## TICOR THAT LET INSURANCE 19 24 8: 52

	SIGNACE C
KeV#32.240.14(26)AFFIDAVIT	02
STATE OF INDIANA)	
) \$\$:	7 (
COUNTY OF LAKE )	394
RONALD L. KELLEY, SR. sworn upon oath, deposes and says:	, being first ₩Ply
	died on
1. That ELMER C. KELLEY  MAY 8  , XX 2002 at s	GTEG ON CHICAGO, IL.
	20
2. That <u>ELMER C. KELLEY</u> and <u>FRANCE</u> were duly and legally married at the time they ac	equired title as husband and
wife to the following described real estate:	DE HAMMOND, AC CHOCK INTERIOR
LOT 14, CLINE GARDENS 3RD ADDITION, IN THE CITY OF THE RECORDER OF LAKE	COUNTY, INDIANA
NOT OFFICIAL	
This Document is the prope	
the Lake County Record	er!
<ol><li>That the marital relationship which existed bacquired title to said real estate remained in ef</li></ol>	
date of (his) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	and an arrangement affects
4. That all of the assets of said decedent which	would be includable for
Federal Estate Tax purposes, including joint bank	a <mark>ccounts a</mark> nd life insurance
on decedent's life were not sufficient to necessi	tate payment of Federal Estate
I da.	
	DULYENTEDO
Further affiant sayeth not.	DULY ENTERED FOR ACCES
WOJANA ALIE	Aug
	70G 1
The state of the s	Tall I Marie Si
<b>R<i>O</i>N</b> Subscribed and sworn to before me, a Notary Publi	VALD L. KELLEYCSR.
AUGUST , 1X3X 2002	c, this 13TH day of
	.7
	Ma.
	Doupull.
GLOR	RIA MILLER Notary Public
My Commission expires:	
Gloria Mille	
My Commission	Expires
County of Residence: October 29, 2	2008
LAKE	

This Instrument prepared by RONALD L. KELLEY, SR.



