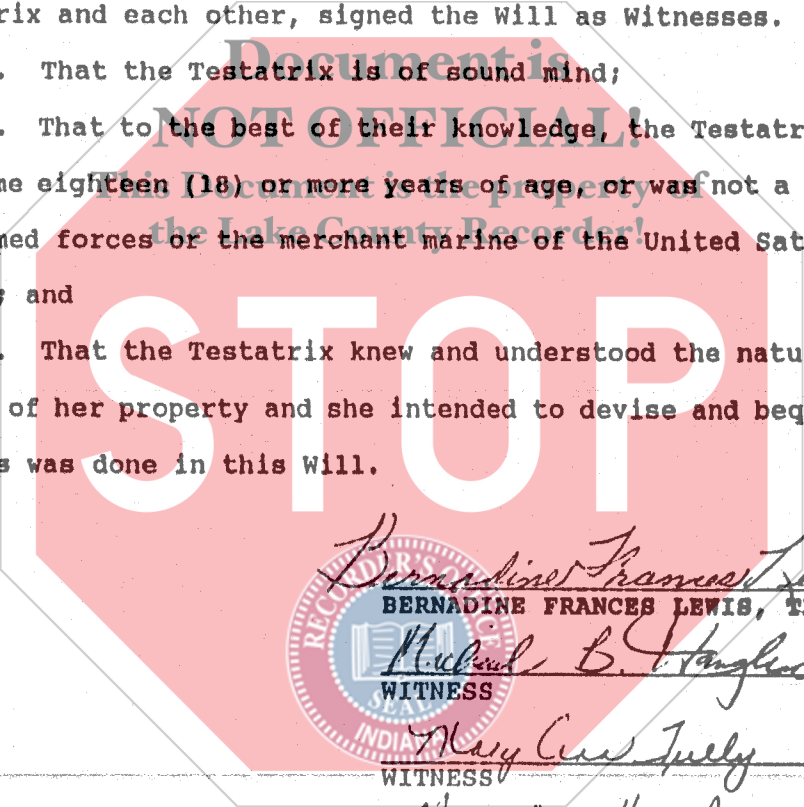
SELF-PROOF OF WILL CLAUSE

UNDER THE PENALTIES FOR PERJURY, we, BERNADINE FRANCES LEWIS, *Michael B. Hauger*, *Mary Ann Tully* and *Mary Ann Hauger*, the Testatrix and Witnesses respectively, whose names are signed to the attached and foregoing instrument declare:

11/17/95
DATE

B.F.L.
INITIALS

1. That the Testatrix executed the instrument and signified to the Witness that the instrument is her Last Will And Testament;
2. That in the presence of all Witnesses, she signed or acknowledged her signature already made or directed another to sign for her in her presence.
3. That she executed the Will as her free and voluntary act for the purposes expressed in it;
4. That each of the Witnesses, in the presence of the Testatrix and each other, signed the Will as Witnesses.
5. That the Testatrix is of sound mind;
6. That to the best of their knowledge, the Testatrix was at the time eighteen (18) or more years of age, or was not a member of the armed forces or the merchant marine of the United States of its allies; and
7. That the Testatrix knew and understood the nature and extent of her property and she intended to devise and bequeath the same as was done in this Will.



Bernadine Frances Lewis

 BERNADINE FRANCES LEWIS, TESTATRIX

Michael B. Haughee

 WITNESS

Mary Ann Truley

 WITNESS

Mary Ann Haughee

 WITNESS

This Instrument Prepared By

Michael B. Haughee

 MICHAEL B. HAUGHEE,
 Attorney for BERNADINE FRANCES LEWIS

11/17/95
 DATE

B. F. L.

 INITIALS

023061

THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

Tax Key No. 3-191-4

Mail tax bills to:
6707 W. 159th Ave.
LOWELL, IN.
46356

WARRANTY DEED

This indenture witnesseth that

****OLLIE MORRIS and DORA LEE GAZA as Temporary Guardian of the Estate of Ann Morris pursuant to Power of Sale contained in Letter of Guardianship issued in Porter Superior Court under Cause No. 64D01-8901-GU-9-D****

of Lake County in the State of Indiana

Convey and warrant to

****JOSEPH W. LEWIS and BERNADINE LEWIS, husband and wife****

of Lake County in the State of Indiana

for and in consideration of Ten Dollars and other good and valuable consideration the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

