

AFFIDAVIT OF HEIRSHIP
AFFIDAVIT OF SURVIVORSHIP

054501253 DA

Kathryn A. Vogen, being first duly sworn, states as follows:

1. Daniel C. Ross, a resident of Cook County, Illinois, died December 20, 1983.

2. Daniel C. Ross was survived by his wife Alice Mae Ross and four children from said marriage, namely Kathryn A. Vogen, Diane Egan, ~~Jeanette~~ Jeannette Kochendorfer and Linda J. Steger.

3. At the time of Daniel C. Ross' death, he was the owner of four lots in Cedar Lake, Center Township, Lake County, Indiana, the legal description of which is:

Lots numbered 25, 26, 27, and 28 in Block numbered 11, Shades Addition to Cedar Lake, Plat A, being situated in Center Township, Lake County, Indiana, as shown in Plat Book 11, page 13.


4. Daniel C. Ross died intestate and pursuant to Indiana law title to said four lots vested as follows: an undivided one-half interest in Alice Mae Ross and an undivided one-eighth interest in each of the four children: Kathryn A. Vogen, Diane Egan, Jeannette Kochendorfer, and Linda J. Steger, as tenants in common.

5. Alice Mae Ross did not remarry after the death of Daniel C. Ross, and she did not have any more children other than those named in Paragraph 2.

6. Alice Mae Ross died April 16, 2004, a resident of Cook County, Illinois. She is survived by her four children named in Paragraph 2. Alice Mae Ross owned no other real estate in Indiana at the time of her death.

7. Neither Alice Mae Ross nor any of her children conveyed any interest in said real estate to any person after the death of Daniel C. Ross.

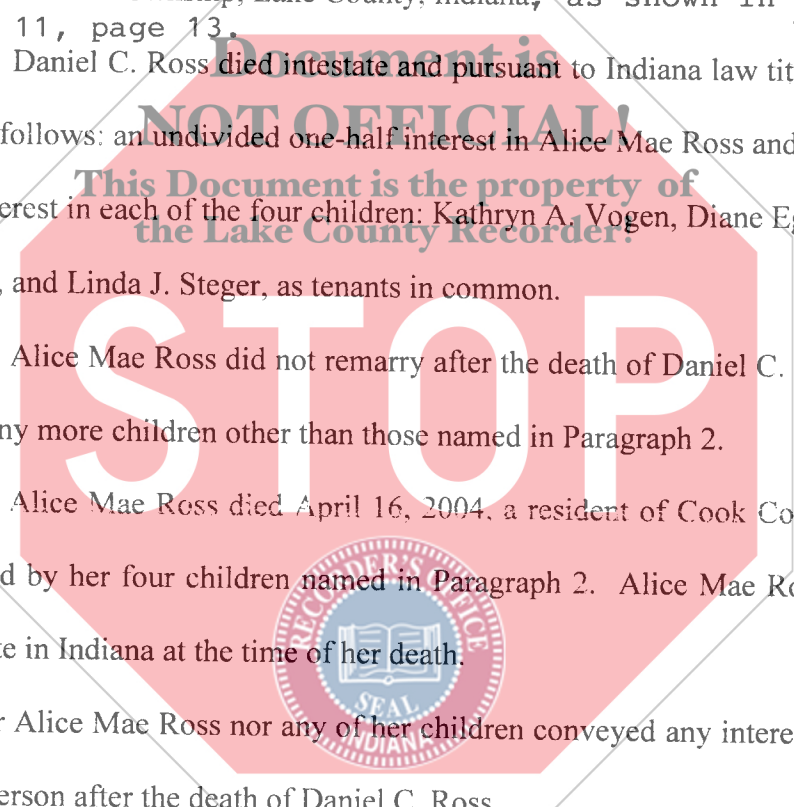
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

 **Stewart Title Services**
of Northwest Indiana
The Pointe
5521 W. Lincoln Hwy.
Crown Point, IN 46307

Jun 2 17 05
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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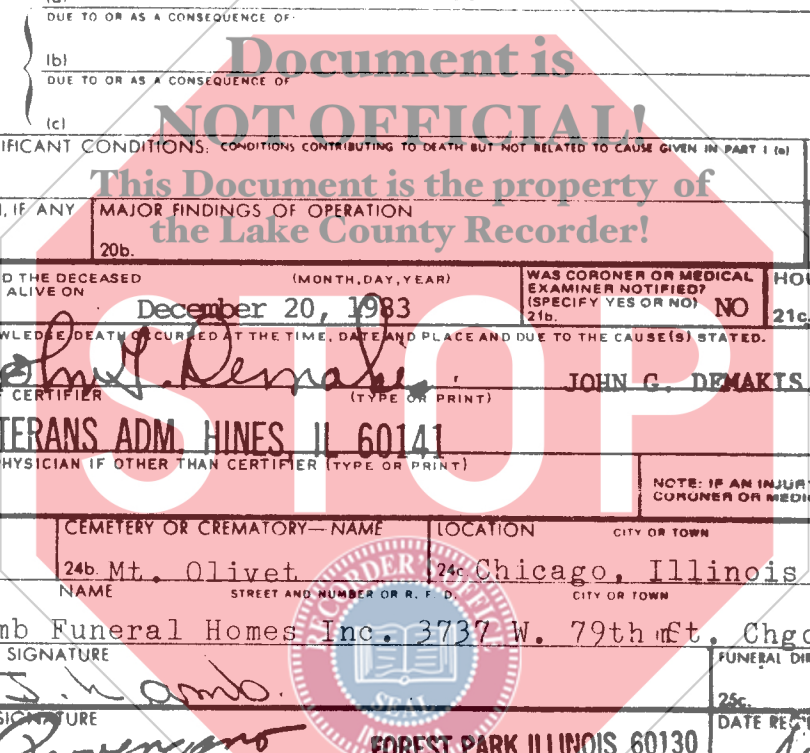