## STATE OF ILLINOIS

STATE FILE NUMBER

	REGISTERED 3	04	M	IEDICA	L CE	RTIF	ICA	TE (	OF D	PEAT	Ή				
Type or Print in PERMANENT INK	DECEASED-NAME	F	IRST	MIDDL	E	LAS	Т		SEX	D.	ATE OF	DEATH	(MONT	H, DAY, YEAR)	
ee Funeral Directors,	1. Elmer		(	J.		Kelle	v	ľ	2. Male	a 3	Max	, 8 <b>,</b>	200	2	
ospital, or Physicians Handbook for	COUNTY OF DEATH			AGE-LAS	Ţ L	UNDER 1 YE	AR U	NDER 1 DA	AY DAT	E OF BIRTI	H (MON	ITH, DAY,	YEAR)	<u> </u>	
INSTRUCTIONS	4. Cook			BIRTHDAY		MOS. DA'	rs HO	ı	IN. 5d	June	7.	192	2		
	CITY, TOWN, TWP, OR ROA	AD DISTRIC	TNUMBER			RINSTITUTI	N-NAME	(IF NOT IN E	ITHER, GIVE	STREET AN	DNUMB			OR INST, INDICATE D.O.A. RM, INPATIENT (SPECIFY)	
A	6a. Chicago He	ights		6b. St	t. Ja	nes Ho	spit	al						n-Patient (specify)	
DECEASED	BIRTHPLACE (CITY AND STA	ATEOR	MARRIED,	NEVER MARRIEI DIVORCED (SP	D.	NAME OF SI			(MAIDEN N	IAME, IF WIFE	E)		00. 1	WAS DECEASED EVER IN U.S.	
DECEASED	7 Decatur, A	1.	8a. Mar		ECIFY)	8b. Fra	വഹംഭ	Glen	m					9. Yes	
В	SOCIAL SECURITY NUMBER			CUPATION		KIND OF BU	SINESS	OR INDUS	TRY ED				HIGHEST	GRADE COMPLETED)	
C	10. 421-16-369	4	11aMac	hine Ope	erato	ninSte	al Ma	anufa	ct 12	ementary/Sect 2.		(0-12) College (1-4 or 5 + )			
D	RESIDENCE (STREET AND N	IUMBER)			CITY, T	OWN, TWP,	OR ROA	D DISTRIC	T NO.	INSI	DE CIT	Y	COUNT	<del>,</del>	
E	13a6650 Nevad	a St.			13b. 1	Hammon	F		_	(YES	/NO) . <b>Y</b> e	ا ء	13d. <b>L</b> á	ako	
	STATE	ZIP COI	DE	RACE (WHITE,	BLACK, AME			PANIC ORI	GIN? (SPEC					, MEXICAN, PUERTO RICAN, etc.)	
Į	13e. Indiana	13f. 4	6323	INDIAN.etc.)(SPE										,	
	FATHER-NAME FIRS		MIDDLE		AST		14b. ] MOTHE	R-NAME	☐ YES		CIFY			(MAIDEN) LAST	
PARENTS	15. Ulman			Kelley				_	_	,,		_		•	
`	INFORMANT'S NAME (TYP	E OR PRINT)	<del></del>	иеттел	REI	ATIONSHIP	16.	Pear MAILING AD		STREET AND	NO OR		ert	S VN. STATE, ZIP)	
1	17a. Frances	Kel:	lov		171		1							,	
2	18. PART I.	Enter the	diseases or	complications that	caused the	doath Donot	enter the	mode of d	0 Nev	aua S	rospira	Hamm	iona		
3	Immediate Cause (Final	shock, or	heart failure	. List only one ca	use on eac	h line.	CINCI IIIO	mode of dy	mig, such as	s cardiac or	respira	nory arres	<sup>\$1,</sup>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	disease or condition	$_{(a)}$	10	SCHEMIC	/ SA	Dianya	PATI	UY					-		
	resulting in death)	/	ETO, OR AS	A CONSEQUENC	EOF	- (0) /-	,,,,			·					
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)													
CAUSE	IMMEDIATE CAUSE (a)	DUI	TO, OR AS	A CONSEQUENC	EOF										
	STATING THE UNDERLYI CAUSE LAST.	NG (c)													
4 :	PARTII. Other significant cond		iting to death bu	it not resulting in the ur	nderlying caus	e given in PART	l.				AUTOP	SV	lwene au	FOPSY FINDINGS AVAILABLE PRIOR TO	
5						•				(	YES/NO	)	COMPLET	ION OF CAUSE OF DEATH? (YES/NO)	
N	DATE OF OPERATION, IF A	NY	MAJØR FIN	DINGS OF OPER	ATION	<del>len</del> i	118				19 <b>a</b>		19b.	RE A PREGNANCY IN PAST	
Р	_ 20a.		20ь. т								ין	HREE MO	NTHS?		
	I (DID) (DID NOT) ATTEND T	HE DECEA		NTH, DAY WEAR)				IWA	SCORONE	ER OR MED			ES 🗌		
	AND LAST SAW HIM/HER AL 21a.	IVEON	5	17/02				EXA	AMINERNO	TIFIED? (	(ES/NO)	İ			
	TO THE BEST OF MY KNOW	LEDGE, DE	ATHOCOL	RREDATTHETIN	E, DATE A	ND PLACE AI	ID DUE T	21I	USE(S) ST	ATED		21c.	10:	(MONTH, DAY, YEAR)	
	22a. SIGNATURE		/620	tur he	donn	_		der		MILED:			7	MONTH, DAT, TEAH)	
CERTIFIER	NAME AND ADDRESS OF C	ERTIFIER	(TYPE O	R PRINT)	- Juli	700 5		uci	•		-}	22b.	SLICEN	SENUMBER	
	22c. Dr R.	דת סו	- K	e in in	-7	27 1	TXI	96	HW	4		İ		-086262	
Į.	NAME OF ATTENDING PHY	SICIANIFO	THER THAN	CERTIFIER	- (TYPE OR I	PRINT		7/3	Te y	4160	94	ZZU.			
· •	23.											DEATHT	HE CORO	Y WAS INVOLVED IN THIS NER OR MEDICAL EXAMINER	
7	BURIAL, CREMATION.	СЕМЕ	TERYORCE	REMATORY-NAM	1E	ILOC	ATION	CIT	ORTOWN	STA	TE	MOSTBE	DATE		
	REMOVAL (SPECIFY) 24a. Burial	24b	Chane	l Lawn C	omoto						``` <u> </u>			,	
	FUNERAL HOME	12.10.	NAME			MBER OR R.F.		ererv.	ille,			97	24d. ATE	May 11, 2002	
DISPOSITION	25a. Smits Fune	ral	Iome D	eVoung &	Marco	oth Cha	no1	640 1						2 T	
1	FUNERAL DIRECTOR S	NATURE		·	VICE	gii Cilo	ber	049	<u>. 10.</u>		BECTO	CO H	OTTS	nd, Il., 60473	
Į	25b. •	٠ ١٠٠	Sam.	T.											
	LOCAL REGISTRANS SIGN	ATURE	1	) 1/2	1	100				25c.		34-0		NTH, DAY, YEAR)	
	26a.	ho b	/ - /		non			1	11	1	17	7/1	/ / /	MIH, DAY, YEAH)	
	VR200 (Rev. 5/89)	ruce	J196	nois Department of	A Bublio L	olth Division	n of Miter	CVI	/	26b.	21	44		4 -112	
			(""	Боранне/ІН	Colic Pil	Jan Divisio	or vital	necords				(BASEO	ON 1989 U	.S. STANDARD CERTIFICATE)	
<b>:</b>				E	المنظار ا									· -	
1				E	$\Delta E_{I}$	Lane 15	/								
1	I HEREBY (	ידיםקקי	EV TI	IAT THE	EOD	COIN	CIC	A rim	TIDE AT	NID C	ית∩	שמס	r ~~	D\$/	
		LEFECT	$\frac{1}{L}$	TUT TUE	LOK	MILOPE	O 12	$H \times K$	UE A	וט עויג	UKI	CCL	ı CO	r Y	

OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS & DEATHS.

MAY 0 9 2002 DATE: SIGNED:

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR