

3

LAKE COUNTY
FILED FOR RECORD

2004 046851

2004 MAY 28 10 12 AM

MAY 28 2004

Chicago Title Insurance Company

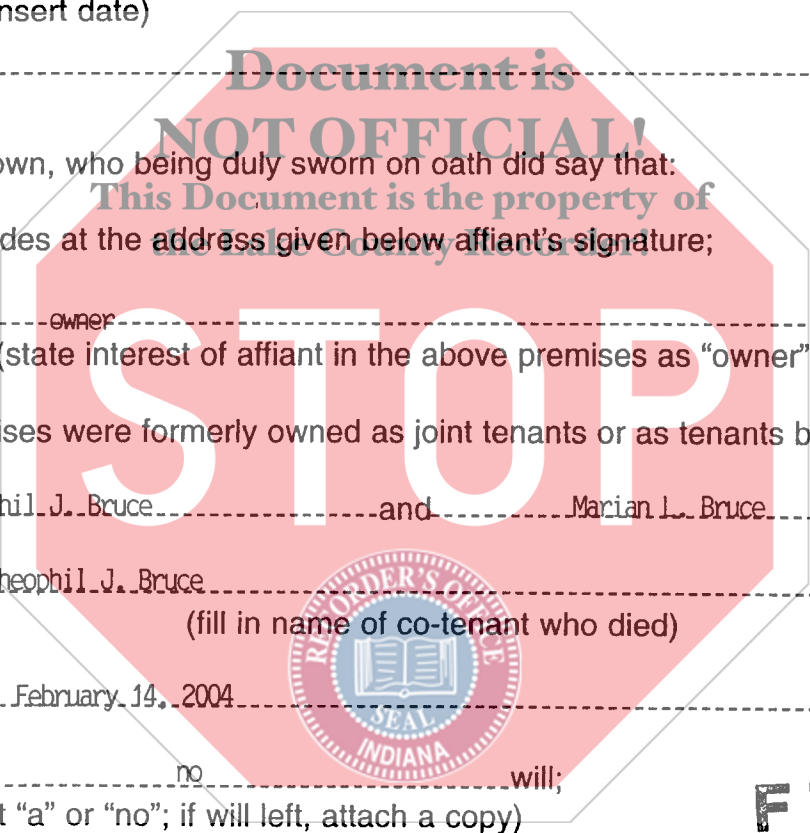
SURVIVORSHIP AFFIDAVIT

STATE OF Indiana }
COUNTY OF Porter } S.S.

On this May 28, 2004 before me personally appeared Marian L. Bruce
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
Theophil J. Bruce and Marian L. Bruce;
- Said Theophil J. Bruce
(fill in name of co-tenant who died)
died on February 14, 2004
leaving no will;
(insert "a" or "no"; if will left, attach a copy)



FILED

MAY 3 2004

5. The legal description of the premises in question is:
Lot 98 in Turkey Creek Meadows Unit No. 2 in the Town of Merrillville
thereof, recorded in Plat Book 33 page 73 in the Office of the Recorder
Lake County Indiana.

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

return to:
Chicago Title Insurance Company
Valparaiso Office

620042336

000278

7/13/04

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

.....00.....

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was.....husband and wife.....

Signature: *Marian L. Bruce*

Address: *P.O. Box 10064,
Merrillville, In. 46410*

Subscribed and sworn to before me by the affiant

this *May 28, 2004*

Document is NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

(insert date)

Lori S. Monahan

Notary Public

"NOTARY SEAL"
Lori S. Monahan, Notary Public
Resident of Porter County, Indiana
My Commission Expires 07/12/2007

My Commission Expires.....

This instrument prepared by *Marian L. Bruce*



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 17 2004

STATE FILE NUMBER

602434

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1511
REGISTERED NUMBER

DECEASED-NAME: **Theophil** FIRST MIDDLE LAST: **J. Bruce** SEX: **Male** DATE OF DEATH: **Feb. 14, 2004**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** DATE OF BIRTH: **5d. AUGUST 13, 1934**

AGE-LAST BIRTHDAY (YRS): **5a. 69** UNDER 1 DAY HOURS MIN: **5c.** IF HOSP. OR INST. INDICATE D.O.A. OP-EMER, RM, INPATIENT (SPECIFY): **Inpatient**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. MARIAN L. DREYOVICH**

USUAL OCCUPATION: **11a. OWNER** KIND OF BUSINESS OR INDUSTRY: **12. TAVERN** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **4**

RESIDENCE (STREET AND NUMBER): **10. 311-32-0755** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. MERRILLVILLE** INSIDE CITY (YES/NO): **13c. YES** COUNTY: **LAKE**

STATE: **INDIANA** ZIP CODE: **13f. 46410** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): **14a. WHITE** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **14b. X NO**

FATHER-NAME FIRST MIDDLE LAST: **15. THEOPHIL BRUCE** MOTHER-NAME FIRST MIDDLE LAST: **16. ROSE F. WILK**

INFORMANT'S NAME (TYPE OR PRINT): **17a. MARIAN L. BRUCE** RELATIONSHIP: **17b. WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 6831 VAN BUREN PL. MERRILLVILLE, IN**

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
Immediate Cause (Final disease or condition resulting in death): **(a) Respiratory Failure**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Myelodysplastic Syndrome**
(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **20c. YES NO**

(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21a. Feb. 14, 2004** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19a. No** 19b.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **21b. NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES NO**

SIGNATURE: **22a. [Signature]** HOUR OF DEATH: **21c. 5:45 P M.** DATE SIGNED: **(MONTH, DAY, YEAR) 22d. Feb. 15, 2004**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22c. Dr. Laura Smiricky 1653 W. Congress Pkwy Chg 1160612** ILLINOIS LICENSE NUMBER: **22d. 036097740**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **23. Dr. Joseph J. Hennessy**

CEMETERY OR CREMATORY-NAME: **24a. CALUMET PARK** LOCATION: **24c. MERRILLVILLE** STATE: **IND.** DATE: **(MONTH, DAY, YEAR) 24d. FEB. 18, 2004**

FUNERAL HOME: **25. [Signature]** STREET AND NUMBER OR R.F.D.: **3601 W. DIVERSEY** CITY OR TOWN: **CHICAGO, ILLINOIS** STATE: **IND.** ZIP: **60647**

FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 034-014579**

LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. FEB 17 2004**

LOCAL REGISTRAR
[Signature]

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STEPHEN R. GIGLICH
LAKE COUNTY
SIGNATURE 0010279