



Chicago Title Insurance Company

H620002816 LO SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake }

On this 7/21/00 before me personally appeared Patricia A. Barney

Barney

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Owner (state interest of affiant in the above premises as "owner," "son or owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by William A. Barney Jr. and Patricia A. Barney;

4. Said William A. Barney Jr. died on May 2, 1997 leaving no will;

5. The legal description of the premises in question is: Lot 40 in Lambert School's 1st Addition to Munster, as per plat thereof, recorded in Plat Book 29 page 97, in the Office of the Recorder of Lake County, Indiana. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (If answer is "Yes," identify the divorce proceedings:)

8. Affiant's relationship to the deceased was Spouse

FILED JUL 28 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

Subscribed and sworn to before me by the affiant

this 7-21-00 (insert date) [Signature] Notary Public

My Commission Expires

Signature: [Signature] Patricia A. Barney Address: 8235 Schreiber Blvd Munster In 46321

Shirley R. Kasper Notary Public, State of Indiana Lake County My Commission Exp. 07/31/2000

This instrument prepared by Patricia A Barney

01760

IRTH NO.	REGISTRATION DISTRICT 16.10	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			607569
1. DECEASED - NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. WILLIAM A. BARNEY Jr.		2. MALE	3. MAY 2, 1997		
4. COUNTY OF DEATH	AGE - LAST BIRTHDAY (MM/DD)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK	5a. 43	5b.	5c.	5d. June 12, 1953	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN BIRTH, GIVE STREET AND NUMBER)			6c. IF HOSP. OR INST. INDICATE D.O.A. OF-EMER. RM. INPATIENT (SPECIFY)	
6a. CHICAGO	6b. THE UNIVERSITY OF CHICAGO HOSPITALS			6c. INPATIENT	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (Maiden name, if wife)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Hammond, IN	8a. Married	8b. Patricia A. Tolley		9. No	
10. SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY OR, YR MOST GRADE COMPLETED)		
10. 317-60-8866	11a. Anesthetist	11b. NW IN Anesthesia	12. 12 (Elementary/Secondary (8-12) College (1-4 or 5+))		
13a. RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
13a. 8225 Schreiber Drive	13b. Munster	13c. Yes	13d. Lake		
13e. STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
13e. Indiana	13f. 46321	14a. White			
15. FATHER - NAME FIRST MIDDLE LAST	16. MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST				
15. William A. Barney, Sr.	16. Dorothy A. Hauser				
17a. INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. ZINNICK COOPER	17b. HOSPITAL RECORDS	17c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637			
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.					
Immediate Cause (Final disease or condition resulting in death)	(a) HYPOXIA DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) ADULT RESPIRATORY DISEASE SYNDROME DUE TO, OR AS A CONSEQUENCE OF				
	(c) ACINETOBACTER PNEUMONIA				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY (YES/NO) 19a. YES 19b. NO		
20a.	20b.		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH		
21a. MAY 2, 1997	21b. NO		21c. 12:16 PM		
22a. SIGNATURE			22b. DATE SIGNED (MONTH, DAY, YEAR)		
22a. JEFFREY TEUTEBERG, MD			22b. MAY 2, 1997		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			22d. ILLINOIS LICENSE NUMBER		
22c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637			22d. 125-034778		
23. 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. MAURICE NDUKWU, MD					
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Cremation	24b. Oakland Memory Lanes	24c. Dolton, Illinois			24d. May 6, 1997
25a. FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Elmwood Chapel,		11200 S. Ewing Ave.,	Chicago,	Illinois	60617
25b. FUNERAL DIRECTOR'S SIGNATURE			25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. [Signature]			25c. 034-012243		
26a. LOCAL REGISTRAR'S SIGNATURE			26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. [Signature]			26b. MAY 6 1997		

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 6 1997

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

25X10

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