

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 069923

2000 SEP 26 AM 9:08

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Virginia Maxine Umfleet and being duly sworn upon her oath does
allege and state as follows:

1. On or about October 1, 1988, Robert C. Henderson conveyed the
property commonly known as 2336 Burr Street, Gary, Indiana 46406 by Warranty Deed to
Robert C. Henderson a/k/a Robert Henderson, reserving unto himself a life estate, as well as to
James O. Henderson, Virginia Maxine Umfleet and Janice Elaine Yahr, as Joint Tenants with
Rights of Survivorship. Said Deed was recorded as document number 001698.

2. The property is legally described as follows:

LOT 27 BLOCK 4 MID VILLAGE ADD AS SHOWN IN PLAT
BOOK 28 PAGE 3, LAKE COUNTY, INDIANA.

3. On or about the 19th day of July, 1998, Robert C.
Henderson died. A true and accurate copy of the death certificate is attached hereto and
incorporated herein by reference as Exhibit "A".

4. No Indiana Inheritance taxes, inheritance taxes from other states or
countries, or federal estate taxes were due or payable by reason of the death of Robert
Henderson.

5. No claims were made against Robert C. Henderson, by reason of his
death, and any and all debts of, or charges and liens against him have been paid or otherwise
discharged.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 26 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Ms. Lisa K. Misner ✓ 01649 13.00
5201 Fountain Drive E.P.
Suite A 1003
Crown Point In. 46307

FURTHER YOUR AFFIANT SAYETH NAUGHT:

Virginia Maxine Umfleet
VIRGINIA MAXINE UMFLEET, Affiant

2000.

SUBSCRIBED AND SWORN to before me, this 17th day of July.

Document

Susan M. Serera

Notary Public, Susan M. Serera
Resident of Lake County, Indiana

NOT OFFICIAL!

My Commission Expires: 3-5-08

This Document is the property of
the Lake County Recorder!

STOP



DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 49.5 REGISTERED NUMBER 628

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. Robert Curtis Henderson 2. Male 3. July 19, 1998

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. Lake 5a. 89 5b. 5c. 5d. October 17, 1908

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 OPENER, P.M., INPATIENT (SPECIFY) 6a. Round Lake Beach 6b. Hillcrest Nursing Home 6c. Inpatient

DECEASED

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. Fithian, IL 8a. Widowed 8b. None 9. No

B

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 329-09-9930 11a. Auto Mechanic 11b. Self 12. 7

C

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 2336 Burr Street 13b. Gary 13c. Yes 13d. Lake

D

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. Indiana 13f. 46426 14a. White 14b. NO YES SPECIFY:

E

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. Milton Henry Henderson 16. Mattie Helena Winland

PARENTS

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Virginia Umfleet 17b. Daughter 17c. 35455 Sheridan, Waukegan, IL 60087

1

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2

Immediate Cause (Final disease or condition resulting in death) (a) ASHD

3

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) CA of edoio cond

CAUSE

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. NO 19b.

4

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a. 20b. PETER BENJAMIN LAKE COUNTY ILL

5

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 7-16-98

N

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21b. YES 21c. 7:45 PM

P

22a. SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) 22b. 7-21-98

CERTIFIER

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. Nina Neyman, M.D., Suite 102 Illinois 60073 22d. 036-065477

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.

1649-A

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Burial 24b. Chapel Lawn Memorial 24c. Shererville, IN 24d. Jul 23 98

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Congdon & Company Funeral Directors Ltd, 3012 Sheridan Road, Zion, IL 60099

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. A. P. Congdon 25c. 031-006926

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Steven C. Noble dep to Jean Putnam 26b. July 22, 1998

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records BASED ON 1988 U.S. STANDARD CERTIFICATE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

Steven C. Noble at Libertyville, Illinois on JULY 22, 1998

Steven C. Noble, Registrar Date

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.