

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

451858
Leoniak + Ruff
1802 E Columbus Dr.
P.O. Box 3217
East Chgo, In 46312

91009372

AFFIDAVIT OF SURVIVORSHIP AND HEIRSHIP

ALBERT BARELLI, being first duly sworn upon his oath, deposes and says:

1. Affiant, Albert Barelli resides at 359 Bensley Street, Calumet City, Illinois, is 56 years old, having been born on July 29, 1934, and is the only child of August J. Barelli and Leta M. Barelli.

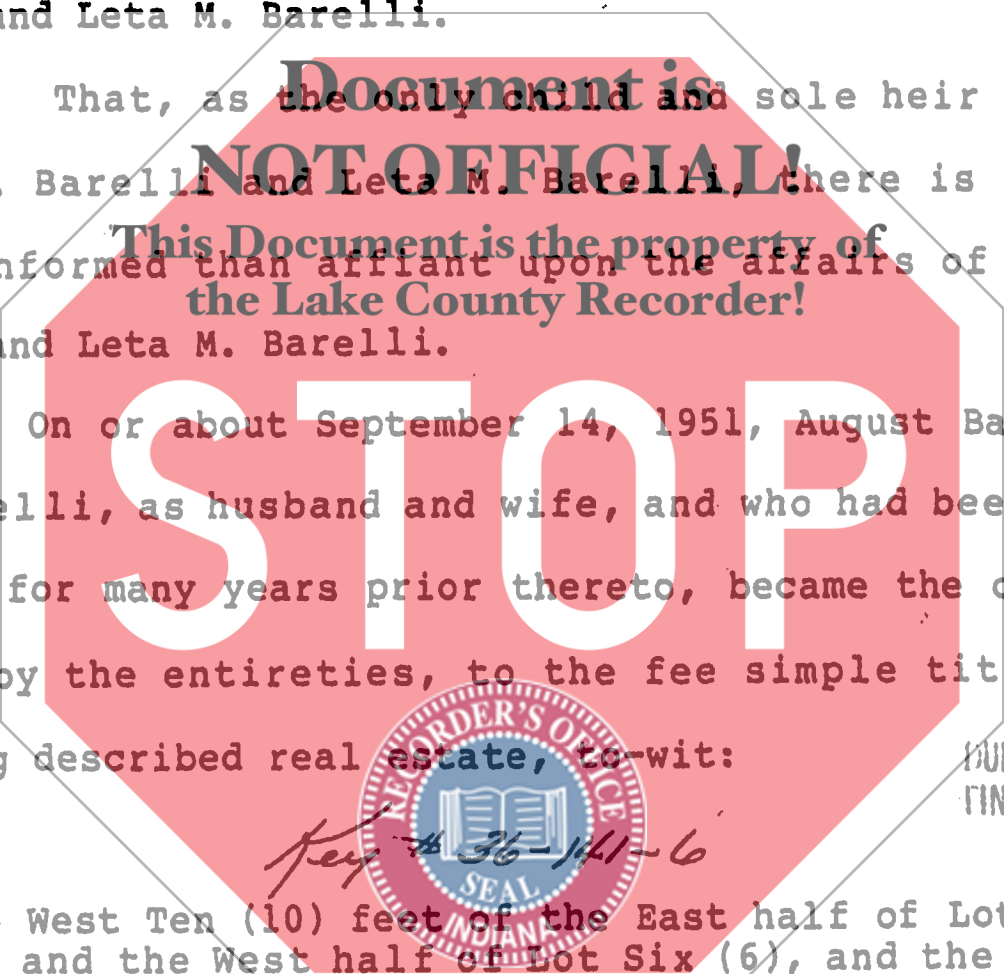
2. That, as the only child and sole heir at law of August J. Barelli and Leta M. Barelli, there is no person better informed than affiant upon the affairs of August J. Barelli and Leta M. Barelli.

3. On or about September 14, 1951, August Barelli and Leta Barelli, as husband and wife, and who had been husband and wife for many years prior thereto, became the owners, as tenants by the entireties, to the fee simple title of the following described real estate, to-wit:

The West Ten (10) feet of the East half of Lot Six (6), and the West half of Lot Six (6), and the East Eighteen and one-half (18 1/2) feet of Lot Seven (7), as marked and laid down on the recorded plat of Stafford and Trankle's Ironworker's Addition to the City of Hammond, Lake County, Indiana, together with all improvements thereon.

Commonly known as 1138 Hoffman Street, Hammond, Indiana.

and, that the said August Barelli and Leta Barelli continued to own the above described real estate until their respective deaths.



Key # 36-141-6

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

FEB 26 1991

Alan N. Anton
RECORDER LAKE COUNTY

FEB 29 10:20 AM '91

STATE OF INDIANA / S.S. NO. FILED FOR RECORD

PARCAGO TITLE INSURANCE COMPANY INDIANA DIVISION

18.00

4. That August J. Barelli, a/k/a August Barelli, died intestate on August 13, 1981, while a resident of Lake County, Indiana. A certified copy of his death certificate is attached hereto. At the time of his death, August J. Barelli was married to Leta Barelli, who was left as his surviving spouse. That no estate proceedings were initiated because of the death of August J. Barelli, and, no federal estate taxes, Indiana inheritance taxes nor any other death taxes were due because of his death.

