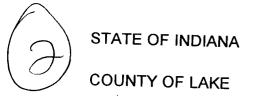
SURVIVORSHIP AFFIDAVIT

) SS:



MINGE OF ILL LAKE COUNTY FILED FOR SECRET

				FILED FOR RECORD	
On this	5/13 /02	2002 0459 before me persor	5 I ally appear	2002 MAY 16 AM 10: 22 ed RONALD C. CONNER to	me
personally kno	own, who being d	uly sworn on oath d			
1. Affia	ant's parents, Wil	liam E. Conner and	Charlotte C	onner, resided at 7027	
		, Lake County, India			
2. Said	premises were f	ormerly owned as te	nants by the	e entireties by	
		and		e Conner	
3. Said	Charlotte Con	ner died o			
leavi	na a will-/	survived by her hus			
4. Said	William E. Conne	er died on Decembe	13, 2000,	eaving a Will;	
5. Wher	e this affidavit re	ates to a tenancy by Lake County Re	the entiret	ies, were the parties ever	
(If ans	swer is "Yes," ide	ntify the divorce pro	ce <mark>edin</mark> gs:		
6. State	Inheritance taxes	were paid and no F	ederal Esta	te tax liability was due or) ;
payab	le by reason of d	eath of Affiant's fath	er, William I	E. Conner, and reasonable	
funera	l expenses were	paid, and no claims	were filed	Costs and expenses of	
Admin	stration will be pa	aid and covered by t	he undersid	uped	
		the deceased was _		med.	
		Signati Addres	Rona s: 931 (als C. Cenner ald C. Conner Cross Creek Dr. North Ile, IL 60172	

Subscribed and sworn to before me by the affiant this 13th day of May, 2002.

