



# TICOR TITLE INSURANCE

STATE OF INDIANA  
LAKE COUNTY  
FOR RECORD

2005 002083  
AFFIDAVIT

2005 JAN 12 AM 9:10

MICHAEL A. BROOKS  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Donna Coon Garnes, being first duly sworn upon oath, deposes and says:

1. That William J. Garnes died on November 21, 2004 at 2:40 PM.

2. That William J. Garnes and Donna Coon Garnes were duly and legally married at the time they acquired title as husband and wife to the following described real estate: (3) 7-331-23 Lot 23 in Pineridge Lakes, as per plat thereof, recorded in Plat Book 73, page 48, 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.

Donna Coon Garnes  
Subscribed and sworn to before me, a Notary Public, this 21st day of December, 2004



Stephen R. Stiglich  
Notary Public

My Commission expires: 10-7-2010

County of Residence: Seussport

This Instrument prepared by Kathryn Alexander

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JAN 11 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

TICOR TITLE INSURANCE  
920049021

000454

TOTAL P.02

11  
12.4  
PN

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.37  
REGISTERED NUMBER 86.5

DECEASED-NAME FIRST MIDDLE LAST: 1. William Garnes  
SEX: 2. Male  
DATE OF DEATH (MONTH, DAY, YEAR): 3. November 21, 2004  
COUNTY OF DEATH: 4. Cook County  
AGE-LAST BIRTHDAY (YRS): 5a. 61  
DATE OF BIRTH (MONTH, DAY, YEAR): 5d. January 29, 1943  
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 6a. Chicago Heights  
HOSPITAL OR OTHER INSTITUTION-NAME: 6b. St. James Hospital and Health Centers  
IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY): 6c. Inpatient  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. Chicago, Il.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Maaried  
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. Donna Coon  
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. Yes  
SOCIAL SECURITY NUMBER: 10. 349-34-9202  
USUAL OCCUPATION: 11a. Machinist  
KIND OF BUSINESS OR INDUSTRY: 11b. Auto Parts  
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 12  
RESIDENCE (STREET AND NUMBER): 13a. 2955 201st Pl.  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Lynwood  
INSIDE CITY (YES/NO): 13c. Yes  
COUNTY: 13d. Cook  
STATE: 13e. Illinois  
ZIP CODE: 13f. 60411  
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): 14a. White  
OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b. NO  
FATHER-NAME FIRST MIDDLE LAST: 15. Jerome F. Garnes  
MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST: 16. Jane V. Tomczak  
INFORMANT'S NAME (TYPE OR PRINT): 17a. Donna Coon-Garnes  
RELATIONSHIP: 17b. Wife  
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 2955 201st Pl. Lynwood Il. 60411

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) CIRRHOSIS WITH LIVER FAILURE  
DUE TO, OR AS A CONSEQUENCE OF: (b) CHRONIC ALCOHOLISM  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (c)  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month, 20 years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
AUTOPSY (YES/NO): 19a. No  
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b.

DATE OF OPERATION, IF ANY: 20a.  
MAJOR FINDINGS OF OPERATION: 20b.  
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: 20c. YES NO

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 21a. 11/21/04  
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. No  
HOUR OF DEATH: 21c. 2:40 P. M.  
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
DATE SIGNED (MONTH, DAY, YEAR): 22b. 11/22/04  
SIGNATURE: 22a. [Signature]  
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22c. Dr. J. Habib, 2555 W. Lincoln Highway Suite 101, Olympia Fields, IL 60461  
ILLINOIS LICENSE NUMBER: 22d. 036051427  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 23.

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial  
CEMETERY OR CREMATORY-NAME: 24b. Calvary Cemetery  
LOCATION: 24c. Steger, Illinois  
DATE (MONTH, DAY, YEAR): 24d. Nov. 24, 2004  
FUNERAL HOME: 25a. Smits Funeral Homes-Steger Memorial Chapel, 3045 Chicago Rd. Steger, Il. 60475

FUNERAL DIRECTOR'S SIGNATURE: 25b. [Signature]  
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-015590  
LOCAL REGISTRAR'S SIGNATURE: 26a. [Signature]  
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. November 22, 2004

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY 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, STILLBIRTHS, AND DEATHS.

DATE: NOV 22 2004  
AT: CHICAGO HEIGHTS, IL 60411

SIGNED: [Signature]  
TITLE: LOCAL REGISTRAR

Birthplate