2007 050989

REC'D
JUN 2 2005
LAKE COUNTY RECORDER

Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 1688	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME 1. Daniel C. Ross		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 20, 1983
	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White		ORIGIN OR DESCENT 4b. Austrian	AGE—LAST BIRTHDAY (YRS.) 5a. 77
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. VETERANS ADM. HINES, IL 60141	
	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married
	SOCIAL SECURITY NUMBER 12. 182-09-2019		USUAL OCCUPATION 13a. Manager	KIND OF BUSINESS OR INDUSTRY 13b. Restaurant
	RESIDENCE STREET AND NUMBER 14a. 9634 Rutherford		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Oaklawn	INSIDE CITY (YES/NO) 14c. YES
	FATHER—NAME 15. Robert Ross		MOTHER—MAIDEN NAME 16. Katherine Unavailable	
	INFORMANT NAME (TYPE AND PRINT) 17a. Robert J. Belch, M.D.		RELATIONSHIP 17b. Hospital	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM. HINES, IL 60141
	DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
	PART I. IMMEDIATE CAUSE (a) Carcinoma of Bladder. DUE TO OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
DATE OF OPERATION, IF ANY 20a. _____		MAJOR FINDINGS OF OPERATION 20b. _____		
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. NO		HOUR OF DEATH 21c. 12:45 A. M.		
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE <i>John G. Demakis</i> NAME AND ADDRESS OF CERTIFIER VETERANS ADM. HINES, IL 60141		DATE SIGNED (MO., DAY, YR.) 22c. Dec. 20, 1983		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22e. _____		ILLINOIS LICENSE NUMBER 22d. 36-39557		
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. Mt. Olivet		
FUNERAL HOME 25a. Blake-Lamb Funeral Homes Inc. 3737 W. 79th St. Chgo., Ill. 60652		LOCATION 24c. Chicago, Illinois		
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>M. J. Lamb</i>		STATE 24d. Dec 23, 1983		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Alton Provengano</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5954		
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. December 23, 1983		ZIP 26c. 60130		



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent 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.

DEC 22 1983
SIGNED *Alton Provengano*

FOREST PARK, ILLINOIS 60130
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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VR 203B (H-999) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

APR 21 2004

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

Stewart Title Services
of Northwest Indiana
The Pointe
5521 W. Lincoln Hwy.
Crown Point, IN 46307

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

231 0204

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER

Type, or Print in PERMANENT INK See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

DECEASED

A. DECEASED
B. ...
C. ...
D. ...
E. ...

PARENTS

1. ...
2. ...
3. ...
4. ...
5. ...
CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME: ALICE MAE
COUNTY OF DEATH: COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: ORK LAWN
AGE-LAST BIRTHDAY (YRS): 81
SEX: Female
DATE OF BIRTH (MONTH, DAY, YEAR): APRIL 16, 1923
DATE OF DEATH (MONTH, DAY, YEAR): APRIL 16, 2004

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
NAME OF SURVIVING SPOUSE (Maiden Name, if wife): NONE
KIND OF BUSINESS OR INDUSTRY: NONE
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: ORK LAWN
COUNTY: COOK

FATHER-NAME: PERCY SEARS
MOTHER-NAME: ETHEL MARIE THOMSON
RELATIONSHIP: DAUGHTER
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 425 E. BENTON, MORRIS, IL. 60450

18. PART I. Immediate Cause (Final disease or condition resulting in death): SUBDURAL Hematoma
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF (b) FALL (c) DUE TO OR AS A CONSEQUENCE OF (c) FALL

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: STEPHEN R. STIGLER

20a. NATURE, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): ACCIDENT
DATE OF INJURY (MONTH, DAY, YEAR): APRIL 14, 2004
LOCATION (CITY, TWP. OR ROAD DISTRICT NO., COUNTY, STATE): ORK LAWN COOK ILLINOIS

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE ACQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...
CORONER'S PHYSICIAN'S NAME (Type of): E. J. Donofrio, M.D.
DATE SIGNED: April 17, 2004

24a. BURIAL: 24b. MT. OLIVET CEMETERY
24c. CHICAGO, IL.
24d. CHICAGO, IL.
25a. SCHWAEBELKE FUNERAL HOME
25b. FUNERAL DIRECTOR'S SIGNATURE: *David Orr*

26a. LOCAL REGISTRAR'S SIGNATURE: *David Orr*
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): APR 21 2004