Suzanne Goldsmith, Notary Public and Resident of Lake County, IN

My Commission Expires: 11/27/07

PETER BENJAMIN LAKE COUNTY AUDITOR

001423

This instrument prepared by S. Goldsmith, Attorney at Law, Attorney #7189-45

HOLD FOR FIRST AMERICAN TITLE

06028123

ATTENTION	I ESTATE: The Social Security			SIES SEE SEE SEE		مار در ایداده	the second section is a second second		
Murcuo ito ete	et by this state agency in order to y responsibility. Disclosing the wife on penalty for ref	der to			OF HEALTH			3,0	
-ocal No	$\alpha 4/2-98$	1		ATE OF DEAT	Tí i				
f0356		SERIES ARE CONFIDENTIAL P	ER IC 16-1-19-3	WE OF BEAT	in S	tate No	D		
YPE/PRIN	T I. DECEASED-NAME (First	Middle, Last)	10 1-13-3	7-			_		
IN		Charlotte Co	onner	2. SE	Ser LIME C		36. DATE OF DEATH (M	oneh Day, Yr.)	
ERMANEN		Se. AGE-Last Birthday	56. UNDER 1 YEA	R 5c. UNDER I DAY	Female 4:00 8. DATE OF BIRTH (Mo. Day)	Ам	October 31	1000	
BLACK INF		79	Months Day	Hours Minutes		Yn 7.	BIRTHPLACE (City and St	ete or Foreign Country)	
	8ª WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?			May29, 1919 PLACE OF DEATH (Check)		Tarentum.	Penn.	
	No	None	HOSPITAL In		OTHER Nursing	Home C	e instructions.)		
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)		Besidence						
	Regency Place	ce		9c. CITY.	TOWN, OR LOCATION OF DE	ATH	9d. COUNTY OF DEATH	1	
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE			Dyer		Lake		
	Married	William Con	ner	done during most of	AL OCCUPATION (Give kind of working life, Do not use retired)	work 1	26. KIND OF BUSINESS/	NDUSTRY	
	13ª RESIDENCE-STATE	136. COUNTY	13c. CITY, TOWN, OF	Jaiesbe	rson		Retail S	tore	
	Ind	Lake	Ham		13d STREET AN				
	13e. ZIP CODE 13f. INSIDE CI		LIMITS 14. CITIZEN OF 15. WAS DECEDENT		7027 North				
	13g. ON A FAF	A COUNTRY	No Mexican. Puerto	Yes (If yes, specify Cubi	an. Black White, etc.	ien.	17. DECEDENT'S	EDUCATION	
	46324 VIND 1	TV IICA			(Specify)	Elem	(Specify only highest nentary/Secondary (0-12)	College (1-4 or 5 +	
'ARENTS	18. FATHER'S NAME (First, Middle	. Last)	<u> </u>	No	White		12		
	Charles Cal	dwe11		19. MOTI	HER'S NAME (First, Middle, Ma	iden Surnam	ne)	<u> </u>	
IFORMANT	20s. INFORMANT'S NAME (Type/		20b. MAILING	ADDRESS (Street and Ab.	a Love				
	William Con		7027 N	orthcote Av	mber or Rural Route Number, Cit	y or Town S	State, Zip Code) 20c. R	Relationship	
	21a. METHOD OF DISPOSITION	☐ Entombment			e. Hammond,	Ind.	46324 H	lusband	
	X Buriel Cremation Donetion Other (Specific		other place) N	ov. 5, 1998	Crematory, or	21c. LO	CATION-City or Town, S	State	
SPOSITION	22a. EMBALMER'S NAME:	y)	Plum Cree	k		, n,	, _		
	C. Wm. McCoy		226 EMBALMER'S	LICENSE NO.	23. WAS DEATH REI	PII	umb, Penn.		
-	240. SIGNATURE OF FUNERAL DIR	FOXO	10	13612		Yes	CORONER?		
	1111	iec10)		CENSE NUMBER	25. NAME ADDRESS, AND	ICENSE MI	MAREN OF THE		
l	Le U Will	400	TO	of Licensee)	T UNC 12	/ (n:	mai		
	26. PART ! Enter the disease	I. Injuries, or complications that cause	10.			Ave.	Hammond, I	n. 46320	
		e, injuries, or complications that cause leart failure, Vat only one cause on ea	ach line.	r nonspecific terms, such as c	cardiac or respiratory			Approximate	
1	IMMEDIATE CAUSE (Final disease or condition	(CANDIO-	Respush	undallaro	rder!			Interval Between	
	resulting in death)	A ONE TO TOR	AS A CONSEQUENCE	OF)	7			Onset and Death	
1.	Conditions, if any, which gave	b. ATOURS	- nam	Huy Des	n + Chris	ne ob	4. Lux Dr		
1,	rise to the immediate cause, stating the underlying	S A CONSEQUENCE OF White M				The state of the s			
19	Cause lest	DUE TO (OR)	AS A CONSEQUENCE	OF)	Y				
}-		d.							
ļ f	PART II. Other significant conditions - (ondingna contributing to death but n	ot previously stated in D	art I					
1	W Dungar	area lile	, , , , , , , , , , , , , , , , , , , ,	PREGNANT	OF 90 DAYS	N AUTOPS	Y 28b. WERE AUTOR	PSY FINDINGS	
1	e sinu	UM? EVan an		AVAILABLE P COMPLETION	PRIOR TO				
25	9a. CERTIFIER POSS	the start		(Yes or no)		·)	OF DEATH? ()	res or no)	
	(Check only	IFYING PHYSICIAN To the best of TH OFFICER On the basis of exempts.	of my knowledge, deeth o	ccurred at the time, date, and	place, and due to the cause(s)				
1	☐ cond		and and or myestigat	ION, IN MY COUNTRY Clearly one.					
IFIER 29	SIGNATURE AND TITLE OF CERT	IFIED On the basis of examination a	and/or investigation, in m	y opinion, death occurred at t	the time, date, and place, and du	e to the caus	the cause(s) as stated.		
IFIEH	Muaro	Homes/	mn		29c. MEDICAL LICENSE	NO.			
130	NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF THE			12165-5		29d DATE SIGNED (Month, Day, Year)	
	FOLICIANO	WHO COMPLETED CAUSE OF DE	EATH (ITEM 26) (Type/	Print)	. / /		11-20	27	
TH 31.	HEALTH OFFICER'S SIGNATURE	1		OVANDSCH FRA	- mint	として	NO 4613	2/	
ER		Wedself	15 X.15.	- 1 24 D			DATE FILED (Mon	(h. Day, Year)	
33	MANNER OF DEATH	34a. DATE OF INJURY	346 TIME OF	34c IN 1100 A - 1110			X/ovenil	8,219	
1	☐ Natural ☐ Pending	(Month, Day, Year)	YRULM	34c INJURY AT WORK? (Yes pr no)					
1	Accident			HIS CE	ERTIFIES THE ABOVE IS A ETE COPY OF THE CEPTI	TRUE AND		1	
The second secon	Surcide Could not be	34e PLACE OF INJURY—A building, atc. (Specify)	t home, farm, street, fact	ory office DEATH	ETE COPY OF THE CERTING	FICATE OF			
[[Determined Determined			HEALTH	TOBE FION ISPIERE HONKEN	etiphytolyai b	Raute Number, City or Town	State)	

34h MOTOR VEHICLE ACCIDENT? (Yes or no)

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1