

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98047923

98 JUN 25 AM 10:40

MORRIS W. CUMBER  
RECORDER

# COMMUNITY TITLE COMPANY

— An Indiana Corporation —  
421 West 81st Avenue  
Merrillville, Indiana 46410  
219-736-2810

STATE OF INDIANA )  
                          ) SS:       AFFIDAVIT  
COUNTY OF LAKE    )

MARY LAURENE ROCHE, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, ROBERT J. ROCHE died (without leaving a will) (~~XXXXXXXXXXXX~~) on FEBRUARY 25, 19 90 at OAK LAWN, ILLINOIS.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

**Document is NOT OFFICIAL!**  
(SEE ATTACHED EXHIBIT "A")

UNIT 5 KEY NO. 6-17-8

This Document is the property of the Lake County Recorder!

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.

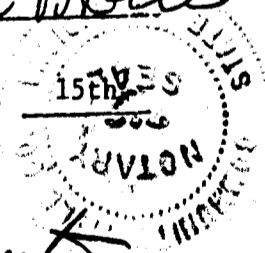
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

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.

Mary Laurene Roche  
MARY LAURENE ROCHE

Subscribed and sworn to before me, a Notary Public, this 15th day of June, 19 98.



Patricia Ludington  
Patricia Ludington Notary Public

My Commission expires: 04/15/08

County of Residence : Lake

This Instrument prepared by: PATRICK MC MANAMA, ATTORNEY AT LAW  
ID 9534-45

NOT ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

JUN 18 1998

SAM ORLICH  
AUDITOR LAKE COUNTY

12w  
ju  
001489  
#3292

COMMUNITY TITLE COMPANY  
FILE NO. 15614

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in 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, marriages and deaths.

Date February 27, 1990

*signed by [Signature]*

At Cook County Department of Public Health, Official Title Chief Deputy Registrar  
1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER						
DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. ROBERT J. ROCHE			2. MALE	3. FEBRUARY 25, 1990		
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK	5a. 67	5b.	5c.	5d. JUNE 25, 1922		
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 D.O.A. OPERATOR, INPATIENT (SPECIFY)	
6a. OAK LAWN		6b. CHRIST HOSPITAL AND 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)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. CHICAGO, ILLINOIS		8a. MARRIED	8b. LAURENE M. LATTI		9. YES	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 333-14-7770		11a. ACCOUNTANT	11b. OWN BUSINESS	12. 4		
RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. 10500 SOUTH LARAMIE			13b. OAK LAWN	13c. YES	13d. COOK	
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. ILLINOIS	13f. 60453	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST		
15. WILLIAM ROCHE		18. MAE ROSCOE				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. LAURENE M. ROCHE		17b. WIFE	17c. 10500 S. LARAMIE, OAK LAWN, IL 60453			
18. PART I		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
Immediate Cause (Final disease or condition resulting in death)		(a) PROSTATE CANCER				2 YR.
DUE TO, OR AS A CONSEQUENCE OF		(b)				
DUE TO, OR AS A CONSEQUENCE OF		(c)				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		PART II. Other important conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. NO	19b.	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 2/21/90			21b. YES		21c. 9:15 P M.	
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)	
22a. SIGNATURE <i>G. Steinecker</i>					22b. 2/26/90	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER	
22c. G. Steinecker M.D. 4400 W. 95th St. Oak Lawn, Illinois 60453					22d. 3645587	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
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, ILLINOIS			24d. MARCH 1, 1990
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	ZIP
25a. ANDREW J. McGANN & SON FUNERAL HOME,		10727 S. PULASKI RD.,		CHICAGO,	IL	60655
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <i>Andrew J. McGann</i>				25c. 5959		
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. KAREN L. SCOTT, M.D. <i>Karen Scott</i>				26b. February 27, 1990		