

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 005211

2000 JAN 25 AM 9:07

TICOR TITLE INSURANCE

MORRIS W. CARTER
RECORDER

MAY 08 2000

AFFIDAVIT

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JACK K. RANEY, being first duly sworn upon oath, deposes and says:

1. That ETHEL Z. RANEY died on FEBRUARY 27, 1987 at RUSH-PRES-ST. LUKE'S MEDICAL CENTER.

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

PARCEL 1: THE EAST 100 FEET OF THE WEST 100 FEET OF THAT PART OF THE NORTH 1/2 OF THE NORTHWEST 1/4 LYING SOUTH OF AND ADJOINING THE RIGHT OF WAY OF U.S. HIGHWAY NO. 30, IN SECTION 17, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA. #13-110-30

PARCEL 2: THE EAST 100 FEET OF THE WEST 1200 FEET OF THAT PART OF THE NORTH 1/2 OF THE NORTHWEST 1/4 LYING SOUTH OF AND ADJOINING THE RIGHT OF WAY OF U.S. HIGHWAY NO. 30, IN SECTION 17, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA. COMMONLY KNOWN AS: 3429 LINCOLN HWY. SCHERRVILLE, IN.

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 meet estate payment of Federal Estate Tax.

Further affiant sayeth not.

*AFFIDAVIT IS BEING RE-RECORDED TO CORRECT LEGAL DESCRIPTION

FILED
JAN 24 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR
JACK K. RANEY

Subscribed and sworn to before me, a Notary Public, this 11th day of JANUARY, 192000

Gloria Miller
GLORIA MILLER Notary Public

My Commission expires:

10/24/2000

County of Residence:

001066

LAKE

This Instrument prepared by JACK K. RANEY

01407
GLORIA MILLER
NOTARY
EXP. 10/24/00
PUBLIC
LAKE COUNTY, INDIANA

Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

Return Morice Adams
1429 Lincoln Hwy
Scher.

1-28-00
E.P.
T

State of Illinois } ss. **DAVID D. ORR. County Clerk**

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

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REGISTRATION DISTRICT NO 16.10	STATE OF ILLINOIS		STATE FILE NUMBER 604044
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
DECEASED - NAME	ETHNIC OR RACE	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Ethel Z. Raney	White	Female	February 27, 1987
CITY, TOWN, VILLAGE OR ROAD DISTRICT	CITIZEN OF WHAT COUNTRY	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH
Chicago	Croatian	June 9, 1922	Cook
HOSPITAL OR OTHER INSTITUTION - NAME OF PLACE WHERE DEATH OCCURRED	WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	IF DECEASED BY FORCE OF LAW (SPECIFY)
Rush-Pres-St. Luke's Medical Center	Married	Jack Raney	Inpatient
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAR OR DATES OF SERVICE (SPECIFY YES OR NO)
333-14-8465	Homemaker	Own Home	none
RESIDENCE - STREET AND NUMBER	CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.	CITY	STATE
1429 Lincoln Highway	Schererville	Lake	Indiana
FATHER - NAME (FIRST, MIDDLE, LAST)	MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST)	INFORMANT NAME (TYPE OR PRINT)	
John Zagar	Ethel Barnhard	Noby Humpitay	
RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE ZIP)	
Clerk		1653 W. Congress Pkwy Chgo, IL 60612	
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE FOR ONE OF (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Cardiac Arrest Due to Ahythmia And/Or Shock			55 hours
(b) Bladder Rupture			60 hours
(c) Chronic Hemorrhagic Cystitis			72 hours
OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ON PART I (a), (b), OR (c)			AUTOPSY (YES/NO)
Cryoglobulinemia			YES
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WERE THERE A PREG NANCY IN PAST THREE MONTHS?	
Jan 29, 1987	Retropertoneal Accumulation of Fluid	NO	
DATE OF DEATH	HOUR OF DEATH	DATE SIGNED (MO., DAY, YEAR)	
February 27, 1987	9:28 A	March 2, 1987	
SIGNATURE OF CERTIFIER		ILLINOIS LICENSE NUMBER	
<i>June C. McLeod</i>		36-44068	
NAME AND ADDRESS OF CERTIFIER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	
June C. McLeod 1653 W. Congress Pkwy, Chgo, IL 60612			
USUAL SITUATION	CITY OF BURIAL	STATE	DATE (MONTH, DAY, YEAR)
Burial	Chesterton	Indiana	March 3, 1987
NAME AND ADDRESS OF FUNERAL HOME			
Drum Blake-Lamb 3737 West 79th Street, Chicago, IL 60652			
SIGNATURE OF FUNERAL HOME		DATE OF BURIAL (MO., DAY, YEAR)	
<i>Michael Green</i>		March 3, 1987	

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 DECEASED
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