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Prepared By and Return To:

Timothy J. Murray  
413 East Main Street  
Barrington, IL 60010

2009 047669

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 JUL 14 AM 9:35

MICHAEL A. BROWN  
RECORDER

Mail Tax Bills To:

John D. Thurman, Trustee  
1609 Tulip Lane  
Munster, IN 46321

**AFFIDAVIT**

JOHN D. THURMAN, being first duly sworn upon oath, deposes and states:

1. That CONNIE A. WATTERSON, died on December 12, 2005, at Chicago, Illinois, as evidenced by a certified copy of death certificate of the deceased attached hereto.

2. That CONNIE A. WATTERSON and JOHN D. THURMAN were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

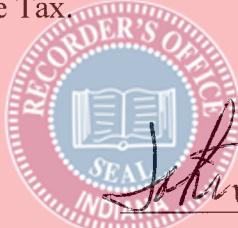
Lot 3 in Fairmeadow First Addition to the Town of Munster, as per Plat thereof, recorded in Plat Book 36, Page 18, in the Office of the Recorder of Lake County, Indiana.

PIN: 1828 0234 0003  
CKA: 1609 Tulip Lane, Munster, Indiana 46321

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 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.



*John D. Thurman*  
John D. Thurman

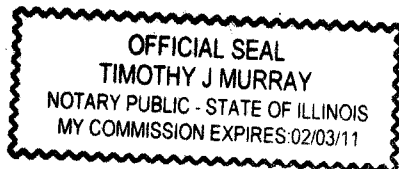
**FILED**

JUL 13 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN TO before me this 16th day of June, 2009.

*Timothy J. Murray*  
Notary Public



1300  
18168  
AM

011313

*[Handwritten mark]*

**CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**DEC 15 2005**

I, 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 OBTINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, M.D.*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS  
STATE FILE NUMBER  
**617545**

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. <b>16-10</b>	DECEASED-NAME FIRST MIDDLE LAST <b>Constance Ann Watterson</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>December 12, 2005</b>
REGISTERED NUMBER	AGE-LAST BIRTHDAY (YRS) 5a. <b>50</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>January 11 1955</b>
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HUSB. OR INST. INDICATE D.O.A. OR OTHER PAINFUL DEATH (SPECIFY)
<b>Chicago</b>	<b>Northwestside Memorial</b>	<b>6c. 1/11/55</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
<b>Chicago Hts. IL</b>	<b>John Thurman</b>	<b>9. NO</b>
SOCIAL SECURITY NUMBER	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
<b>304-64-9795</b>	<b>Nurse</b>	<b>College (1-4 or 5+)</b>
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
<b>1609 Tulip Lane</b>	<b>Hospital</b>	<b>13c. Yes</b>
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	COUNTY
<b>Indiana</b>	<b>White</b>	<b>Lake</b>
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
<b>William Watterson</b>	<b>Constance Wiedelman</b>	
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
<b>Jackie Davis</b>	<b>Medical</b>	<b>176 E. 17th St. Chicago 60604</b>
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, shock, or heart failure. List only one cause on each line.		
(a) <b>metastatic adenocarcinoma</b>		
(b) <b>due to, or as a consequence of</b>		
(c) <b>due to, or as a consequence of</b>		
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	DATE OF DEATH (MONTH, DAY, YEAR)
<b>20b.</b>	<b>20a. (DID) (DID NOT) ATTEND THE DECEASED AND/AT LEAST SAW HIM/HER ALIVE ON</b>	<b>21c. 12/12/05</b>
	<b>21a. I did attend Dec 12 2005</b>	IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	<b>21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>12/12/05</b>
	<b>22a. SIGNATURE</b>	ILLINOIS LICENSE NUMBER
	<b>22b. GORDON WOOD MD 251 E HURON CRY 60604</b>	<b>36-113182</b>
	<b>22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)</b>	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	<b>22d. GORDON WOOD MD 251 E HURON CRY 60604</b>	<b>df</b>
	<b>23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)</b>	DATE (MONTH, DAY, YEAR) <b>24d. 12-15-2005</b>
	<b>23. Forest Crematory</b>	STATE <b>Illinois</b>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	CITY OR TOWN
<b>24a. Cremation</b>	<b>24b. Forest Crematory</b>	<b>24c. Romeoville Illinois</b>
FUNERAL HOME	STREET AND NUMBER OR R.F.D.	STATE
<b>25a. Cremation Society of Illinois</b>	<b>6471 North Northwest Hwy Chicago Illinois 60631</b>	<b>Illinois</b>
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
<i>Gerald Sullivan</i>	<b>25c. 034-011165</b>	<b>26b. DEC 15 2005</b>
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	STATE
<i>John L. Wilhelm M.D.</i>	<b>26a. DEC 15 2005</b>	<b>Illinois</b>