

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99089641

99 OCT 29 AM 10:59

MOHNS W. CARTER
RECORDER

FILED

OCT 25 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Karen S. Deakin, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Michael Paul Deakin died (without leaving a will) (~~xxxxxx~~) on March 22, 1997 at University of Illinois Hospital, Chicago, 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:

This Document is the property of
Lot 89 in Plum Creek Village, Block Two, to the Town of Schererville, as per plat thereof, recorded March 17, 1977 in Plat Book 47, Page 31, in the Office of the Recorder of Lake County, Indiana.

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) ~~xxxx~~ death.

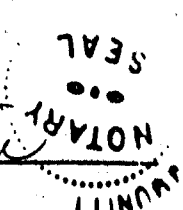
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

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.

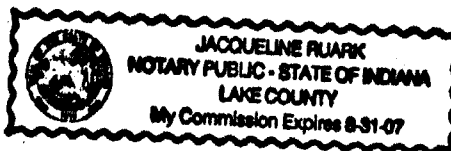
COMMUNITY TITLE COMPANY
FILE NO 2 18524 MJ

Karen S. Deakin
Karen S. Deakin



Subscribed and sworn to before me, a Notary Public, this 14th day of September, 1999.

Jacqueline Ruark
Notary Public



This instrument prepared by: Karen S. Deakin

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STATE OF ILLINOIS }
County of Cook,

ss. DAVID D. ORR. County Clerk

9908063 099718

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

DAVID D. ORR
County Clerk

BIRTH NO. REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **604881**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1. Michael Paul Deakin 2. Male 3. March 22, 1997

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) MOSE DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4. Cook 5a. 51 5b. 5c. 5d. February 16, 1946

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., OP EMER. RM. INPATIENT (SPECIFY)
6a. Chicago 6b. University of Illinois 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. Hammond, IN 8a. Married 8b. Karen Fry 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY) HIGHEST GRADE COMPLETED
10. 335 36 6217 11a. Insurance Agent 11b. Insurance 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES NO) COUNTY
13a. 31 Heather Court 13b. Schererville 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.)
13a. Indiana 13f. 46375 14a. White 14b. () NO () YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. Joseph Deakin 16. Emma Barragree

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Dorothy Tyler 17b. Hospital Records 17c. 1740 W Taylor, Chgo, Ill. 60612

18 PART I. Enter the diseases, injuries, 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) Respiratory Failure**
 DUE TO, OR AS A CONSEQUENCE OF **(b) Adult Respiratory Disease Syndrome**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(c)**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)
19a. Yes 19b. Yes

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES () NO ()

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO) HOUR OF DEATH
21a. Did March 22, 1997 21b. NO 21c. 09:22 A.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 [Signature] 22b. March 24, 1997

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Michelle Kosik MD 1740 W Taylor, Chgo, Ill. 60612 22d. 125 031715

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a. Burial 24b. Chapel Lawn 24c. Schererville, Ind. 24d. March 26, 1997

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Fitzpatrick Funeral Service, LTD. 1912 W. Lincoln Hwy. Schererville, IN 170th Hazel Crest, IL 60429

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. [Signature] 25c. 034-011651

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a. [Signature] 26b. MAR 24 1997

Print in
VIT INK
Directors,
Physicians
Nurses

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