

2

TICOR TITLE INSURANCE

2002 APR 04 1602

2002-11-03 09:03

STATE OF INDIANA)
COUNTY OF LAKE) SS:

ANNA J. QUINN A/K/A ANN J. QUINN, A/K/A, being first duly sworn upon oath, deposes and says: ANN QUINN

1. That LEE R. QUINN died on August 30, 2001, at Munster, Indiana.

2. That ANNA J. QUINN A/K/A ANN J. QUINN and LEE R. QUINN were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 22 IN FAIRMEADOWS 8TH ADDITION, BLOCK 2, TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 41 PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

28-321-22 (18)

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 necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this 30TH day of APRIL, 2002
ANN QUINN

PETER BENJAMIN
LAKE COUNTY AUDITOR

Gloria Miller
Lake County
My Commission Expires
October 29, 2008

Gloria Miller
GLORIA MILLER
Notary Public

My Commission expires:
10-29-08

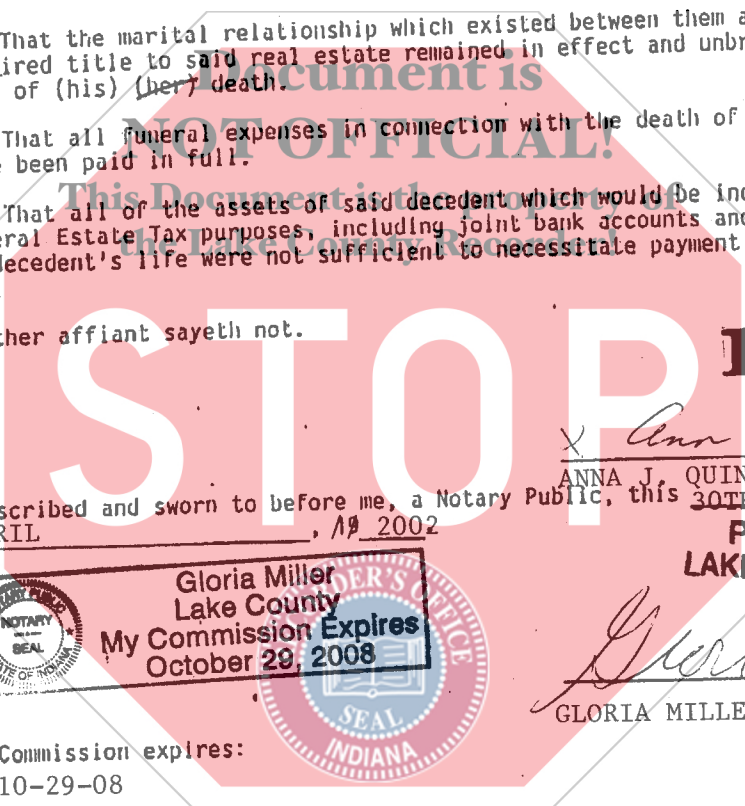
County of Residence:

000164

LAKE
This Instrument prepared by ANNA J. QUINN A/K/A ANN J. QUINN

Handwritten initials/signature

922-1515
TICOR HO



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to surse its statutory responsibility. Disclosure is our lary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1938-01

393774

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION: TITLOR TITLE INSURANCE 2050-45TH AVE. HIGHLAND, IN 46322

Form with fields for: 1 DECEASED—NAME (Lee R. Quinn), 2 SEX (Male), 3a TIME OF DEATH (10:10P M), 3b DATE OF DEATH (August 30, 2001), 4 SOCIAL SECURITY NUMBER (317-32-5052), 5a AGE (67), 6 DATE OF BIRTH (June 30, 1934), 7 BIRTHPLACE (N.A.), 8a WAS DECEDENT A US VETERAN? (Yes), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N.A.), 9a PLACE OF DEATH (Residence), 9b FACILITY NAME (9536 Northcote Avenue), 9c CITY, TOWN OR LOCATION OF DEATH (Munster), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Anna J. Matura), 12a DECEASED'S USUAL OCCUPATION (Teacher), 12b KIND OF BUSINESS/INDUSTRY (Education), 13a RESIDENCE—STATE (IN), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Munster), 13d STREET AND NUMBER (9536 Northcote Avenue), 13e ZIP CODE (46321), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEASED'S EDUCATION (12), 18 FATHER'S NAME (Raymond Quinn), 19 MOTHER'S NAME (Maria Skora), 20a INFORMANT'S NAME (Anna Quinn), 20b MAILING ADDRESS (9536 Northcote Ave, Munster, IN 46321), 20c Relationship (Wife), 21a METHOD OF DISPOSITION (Cremation), 21b DATE AND PLACE OF DISPOSITION (September 5, 2001, Regional Cremation SV), 21c LOCATION (Munster, IN), 22a EMBALMER'S NAME (Brian T. Burns), 22b EMBALMER'S LICENSE NO. (8601763), 23 WAS DEATH REPORTED TO CORONER? (No), 24 SIGNATURE OF FUNERAL DIRECTOR, 24b LICENSE NUMBER (1021590), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #3004968, 8415 Calumet Munster, IN), 26 PART I: IMMEDIATE CAUSE (Lymphomatous meningitis, Non Hodgkins Lymphoma), 26 PART II: Other significant conditions, 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER, 29c MEDICAL LICENSE NO. (01040149), 29d DATE SIGNED (MAY 2, 2002, 2001), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Robert Cornwell, M.D., 9250 Columbia Ave. Munster, IN 46321), 31 HEALTH OFFICER'S SIGNATURE (Susan W. Best, DO), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).



FILED

PERMIT BENJAMIN... THIS CERTIFICATE IS COMPLETE COPY OF ORIGINAL FILED WITH THE COUNTY RECORDER SEP 4 2001