

3

2003 115471

2003 OCT 20 11:00

DECEASED JOINT TENANCY AFFIDAVIT

RETURN TO:

Harry E. DeBruyn, Atty.
DeBruyn, Taylor & DeBruyn, Ltd.
15252 South Harlem Avenue
Orland Park, IL 60462



NAME/ADDRESS OF TAXPAYER:

Barry and Sandra Hostetler

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Gene H. McDonough, being duly sworn states that she resides at 16050 LaGrange Road, Orland Park, IL 60462.

That Gene H. McDonough was acquainted with John J. McDonough, deceased, who, at the time of his death, was one of the owners of the land in Lake County, Indiana, described as:

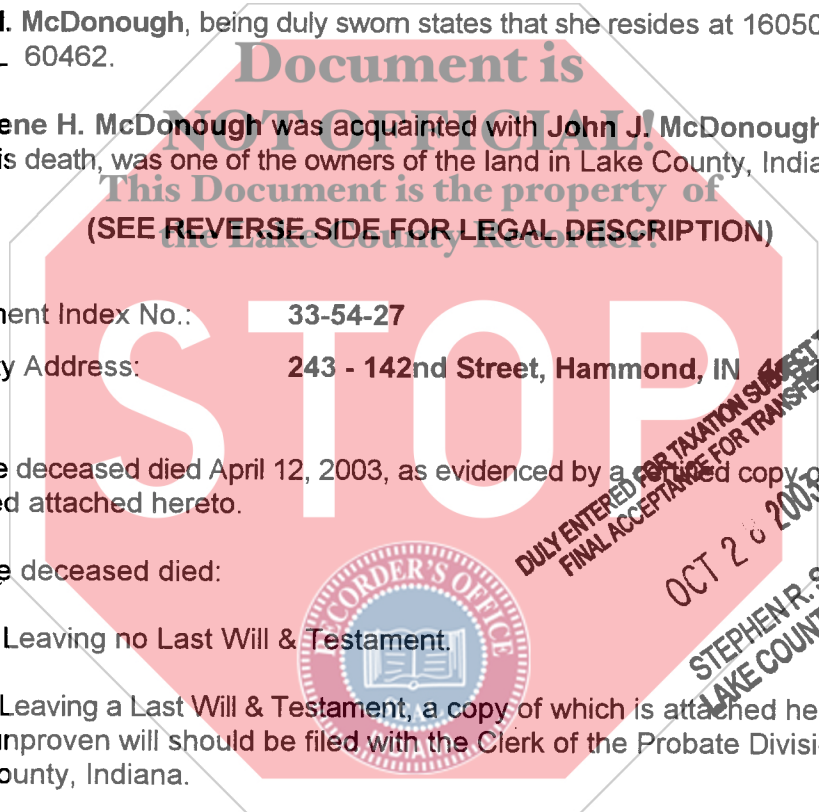
This Document is the property of
(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.: 33-54-27
Property Address: 243 - 142nd Street, Hammond, IN

That the deceased died April 12, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Court of Lake County, Indiana.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Court of Lake County, Illinois, about _____.



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
OCT 20 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Attorneys' Title Guaranty Fund, Inc.
33 N. Dearborn, 2nd Floor
Chicago, Illinois 60602-3100
(312) 372-8361

2264-A

1292135 CK1374

13. DG

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not require the payment of Federal or State Inheritance taxes.

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

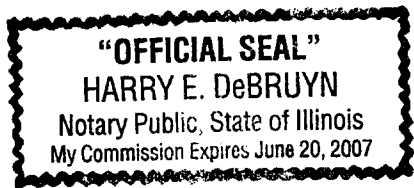
Subscribed and sworn to before me by the said
Gene H. McDonough
this 23 day of September, A.D. 2003.

[Signature]
Notary Public

x [Signature]
(affiant's signature)

This Instrument Prepared By:


Harry E. DeBruyn, Atty.
15252 S. Harlem Avenue
Orland Park, IL 60462



Document is NOT LEGAL!
LEGAL DESCRIPTION
This Document is the property of
Lot 26 and Lot 27, Block 1 in J. Wm. Eschenberg's State Line Addition to Hammond, in Lake County, Indiana.

Permanent Index No.: 33-54-27
Property Address: 243 - 142nd Street, Hammond, IN 46327

STOP



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 143674

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) John J. McDonough

2 SEX Male

3a TIME OF DEATH 4:50P

3b DATE OF DEATH (Month, Day, Yr.) April 12, 2003

4 *SOCIAL SECURITY NUMBER 335-01-0861

5a AGE—Last Birthday (Years) 82

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo, Day, Yr) Oct. 18, 1925

7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL

8a WAS DECEDENT A U.S. VETERAN? Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945

9a PLACE OF DEATH (Check only one. See instructions)

HOSPITAL Inpatient ER/Outpatient DOA

OTHER Nursing Home Residence

9b FACILITY NAME (If not institution, give street and number) Riley Hospice Residence

9c CITY, TOWN OR LOCATION OF DEATH Munster

9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married

11 SURVIVING SPOUSE (If wife, give maiden name) Gene H. Boguslaw

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Salesman

12b KIND OF BUSINESS/INDUSTRY Printing

13a RESIDENCE—STATE IN

13b COUNTY Lake

13c CITY, TOWN, OR LOCATION Hammond

13d STREET AND NUMBER 243 142nd St.

13e ZIP CODE 46324

13f INSIDE CITY LIMITS No Yes

13g ON A FARM? No Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)

16 RACE—American Indian, Black, White, etc (Specify) White

17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) ---

18 FATHER'S NAME (First, Middle, Last) John McDonough

19 MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Murphy

20a INFORMANT'S NAME (Type/Print) Henry Boguslaw

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17833 Maine Ct. Orland Park, IL 60467

20c Relationship Brother-in-law

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) April 15, 2003 Regional Cremation SV

21c LOCATION—City or Town, State Munster, IN

22a EMBALMER'S NAME

22b EMBALMER'S LICENSE NO

23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns

24b LICENSE NUMBER (of Licensee) 1045184

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Renal cell cancer

DUE TO (OR AS A CONSEQUENCE OF)

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

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT 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)

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) as 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) as 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 as stated

29b SIGNATURE AND TITLE OF CERTIFIER Dr. Majety

29c MEDICAL LICENSE NO

29d DATE SIGNED (Month, Day, Year) 4/14/03

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Majety 5454 Hohman Hammond, IN 46320

31 HEALTH OFFICER'S SIGNATURE

32 DATE FILED (Month, Day, Year) April 16, 2003

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

