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TICOR TITLE INSURANCE

2003 116271

AFFIDAVIT

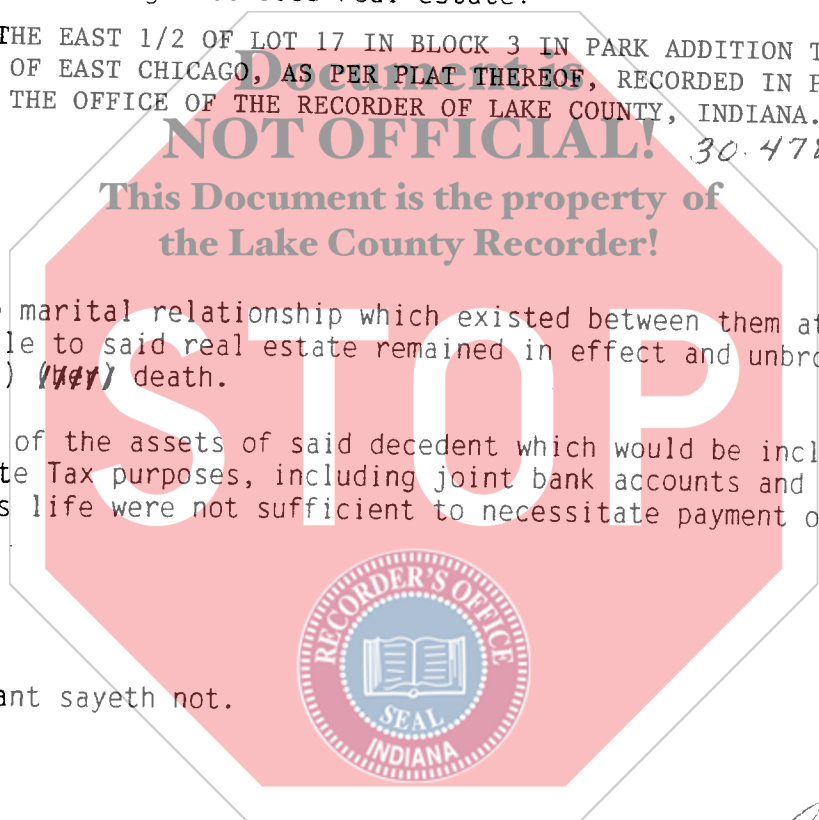
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Mayme Jean Perry, being first duly sworn upon oath, deposes and says:

1. That James L. Perry died on August 13, 2001, ~~18XX~~ at Cook County, Illinois.

2. That James L. Perry and Mayme Jean Perry were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 18 AND THE EAST 1/2 OF LOT 17 IN BLOCK 3 IN PARK ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



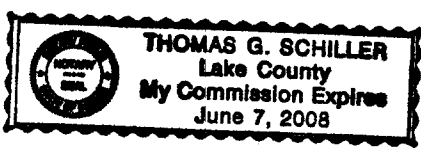
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.

4. That all 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.

Mayme Jean Perry
MAYME JEAN PERRY

Subscribed and sworn to before me, a Notary Public, this 20TH day of OCTOBER, 19 2003.



Stephen R. Stiglich
Notary Public

My Commission expires:
JUNE 7, 2008

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

County of Residence:
LAKE

OCT 23 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

This Instrument prepared by MAYME JEAN PERRY

001895

11.00 / KM


TICOR TITLE INSURANCE
2050-45TH AVE
HIGHLAND, IN 46322
920030241

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 22 2001

JOHN L. WILHELM M.D., 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 CHICAGO BY VIRTUE OF THE LAWS 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 OBTAINANCE OF SAID LAW AND ORDINANCES.


John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 18.10		STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER 613118	
DECEASED-NAME James		FIRST MIDDLE LAST		SEX male		DATE OF DEATH (MONTH, DAY, YEAR) August 13 2001	
COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 77		UNDER 1 YEAR 5d.		DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 29, 1929	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Memorial		IF HOSP. OR INST. INDICATE D.O.A., OP-EMER. RM., INFANTICIDE (SPECIFY) NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EAST CHICAGO, IND		USUAL OCCUPATION SKILLED LABOR		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Jean Fisher		WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) NO	
SOCIAL SECURITY NUMBER 306-24-7741		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 1810 Columbus DR.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)			
RESIDENCE (STREET AND NUMBER) 1810 Columbus DR.		RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY) BLACK		INSIDE CITY (YES/NO) YES		COUNTY LAKE	
STATE IND.		ZIP CODE 76312		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO			
FATHER-NAME Willie		MOTHER-NAME Louise		SPECIFY: (MAIDEN) LAST Veak			
INFORMANT'S NAME (TYPE OR PRINT) Jackie Minn		RELATIONSHIP Daughter		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 251 E. Hucon Chicago 60626			
17a. Jackie Minn		17b. 251 E. Hucon		17c. Chicago			
18. PART I. Immediate Cause (Final disease or condition resulting in death) massive cerebrovascular accident		(a) DUE TO, OR AS A CONSEQUENCE OF embolus		(b) DUE TO, OR AS A CONSEQUENCE OF embolus		(c) DUE TO, OR AS A CONSEQUENCE OF embolus	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. coronary artery disease, diabetes mellitus		AUTOPSY (YES/NO) NO		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
DATE OF OPERATION, IF ANY August 13, 2001		MAJOR FINDINGS OF OPERATION end stage renal disease		HOUR OF DEATH 8:00 P. M.		DATE SIGNED (MONTH, DAY, YEAR) Aug 13 2001	
20a. (VOID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON August 13, 2001		20b. (TYPE OR PRINT) John E. Ostrowski, MD		21a. ILLINOIS LICENSE NUMBER 125-39293		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. NAME AND ADDRESS OF CERTIFIER MARK PATUSZYNSKI, MD 251 E. HUCON 60626		22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER John E. Ostrowski, MD		23. BUREAU OF RECORDS AND STATISTICS			
24a. BURIAL		24b. CEMETERY OR CREMATORY-NAME LINCOLN		24c. LOCATION CHICAGO		24d. DATE (MONTH, DAY, YEAR) 8-20-01	
25a. FUNERAL HOME GOLDEN GATE F/H - DIVINITY F/H 2036 W. 79th ST Chicago IL 60626		25b. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D.		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015664		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 22 2001	