

**TICOR TITLE INSURANCE COMPANY**

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA)

COUNTY OF LAKE )

SS: **2002 048533**

2002 MAY 28 AM 8:50

MORRIS W. CARTER  
RECORDER

CHRISTOPHER M JERRY

, being first duly sworn on oath,

deposes and says:

1. That DENISE JERRY died on JULY 15, 2000 at UNIVERSITY OF CHICAGO HOSPITAL
2. That CHRISTOPHER M JERRY and DENISE JERRY were duly and legally married at the time they aquired title as husband and wife to the following described real estate:
3. That the marital relationship which existed between them at the time they aquired title to said real estate remained in effect and unbroken until the date of ~~(his)~~ (her) death.
4. 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.

**Document is NOT OFFICIAL!**  
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**FILED**

MAY 24 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Affiant Signature  
CHRISTOPHER M JERRY

Subscribed and sworn to before me, a Notary Public this 10TH day of MAY, 2002.

Notary Public  
JAMES P LEHR

My Commission Expires: 10/21/08  
County of Residence: LAKE

This instrument prepared by JAMES P LEHR VICE PRESIDENT CONSUMER LENDING

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Return: Peoples Bank

<http://www.nw.in.ticortitle.com/forms/aff.html>

5/10/02

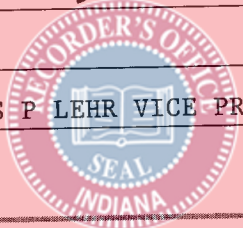
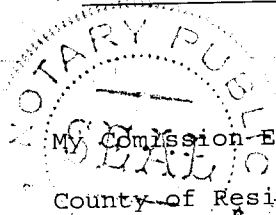
Handwritten initials: 12- H H&

002035

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TICOR TITLE INSURANCE  
Crown Point, Indiana



**MEDICAL CERTIFICATE OF DEATH**

611286

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
JUL 18 2000

REGISTRATION DISTRICT NO. **16910**

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

DENISE JERRY 2.FEMALE 3.JULY 15, 2000

1. COUNTY OF DEATH BIRTHDAY (MOS, DAYS, HOURS, MIN) DATE OF BIRTH (MONTH, DAY, YEAR) IF HOSP. OR INST. INDICATE D.O.A. (SPECIFY)

4. COOK 5a. 33 5b. 33 5c. 5d. MARCH 27, 1967

6a. CHICAGO 6b. THE UNIVERSITY OF CHICAGO HOSPITALS 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8a. MARRIED 8b. CHRISTOPHER JERRY

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 314-80-9180 11a. FIELD AUDITOR 11b. STATE OF INDIANA 12. College (1-4 or 5-7)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13d. LAKE

13a. 2201 W. 57th Ave. 13b. MERRILLVILLE 13c. YES 13d. LAKE

13a. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. DNO 14c. YES SPECIFY: MEXICAN (MAIDEN) LAST

13a. INDIANA 13f. 46410 14a. WHITE 14b. DNO 14c. YES SPECIFY: MEXICAN

13e. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

13e. MODESTO RICARD HILDA RIVERA

15. INFORMANT'S NAME (TYPE OR PRINT) 16. RELATIONS (SPOUSE, PARENT, CHILD, SIBLING, GRANDCHILD, NEPHEW, AUNT, UNCLE, Nephew, etc.)

15. DEBORAH GARDNER 16. HOSPITAL RECORDS 17b. 3841 SOUTH WYANDOTT CHICAGO, ILLINOIS 60637

17a. Immediate Cause (Final disease or condition resulting in death) (a) ADULT RESPIRATORY DISTRESS SYNDROME DUE TO OR AS A CONSEQUENCE OF (b) E. COLI SEPSIS DUE TO OR AS A CONSEQUENCE OF (c)

17a. Immediate Cause (Final disease or condition resulting in death) (a) ADULT RESPIRATORY DISTRESS SYNDROME DUE TO OR AS A CONSEQUENCE OF (b) E. COLI SEPSIS DUE TO OR AS A CONSEQUENCE OF (c)

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.

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20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21a. DATE SIGNED (MONTH, DAY, YEAR) 21c. 10:55 P.M. 21b. JULY 16, 2000

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21a. DATE SIGNED (MONTH, DAY, YEAR) 21c. 10:55 P.M. 21b. JULY 16, 2000

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE (TYPE OR PRINT) 22b. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE (TYPE OR PRINT) 22b. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. 125-039445 ILLINOIS LICENSE NUMBER

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. 125-039445 ILLINOIS LICENSE NUMBER

23. BUREAL CREMATION, REMOVAL (SPECIFY) 24a. CALUMET PARK 24c. MERRILLVILLE INDIANA 24d. JULY 20, 2000

23. BUREAL CREMATION, REMOVAL (SPECIFY) 24a. CALUMET PARK 24c. MERRILLVILLE INDIANA 24d. JULY 20, 2000

25a. CAPPETTA FUNERAL HOME INC. 5858 W. ROOSEVELT ROAD CHICAGO ILLINOIS 60644 25b. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 18 2000

25a. CAPPETTA FUNERAL HOME INC. 5858 W. ROOSEVELT ROAD CHICAGO ILLINOIS 60644 25b. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 18 2000

RECORDER'S OFFICE  
SEAL  
INDIANA  
Sheila Lynne RSM  
LOCAL REGISTRAR



I, SHEILA LYNE, RSM, 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 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 ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.