


JOINT TENANCY AFFIDAVIT

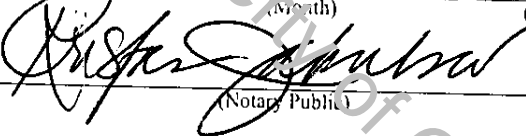
(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

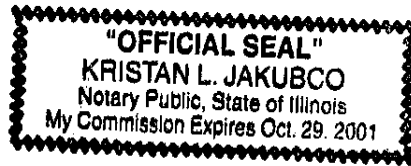
- 1. Claims against the estate of CAROL S. RAY, the decedent;
- 2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights of contribution.

 (Seal)
 CHARLES BOND RAY
 _____ (Seal)

Subscribed and sworn to before me this
18th day of December, 2000
(Month) (Year)



(Notary Public)



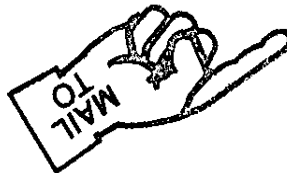
Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

P. JEROME JAKUBCO
(Name)
2224 W. IRVING PARK ROAD
(Address)
CHICAGO, ILLINOIS 60618
(City, State, Zip)

Return to:

P. JEROME JAKUBCO
(Name)
2224 W. IRVING PARK ROAD
(Address)
CHICAGO, ILLINOIS 60618
(City, State, Zip)



REGISTRATION DISTRICT NO. 16.08
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. CAROL S. RAY 2. FEMALE 3. NOVEMBER 9, 1987

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White
ORIGIN OR DESCENT 5a. American
AGE—MAY 31 (YRS) 6a. 51
UNDER 1 YEAR UNDER 1 DAY 6b. 6 May 15, 1936
DATE OF BIRTH (MO., DAY, YEAR)
COUNTY OF DEATH 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Winnetka
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. 794 Lincoln Ave.
IF HOSP. OR INST. INDICATE DEPT./EMER. RM. INPATIENT (SPECIFY) 7d.

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
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. Herbert Ray

SOCIAL SECURITY NUMBER 12. 341-34-2294
USUAL OCCUPATION 13a. Consultant
KIND OF BUSINESS OR INDUSTRY 13b. Interior Design
WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. No
WAR OR DATES OF SERVICE 13d. ---

RESIDENCE STREET AND NUMBER 14a. 794 Lincoln Ave.
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Winnetka
INSIDE CITY (YES/NO) 14c. Yes
COUNTY 14d. Cook
STATE 14e. Illinois

FATHER—NAME FIRST MIDDLE LAST 15. Arthur Strubel
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Martha Wood

INFORMANT NAME (TYPE OR PRINT) 17a. Mr. Herbert S. Ray
RELATIONSHIP 17b. Husband
MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 794 Lincoln Ave. Winnetka, Ill. 60093

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I. IMMEDIATE CAUSE

(a) Cardiac-Respiratory ARREST - Immediate
DUE TO OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
(b) Metastatic Lung Cancer to bones, 1 yr. 8 mos

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
19a. Urinary Incontinence
AUTOPSY (YES/NO) 19b. No
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

DATE OF OPERATION, IF ANY 20a. 2/86
MAJOR FINDINGS OF OPERATION 20b. Extensive Lung Cancer

180101 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 11/01/87
WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. No
HOUR OF DEATH 21c. 8:00 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND AS TO THE CAUSE(S) STATED.
22a. SIGNATURE [Signature] J. CHANDLER
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 11/09/87
ILLINOIS LICENSE NUMBER 22c. 36-47938

22d. 2650-RIDGE-AV-EVANSTON, ILL-60201
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation
CEMETERY OR CREMATORY—NAME 24b. Belford
LOCATION 24c. Elmhurst, Illinois
CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24d. Nov. 10, 1987

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. Wm. H. Scott Guardian Chapel 1100 Greenleaf Ave. Wilmette Illinois 60091

FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] (Robert J. Guthrie)
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 31-8501

LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 10, 1987

VR200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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 Statistics Act.
DATE November 10, 1987 SIGNED [Signature] Local Registrar
AT Evanston, Illinois, OFFICIAL TITLE

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.
BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706
VS 201B (1968)