

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 0001 18
STATE OF INDIANA) IN THE LAKE COUNTY SUPERIOR COURT
COUNTY OF LAKE) ESTATE DOCKET

MORRIS W. CARTER
RECORDER

IN THE MATTER OF THE)
SUPERVISED ESTATE OF)
SARAH BOREN, DECEASED.)

SURVIVORSHIP AFFIDAVIT

On this 16 day of December, 1999, before me personally appeared GINA KELLERMAN, who being duly sworn upon oath, and did state that:

1. Affiant resides at 2104 Crockett Ave., Valparaiso, Indiana 46383.
2. Affiant is the adult daughter of SARAH BOREN, deceased who at the time of her death owned the real estate described as:

INDUSTRIAL CENTER SUBDIVISION, LOTS 3 TO 5, BLOCK 2 and WEST 10 FEET of LOT 6 BLOCK 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That said premises was formerly owned as tenants by the entireties by GEORGE BOREN and SARAH BOREN, husband and wife.
4. GEORGE BOREN died on October 8, 1997. A copy of the death certificate of GEORGE BOREN is attached hereto as Exhibit "A".
5. That to the best of the affiant's knowledge, there is not estate or inheritance tax liability by reason of the death of GEORGE BOREN; and all funeral expenses and expenses of last illness have been paid in full.
6. Said GEORGE BOREN and SARAH BOREN were never divorced, and Affiant is the surviving adult daughter of said decedent.

Gina Kellerman
GINA KELLERMAN

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned Notary Public for said County and State, on this 16 day of December, 1999, GINA KELLERMAN, personally appeared and acknowledged the execution of the foregoing affidavit. I have hereunto subscribed my name and affixed my official seal.

SEAL:

Suzette M. Travis
Notary Public
6-13-07

This Instrument Prepared By:

LAURA J. CONYERS, ATTORNEY AT LAW
131 Ridge Road, Munster, IN 46321

PETER BENJAMIN
LAKE COUNTY AUDITOR

09634

1200
#16750

STATE OF INDIANA
LAKE COUNTY
12-16-99

STATE OF ILLINOIS

STATE FILE NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

REGISTRATION DISTRICT NO. **16.18**
REGISTERED NUMBER

**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

616462

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

George A. Boyer 2. **male** 3. **10-8-97**

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **COOK** 5a. **78** 5b. **78** 5c. **78** 5d. **SEPTEMBER 28, 1919**

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. **LAKESIDE V.A. 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. **TENN.** 8a. **MARRIED** 8b. **SARAH L. CHANEY** 9. **YES**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **401-16-6857** 11a. **CONSTRUCTION** 11b. **TRUCK DRIVER** 12. **10**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES-NO) COUNTY

13a. **307 E. Glen Park Ave.** 13b. **Griffith** 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. **IN** 13f. **46319** 14a. **white** 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. **N/A** 16. **N/A**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **SARAH L. BOREN** 17b. **WIFE** 17c. **307 E. GLEN PARK AVE. GRIFFITH, IND.**

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) **Cancer of prostate with metastasis**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

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)

Coronary Arteriosclerosis 19a. **Yes** 19b. **Yes**

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

20a. **Natural** 20b. **10-8-97** 20c. **M.** 20d.

INJURY AT WORK (YES-NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20e. 20f. 20g. 20h. **YES** **NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PRONOUNCED DEAD ON AT

21a. **10-8-97** 21b. **10-8-97** 21c. **10:30 A** M.

CORONER'S - MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

22a. **G. A. Donaghy, M.D.** 22b. **10-10-97**

CORONER'S PHYSICIAN'S NAME (Type or Print) DATE SIGNED (MONTH, DAY, YEAR)

23a. **TAE LYONG AN, M.D.** 23b. **10-10-97**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **BURIAL** 24b. **CHAPEL LAWN** 24c. **SCHERERVILLE, INDIANA** 24d. **10-13-97**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **MRAZEK * RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **Michael J. Russ** 25c. **034-014579**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **Sheila Lyne** 26b. **OCT 10 1997**

VR202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

**SHEILA LYNE, RS
REGISTRAR OF VITAL RECORDS
THE CITY OF CHICAGO
CERTIFY THAT I AM
THE RECORDS OF BIRTHS
AND DEATHS FOR THE
STATE OF ILLINOIS AND THE
CITY OF CHICAGO
ACCOMPANYING THIS
CERTIFICATE IS A TRUE COPY
KEPT BY ME IN PURSUANCE
OF LAWS AND ORDINANCES**



**THIS CERTIFIED COPY
MULTICOLOR SIGNATURE
AFFIXED.**