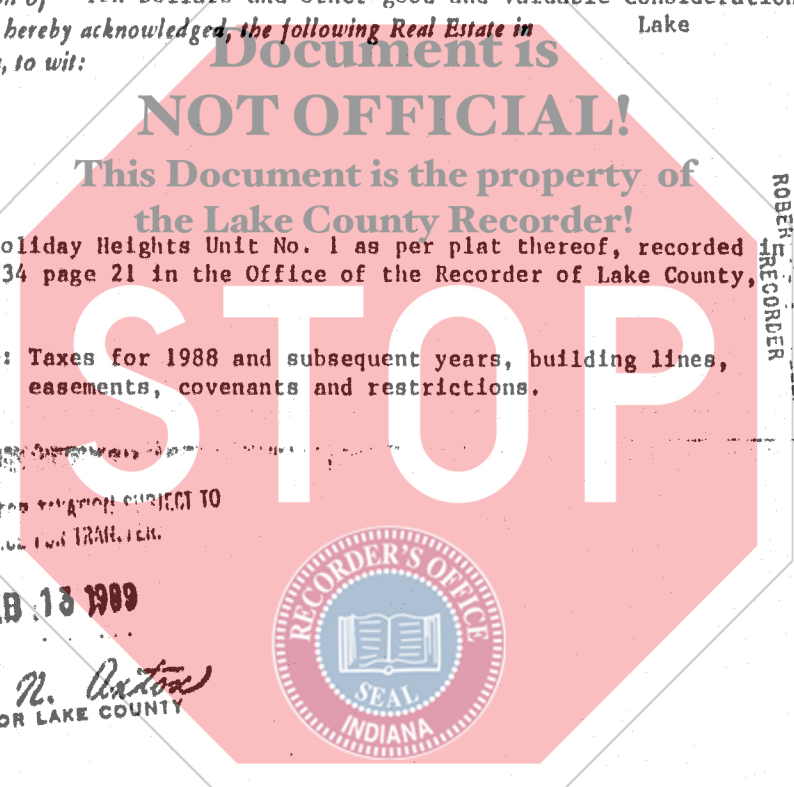
Lot 4 in Holiday Heights Unit No. 1 as per plat thereof, recorded Plat Book 34 page 21 in the Office of the Recorder of Lake County, Indiana.

SUBJECT TO: Taxes for 1988 and subsequent years, building lines, easements, covenants and restrictions.

ONLY ENTERED FOR INFORMATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

FEB 13 1989

Anna N. Austin
AUDITOR LAKE COUNTY



ROBERT THE RECORDER
FEB 14 1 51 PM '89

STATE OF INDIANA
LAKE COUNTY

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356
769-0727 or 696-0100

State of Indiana, Lake County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of February 1989 personally appeared:

****OLLIE MORRIS AND DORA LEE GAZA, Guardian****

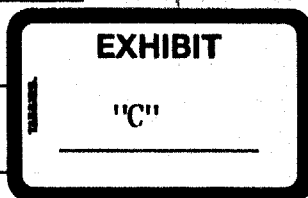
Dated this 11th Day of February 19 89

Ollie Morris
OLLIE MORRIS
Dora Lee Gaza (Guardian)
DORA LEE GAZA, Guardian

And acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires March 5, 19 91

Vincent Zunica
VINCENT ZUNICA Notary Public

Resident of Lake County.



