DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

95338916

JOAN P. SPILOTRO, being duly sworn states that she resides at **1911 Jonquil Terrace, Arlington Heights, Illinois 60004**.

That she was acquainted with **LOIS MAUREY**, deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot Two Hundred Ninety-One (291) in Schultz Park, being a Subdivision in the South Half (1/2) of the Southwest Quarter (1/4) of Section Thirty-Two (32) Township Thirty-Six (36) North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois, According to the Plat thereof filed for record in the Recorder's Office of Cook County, Illinois, June 1, 1927 as Document No. 9670668. P.I.N. 30-32-318-022

That the deceased died 12/16/88, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

___ Leaving no Last Will and Testament

___ Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

X Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, about January, 1989.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of **TWO HUNDRED FIFTY THOUSAND AND NO/100 ($250,000.00)** DOLLARS.

OFFICIAL SEAL
CATHLEEN A HEINIG
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/13/98

Subscribed and sworn to before me
by the said **JOAN P. SPILOTRO** this
12th day of May, 1995.

Cathleen A. Heinig
Notary Public

Joan P. Spilotro
JOAN P. SPILOTRO, Affiant

95338916

23.50
20.00
43.50

95338916

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Franklin D. Jemudo M.D.
Hammond Health Commissioner

DEC 19 1988
Date Issued

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1029

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED – NAME: First Lois Middle A. Last Mauney
2 SEX: Female
3 DATE OF DEATH (Mo., Day, Yr.): Dec. 16, 1988
4 SOCIAL SECURITY NUMBER: 309-14-5856
5a AGE – Last Birthday (Years): 75
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): Aug. 29, 1913
7 BIRTHPLACE (City and State or Foreign Country): Juneberry Pennsylvania
8 YEAR LAST SERVED IN U.S. ARMED FORCES: None
9a PLACE OF DEATH (Check only one – See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b FACILITY NAME (If not institution give street and number): St. Margaret's Hospital
9c CITY, TOWN OR LOCATION OF DEATH: Hammond
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced, Unknown): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Roy H. Mauney
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE – STATE: Illinois
13b COUNTY: Cook
13c CITY, TOWN OR LOCATION: Lansing
13d STREET AND NUMBER: 3404 N. Schultz Dr.
13e INSIDE CITY LIMITS? (Yes or No): Yes
13f FARM: No
13g ZIP CODE: 60438
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes – Specify
15 RACE – American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): / College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Benjamin Mantz
18 MOTHER'S NAME (First, Middle, Maiden Surname): Nellie Mankle

INFORMANT

19a INFORMANT'S NAME (Type/Print): Roy H. Mauney
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3404 N. Schultz Dr. Lansing, IL. 60438
19c RELATIONSHIP: Husband

DISPOSITION

20a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from state [ ] Donation [ ] Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Dec. 20, 1988 Oak Glen Lutheran Cemetery
20c LOCATION – City or Town, State: Lansing, IL.
21a SIGNATURE OF FUNERAL DIRECTOR: Joseph C Lauer
21b LICENSE NUMBER (of Licensee): FDE 1043572
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: C.J. Huber FDH 3002851 722 165th Hammond, IND. 46324

PRONOUNCING PHYSICIAN ONLY

(Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death)
23a To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title: Schroeder-Lauer Funeral Home
23b LICENSE NUMBER
23c DATE SIGNED

(ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH)

24 TIME OF DEATH: N/A M
25 DATE PRONOUNCED DEAD (Month, Day, Year): DECEMBER 16, 1988
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): NO

CAUSE OF DEATH

SEE INSTRUCTIONS

27 PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. Use only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c. Surgery for infected cyst
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

28a WAS AN AUTOPSY PERFORMED? (Yes or No): NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

SEE INSTRUCTIONS

CERTIFIER

29a CERTIFIER (Check only one):
[ ] CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23): To the best of my knowledge death occurred due to the cause(s) and manner as stated
[X] PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death): To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated
[ ] MEDICAL EXAMINER [ ] CORONER [ ] HEALTH OFFICER: On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated

85-33-5916

29b SIGNATURE AND TITLE OF CERTIFIER: Ronald Roller MD
29c LICENSE NUMBER: Ind. 0102020
29d DATE SIGNED (Month, Day, Year): 12/19/88 (DECEMBER 19, 1988)

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): 7905 Calumet Ave Munster Ind

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Jemudo M.D.
32 DATE FILED (Month, Day, Year): DEC 19 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or No)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)