

2

LAKE COUNTY
FILED FOR RECORD

2004 047096

2004 04 18 10 10

MORE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

VARETTA JAMES, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, BOBBY R. JAMES died (without leaving a will) (~~leaving a will~~) on FEBRUARY 20, 2002 at FOSTER G. MCGAW HOSPITAL

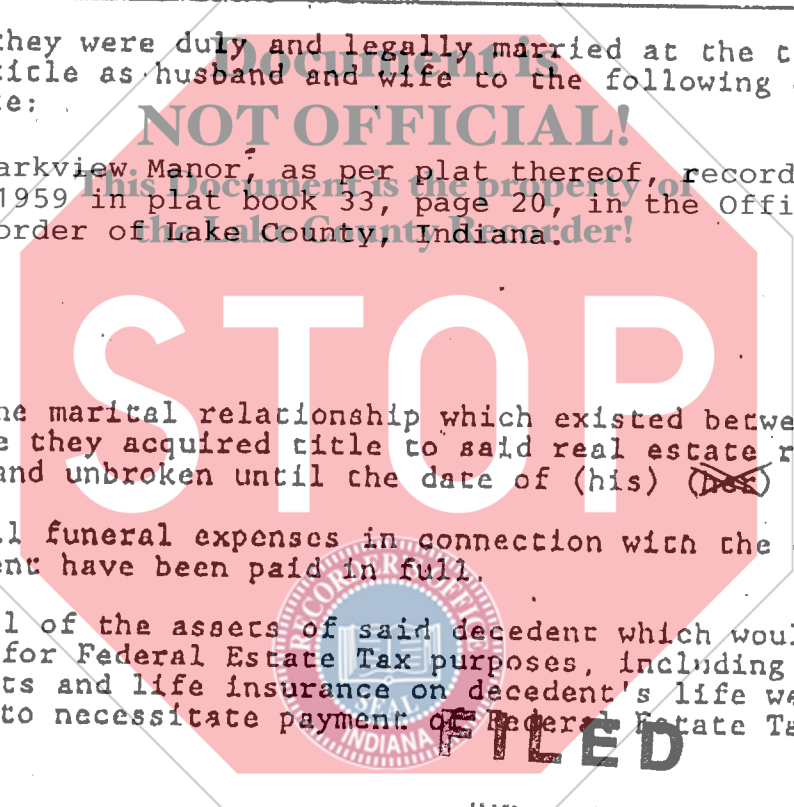
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 4 in Parkview Manor, as per plat thereof, recorded April 29, 1959 in plat book 33, page 20, 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 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.



Bankers Title # 320041126

MAY 4 2004

Further affiant sayeth not.

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

x Varetta James

Subscribed and sworn to before me, a Notary Public, this 18TH day of MAY, 2004.

Nancy Steininger
NANCY STEININGER Notary Public
RESIDENT OF LAKE COUNTY
COMMISSION EXPIRES 01/10/07

This instrument prepared by: VARETTA JAMES 000449

Ch# 6612
110
DG

Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>243</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER Bankers Title #32004 1126 DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1 BOBBY R. JAMES		SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 FEBRUARY 20, 2002	
	COUNTY OF DEATH 4 COOK		AGE- LAST BIRTHDAY (YRS) MOS DAYS 5a. 54	UNDER 1 YEAR MOS DAYS 5b.	UNDER 1 DAY HOURS MIN 5c.
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISIO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY) 6c. In-patient
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Haleyville, Alb.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. VaRetta Hughes	
	SOCIAL SECURITY NUMBER 10 316-46-9926		USUAL OCCUPATION 11a. Truck Driver	KIND OF BUSINESS OR INDUSTRY 11b. Trucking Co.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary Secondary (0-12) 12. 10 College (1-4 or 5-7)
	RESIDENCE (STREET AND NUMBER) 13a. 4451 King Ct.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Gary	INSIDE CITY (YES/NO) 13c. No	COUNTY 13d. Lake
	STATE 13e. Indiana	ZIP CODE 13f. 46408	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. Emmett James		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Ines O'Kelley		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. ANNA SCORNAVACCO		RELATIONSHIP 17b. HOSPITAL RECORD	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S. FIRST AV. MAYWOOD, IL. 60153	
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) Respiratory Failure		DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)		DUE TO, OR AS A CONSEQUENCE OF			
(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 20a.		MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. YES	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []					
DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 2-20-02		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 8:25 PM M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
SIGNATURE 22a. STEPHANIE ROSI MD		NAME AND ADDRESS OF CERTIFIER 2160 S. FIRST AV. MAYWOOD, IL. 60153		DATE SIGNED (MONTH, DAY, YEAR) 22b. 2-22-02	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. STEPHANIE ROSI MD		ILLINOIS LICENSE NUMBER 22d. 125-041790		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Chapel Lawn Cemetery	LOCATION CITY OR TOWN STATE 24c. Schererville, Indiana	DATE (MONTH, DAY, YEAR) 24d. Feb. 23, 2002		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Kuiper Funeral Home 2039 Kleinman Road Highland Indiana 46322					
FUNERAL DIRECTOR'S SIGNATURE 25b. Rosemarie Lamb		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011832			
LOCAL REGISTRAR'S SIGNATURE 26a. Michael A. McDermott		BROADVIEW ILLINOIS 60155		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 23, 2002	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

FEB 26 2002

DATE _____ SIGNED Michael A. McDermott LOCAL REGISTRAR OF VITAL STATISTICS

AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

9926935-20742 000450