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TICOR TITLE INSURANCE

AFFIDAVIT Key # 12.104.10(22)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Deloris Jerome, being first duly sworn upon oath, deposes and says:

1. That Sam F. Jerome died on _____, 19____ at _____.

2. That Deloris Jerome and Sam F. Jerome were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 10 in McConnell's Corner Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 63 page 1, in the Office of the Recorder of Lake County, Indiana.

Key No. 12-104-10. **This Document is the property of the Lake County Recorder!**

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.

Deloris Jerome
Deloris Jerome

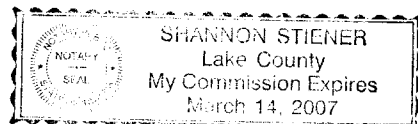
Subscribed and sworn to before me, a Notary Public, this 28th day of June, ~~19~~2002.

FILED

JUL 2 2002

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

Shannon Stierer
Shannon Stierer Notary Public



My Commission expires:

3-14-07

County of Residence:

Lake

This Instrument prepared by Deloris Jerome

12-
R.A.
H.R.

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

Key # 12-104-10(22)

906

CERTIFICATE OF DEATH

State: Jan 9 1995 Date Issued Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED NAME (First, Middle, Last) Sam F. Jerome Sr. 2. SEX Male 3a. TIME OF DEATH 9:14 p.m. 3b. DATE OF DEATH (Month, Day, Year) November 17, 1994

4. SOCIAL SECURITY NUMBER 350-16-6604 5a. AGE - Last Birthday (Years) 69 5b. UNDER 1 YEAR! Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Mo, Day, Yr) June 17, 1925 7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL

8a. WAS DECEASED A U.S. VETERAN? Yes 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? WW2 8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Other (Specify) Residence

9a. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital 9b. CITY, TOWN, OR LOCATION OF DEATH Hammond 9c. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Married 11. SURVIVING SPOUSE (If wife, give maiden name) Deloris Bakszys 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sheet Metal Mechanic 12b. KIND OF BUSINESS/INDUSTRY Steel

13a. RESIDENCE - STATE Illinois 13b. COUNTY Cook 13c. CITY, TOWN, OR LOCATION Dolton 13d. STREET AND NUMBER 14500 Dobson

13e. ZIP CODE 60419 13f. INSIDE CITY LIMITS No Yes 13g. ON A FARM? No Yes 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEASED OF HISPANIC ORIGIN? No Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE - American Indian, Black, White, etc. (Specify) WHITE American 17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10yrs College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) Frank Jerome 19. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Latronico

20a. INFORMANT'S NAME (Type/Print) Deloris Jerome 20b. MARING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14500 Dobson, Dolton, IL 60419 20c. Relationship Wife

21a. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 21, 1994 Holy Cross Cemetery 21c. LOCATION - City or Town, State Calumet City, IL

22a. EMBALMER'S NAME KEVIN W. KISH 22b. EMBALMER'S LICENSE NO. 1021590 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b. LICENSE NUMBER (of Licenses) 1021590 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Kish Funeral Home 3002819 Hohman Ave. Hammond, IN for Browns Funeral Home, Dolton, IL

26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. [Signature] [Signature]

IMMEDIATE CAUSE (Final disease or condition resulting in death) [Signature]

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) so stated. HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) so stated. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner so stated.

29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c. MEDICAL LICENSE NO. 01035532 29d. DATE SIGNED (Month, Day, Year) November 19, 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Steven H. Salgan, M.D., 13419 So. Baltimore, Chicago, IL., 60633

31. HEALTH OFFICER'S SIGNATURE [Signature] 32. DATE (Month, Day, Year) NOV 21 1994

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

