

Chicago Title Insurance Company

STATE OF ILLINOIS )  
 ) SS:  
COUNTY OF COOK )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 AUG 22 AM 9:50

Handwritten: 462000264 L2000 060490

**AFFIDAVIT OF SURVIVORSHIP**

MORRIS W. CARTER  
RECORDER

Carl W. Benz, Jr., being duly sworn upon his oath states as follows:

That Carl W. Benz, Jr., a resident of the State of Illinois, owns the following described real estate located in Lake County, Indiana, more particularly described as follows:

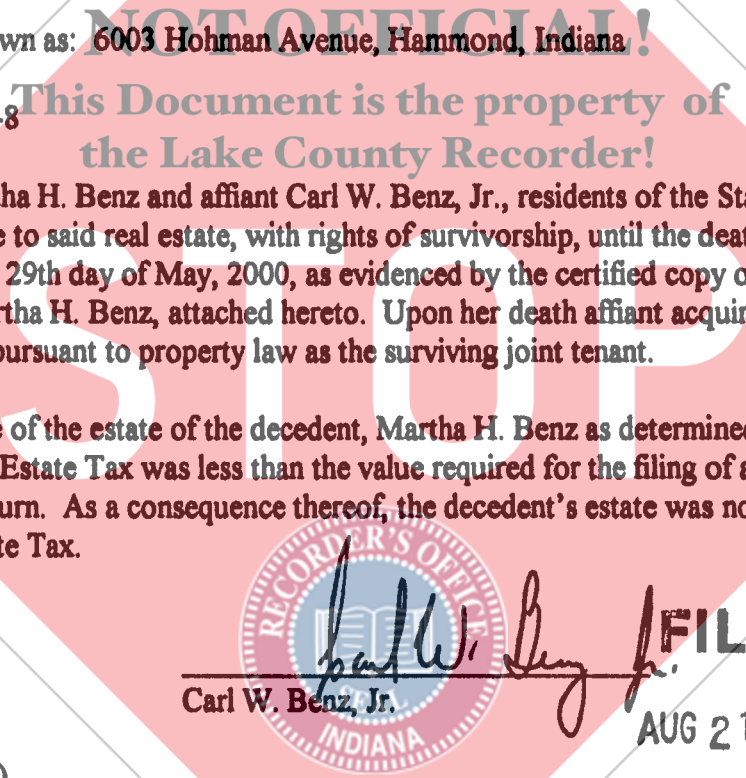
All Lots 13 and 14 in Block 1, Gostlin & Webb's Harrison Park Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 4 Page 21, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 6003 Hohman Avenue, Hammond, Indiana.

Key No: 34-39-8

Decedent, Martha H. Benz and affiant Carl W. Benz, Jr., residents of the State of Illinois, jointly held title to said real estate, with rights of survivorship, until the death of Martha H. Benz on the 29th day of May, 2000, as evidenced by the certified copy of the death certificate of Martha H. Benz, attached hereto. Upon her death affiant acquired sole title to the real estate, pursuant to property law as the surviving joint tenant.

The gross value of the estate of the decedent, Martha H. Benz as determined for the purpose of Federal Estate Tax was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.



Signature of Carl W. Benz, Jr.  
Carl W. Benz, Jr.

**FILED**  
AUG 21 2000

STATE OF ILLINOIS )  
 )  
COUNTY OF COOK )

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Before me the undersigned, a Notary Public in and for said County this 5<sup>th</sup> day of August, 2000 came Carl W. Benz, Jr., and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission Expires: 11-25-03

Signature of Phyllis A. Furler  
Phyllis A. Furler  
Notary Public  
Resident of Cook County

01379

"OFFICIAL SEAL"  
PHYLLIS A. FURLER  
Notary Public, State of Illinois  
My Commission Expires 11/25/2003

11.00  
E.P.  
CT

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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, stillbirths, and deaths.

DATE May 31, 2000

SIGNED *Carol R. Compton*  
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health  
1010 Lake Street  
Oak Park, IL 60301

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
1. DECEASED—NAME FIRST MIDDLE LAST Martha H. Benz			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 29 2000		
4. COUNTY OF DEATH Cook		AGE—LAST BIRTHDAY (YRS) 5a. 95	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. January 19 1905	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Lemont		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Lemont Center		6c. IF HOSP. OR INST. INDICATE D.O.A. OPERM. P.M. INPATIENT (SPECIFY) Inpatient		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Poland		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
10. SOCIAL SECURITY NUMBER 313 30 5836		11a. USUAL OCCUPATION Secretary		11b. KIND OF BUSINESS OR INDUSTRY Law		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (8-12) 12 College (1-4 or 5+) 3
13a. RESIDENCE (STREET AND NUMBER) 6003 Hohman		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Hammond		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Lake
13e. STATE Indiana		14a. ZIP CODE 46320		14b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14c. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO
15. FATHER—NAME FIRST MIDDLE LAST Walter Nowakowski			16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Stella Kuberski			
17a. INFORMANT'S NAME (TYPE OR PRINT) Carl W. Benz		17b. RELATIONSHIP Son		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 15705 Lake Hill Ct. Orland Park, IL		
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) <i>Sepsis</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Diabetes mellitus</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>Thromboses</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in an underlying cause given in PART I.						19a. AUTOPSY (YES/NO) No
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION			19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
21a. I (MD) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 5/26/00		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 2:15 pm M.		
22a. SIGNATURE <i>A. Shahbain MD</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) May 30 2000
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) A. Shahbain MD 7530 W. College Dr. Palos Heights, IL					22d. ILLINOIS LICENSE NUMBER 36-085113	
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.
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME Holy Cross		24c. LOCATION CITY OR TOWN STATE Calumet City, IL		24d. DATE (MONTH, DAY, YEAR) June 1 2000
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Opyt Funeral Home 13350 So. Baltimore Ave. Chicago, IL 60633						
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Paul J. O'Connell</i>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-010821		
26a. LOCAL REGISTRAR SIGNATURE <i>Carol R. Compton</i>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 31 2000		