

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 053317

2006 JUN 22 AM 9:36



SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)

COUNTY OF: Lake)

On this 6.15.06 Before me personally appeared _____

M. Virginia Lewis

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

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows:

Lot 7 in Block "G" in Crumpacker Lake View Addition,
in the City of Gary, as per plat thereof, recorded
in Plat Book 15 page 27, in the Office of the Recorder
of Lake County, Indiana.

- 4. Said premises were formerly owned as joint tenants or as tenants by entireties
by Lucien A. Lewis and M. Virginia Lewis

- 5. Said Lucien A. Lewis
(fill in name of co-tenant who died)
died on November 7, 2001
leaving NO will;
(insert "a" or "no" if a will has been left, attach a copy)

- 6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ _____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:

- 7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? _____
(If answer is YES, identify the dissolution proceedings.)

- 8. Affiant's relationship to the deceased was Spouse

Signature M. Virginia Lewis
Address: 6916 Greenwood Ave.

State of Indiana)
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this 6.15.06
personally appeared M. Virginia Lewis

and acknowledged the execution of the foregoing Affidavit.

Karl Ann
Notary Public
Resident of Lake County
My Commission expires: 12.13.08

Prepared by: M. Virginia Lewis

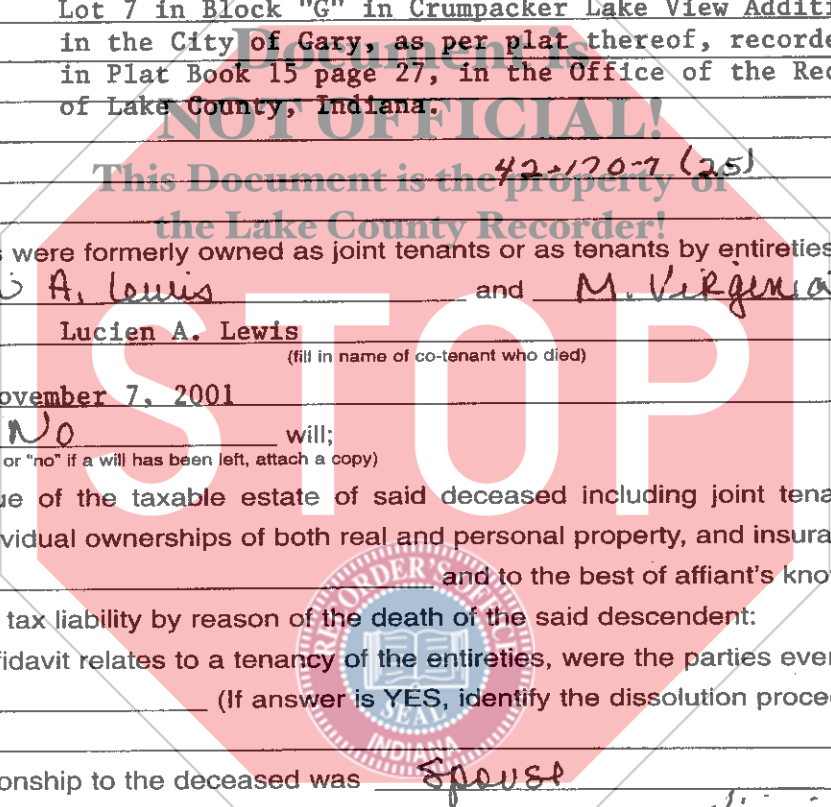
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 21 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

TICOR MO
920063990

10224



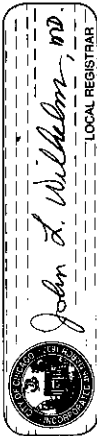
#13
TI
CAW

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 13 2001

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10	STATE FILE NUMBER 617800
REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST LUCAS L Lewis	SEX Male
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	DATE OF DEATH (MONTH, DAY, YEAR) November 7, 2001
AGE-LAST BIRTHDAY (YRS) 79	DATE OF BIRTH (MONTH, DAY, YEAR)
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) New Orleans, La.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4) 5-7
SOCIAL SECURITY NUMBER 60300	
RESIDENCE (STREET AND NUMBER) 6916 Bronwood Ave	CITY, TOWN, TWP. OR ROAD DISTRICT NO. GARY
STATE ILLINOIS	INSIDE CITY (YES/NO) YES
FATHER-NAME FIRST MIDDLE LAST Henry Lewis	COUNTY LAKE
MOTHER-NAME FIRST MIDDLE LAST Marie Lewis	
INFORMANT'S NAME (TYPE OR PRINT) Jackie Smith	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. 251 E. Hudson Chicago 60611	
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. Carcinoma and stage kidney failure	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. (a) DUE TO, OR AS A CONSEQUENCE OF (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	MAJOR FINDINGS OF OPERATION
20a. (DO NOT ATTEND THE DECEASED) AND LAST SAWN WHETHER LIVE OR DEAD	20b.
21a. Attended Nov. 7, 2001	20c. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
22a. SIGNATURE May Jo Fidure	21c. HOUR OF DEATH 2:00/8:00 P.M.
NAME AND ADDRESS OF CERTIFIER Dr. Andrew T. Blay	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) No
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Dr. Andrew T. Blay	21d. DATE SIGNED (MONTH, DAY, YEAR) 11/7/2001
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	22b. ILLINOIS LICENSE NUMBER 175-42738
24a. Funeral Home	22d. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH BY THE CORONER OR MEDICAL EXAMINER, MUST BE NOTIFIED.
24b. Ridgeland	
24c. 6 Gary Indiana	24d. DATE (MONTH, DAY, YEAR) Nov 13 2001
24d. 3 EAST 79th Street, Chicago IL 60619	
25a. Funeral Director's Signature	25c. Funeral Director's Illinois License Number 034510610
25b. John L. Wilhelm, M.D.	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 13 2001
26a. John L. Wilhelm, M.D.	26b. NOV 13 2001