STATE OF INDIANA)
COUNTY OF LAKE)

IN THE SUPERIOR COURT OF LAKE COUNTY DIV. OR ROOM NO. TWO CAUSE NO. 45D02-9702-BS-26

Filed in Open Court

In the Matter of the Estate of BERNADINE F. LEWIS

NOV 18 1997

ORDER DETERMINING INHERITANCE TAX DUE FOR INDIANA RESIDENT

This matter having come before this court on this day, and the court having heard the evidence and being duly advised in the premises, now finds that:

- 1. The decedent died a resident of this county on the 15th day of September, 1996.
2. The inheritance tax return was previously filed with this court and referred to the county assessor, or a petition for a no tax determination was previously filed.
3. The Appraiser's Report, if any, was duly filed and notice, unless waived, was given pursuant to IC 6-4.1-5-9.
4. The fair market value on the decedent's date of death of the property interests subject to the inheritance tax is as follows:
Total Gross FMV of Estate \$ 110,763.91
Total Value of Allowable Deductions \$ 22,225.98
Total Net FMV of Estate \$ 88,537.93
5. The amount of inheritance tax due, determined as indicated, is: \$1,070.76 - \$53.54 = \$1,017.22

Table with 6 columns: NAME, Relationship, Value of Interest, Exemption, Tax Rate, Amount of Tax. Rows include Sharon Crnkovich (DAUGHTER) and James J. Lewis (SON).

Total Tax \$ 1,017.22

- 6. The interest on any delinquent inheritance tax due is at the rate of 6% percent per annum from the date of death through the date of this order, and thereafter at the rate of ten percent per annum until paid.
7. The total penalty for late filing of the inheritance tax return, pursuant to IC 6-4.1-4-6, is \$ -0-.
8. The description of all Indiana real property owned by the decedent at the time of death is attached hereto as Exhibit A and made a part hereof as if included herein.

WHEREFORE, IT IS ORDERED That the above named beneficiaries of this estate and/or their legal representative pay the amounts as above set forth.

All of which is ordered this 18th day of September 1997

EXHIBIT 'E'

Signature of William E. Davis, Judge Lake Superior Court, Rm 2

REGISTRATION DISTRICT NO. 16.34
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Joseph				Lewis	2 Male	3 November 2, 1989	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
Cook		5a. 71		5b. MOS. 71	5c. HOURS 71	5d. February 25, 1918	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATED O.A. OPENER, P.M. INPATIENT (SPECIFY)	
5a. Harvey		6b. Ingalls Memorial Hospital				6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7 Chicago, Illinois		8a. Married		8b. Bernadine McNeill		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 324-05-4420		11a. Mechanic		11b. Auto		12. II	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 6707 W. 159th Ave.		13b. Lowell		13c. Yes		13d. Lake	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e. Indiana		13f. 46356		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		15. Informant's Name (Type or Print)			
15. Joseph Lewis		16. Alice O'Neil		17a. Karen Wever, Medical Records			
17b. None		17c. One Ingalls Dr. Harvey, IL 60426				18. PART I. Enter the disease, injury, 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) Exacerbation Chronic Obstructive Pulmonary Disease				Years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Right Lower Lobe Pneumonia				2 Weeks	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Congestive Heart Failure				AUTOPSY (YES/NO) 19a. NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		20b. November 2, 1989				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. NO				21c. 3:00 a. M.	
22a. SIGNATURE		22b. Nov. 2, 1989				22c. 36-72293	
22a. Dr. Steven Witzel		22b. River Oaks Office Bldg. Calumet City, IL				22c. 36-72293	
23. BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. HOLY SEPULCHRE		24c. WORTH, IL.		24d. NOV. 4, 1989	
25a. BROWN FUNERAL HOME		13820 LINCOLN AVE		DOLTON, IL.		60419	
25b. Jeff Wagner		25c. 8690				25d. November 2, 1989	

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein 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.

DATED NOV 9 2 1989
 AT HARVEY, ILLINOIS.
 The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois. County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

SIGNED Camille Kresner (Deputy) LOCAL REGISTRAR

EXHIBIT