5. That Leta M. Barelli, a/k/a Leta Barelli, died intestate on August 27, 1989, while a resident of Lake County, Indiana. A certified copy of her death certificate is attached hereto. That, because of the death of Leta M. Barelli, a Schedule of All Property for Indiana Inheritance Tax purposes was filed by this Affiant on April 20, 1990, in the Lake Superior Court, Probate Division, Room Two, in East Chicago, Indiana, as Cause #45D02-9004-ES-125; Indiana Inheritance Taxes were determined and paid as evidenced by the Order Determining Taxes and Receipt for payment thereof attached hereto.

No federal estate taxes nor other death taxes were due because of the death of Leta M. Barelli.

6. That, all of the funeral and burial expenses incurred because of the deaths of August J. Barelli and Leta M. Barelli have been paid.

7. That, this affiant, Albert Barelli, is the only

child born to August J. Barelli and Leta M. Barelli, and, is the only heir at law of Leta M. Barelli.

8. Other than the Inheritance Tax petition described in paragraph 5 above, no estate proceedings have been commenced nor are any contemplated because of the death of Leta M. Barelli.

Further, Affiant sayeth not.

Document is NOT OFFICIAL.

Albert Barelli
This Document is the property of the Lake County Recorder!

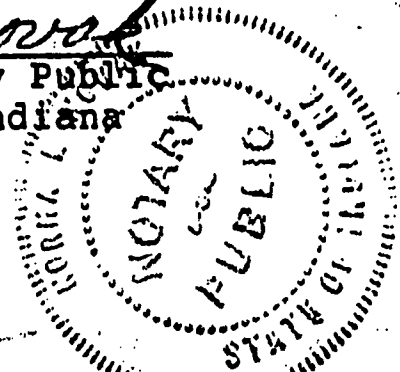
Subscribed and sworn to before me, a Notary Public, this 2 day of February, 1991.

My Commission Expires:

03-24-94



Norma L. Novak
Notary Public
Resident of Lake County, Indiana



This document prepared by: Richard J. Lesniak, Attorney at Law, 1802 E. Columbus Drive, East Chicago, Indiana 46312

(E: barelli.est)

451858

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

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

Aug 30, 1989 [Signature] Hammond Health Commissioner

Local No. 647

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) **Leta M. Barelli** 2 SEX **Female** 3a. TIME OF DEATH **12:25 P.M.** 3b. DATE OF DEATH (Month, Day, Year) **August 27, 1989**

4. SOCIAL SECURITY NUMBER **312-34-7979** 5a. AGE—Last Birthday (Years) **75** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Mo. Day, Yr.) **Dec. 12, 1913** 7. BIRTHPLACE (City and State or Foreign Country) **Chicago, Illinois**

8a. WAS DECEDENT A U.S. VETERAN? **No** 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A** 8c. PLACE OF DEATH (Check only one—See instructions) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

9a. FACILITY NAME (If not institution, give street and number) **St. Margaret Hospital** 9b. CITY, TOWN, OR LOCATION OF DEATH **Hammond** 9c. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Widowed** 11. SURVIVING SPOUSE (If wife, give maiden name) **None** 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Manager** 12b. KIND OF BUSINESS/INDUSTRY **Outdoor Theatre**

13a. RESIDENCE—STATE **Indiana** 13b. COUNTY **Lake** 13c. CITY, TOWN, OR LOCATION **Hammond** 13d. STREET AND NUMBER **1138 Hoffman Street**

13e. ZIP CODE **46327** 13f. INSIDE CITY LIMITS No Yes 13g. ON A FARM? No Yes 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE—American Indian, Black, White, etc. (Specify) **White** 17. DECEASED'S EDUCATION (Specify only highest grade completed) **8** (Elementary/Secondary 0-12) **5** (College 1-4 or 5)

18. FATHER'S NAME (First, Middle, Last) **Louis Lucchesi** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **Palmera Giometti**

20a. INFORMANT'S NAME (Type/Print) **Albert Barelli** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **359 Bensley St., Calumet City, IL 60409** 20c. Relationship **Son**

21a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **August 30, 1989 St. John Cemetery** 21c. LOCATION—City or Town, State **Hammond, Indiana**

22a. EMBALMER'S NAME **Woodrow W. Donovan** 22b. EMBALMER'S LICENSE NO. **FD01053135** 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *John S. Life* 24b. LICENSE NUMBER (of Licensee) **FD01020366** 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Fife Funeral Home FH8-3001512, 4201 Indianapolis, E. Chicago, IN 46312**

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Unknown**

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. Vascular collapse**
DUE TO (OR AS A CONSEQUENCE OF) **b. Arteriosclerotic heart & vascular disease**
DUE TO (OR AS A CONSEQUENCE OF) **c.**
DUE TO (OR AS A CONSEQUENCE OF) **d.**

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **No** 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) **No** 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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) as stated. CORONER 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.

29b. SIGNATURE AND TITLE OF CERTIFIER *Daniel D. Thomas* 29c. MEDICAL LICENSE NO. **16120** 29d. DATE SIGNED (Month, Day, Year) **Aug. 28, 1989**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (USE 26) (Type/Print) **DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307**

31. HEALTH OFFICER'S SIGNATURE *Franklin J. Remuda, M.D.* 32. DATE FILED (Month, Day, Year) **AUG 30 1989**

33. MANNER OF DEATH Natural Pending investigation Accident Suicide Homicide Could not be Determined

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)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. **01571**

W. 22 1/2' - 2.4
E 18 1/2' - 2.7
Stratford & Transylvania
Key # 36-141-6



INDIANA STATE BOARD OF HEALTH

451858

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 645

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
AUG 14 1981
Date Issued
Woodrow L. Woodman
EMBALMER'S NAME

HAMMOND HEALTH COMMISSIONER

LICENSE No. 5313

FUNERAL HOME
No. 151

FUNERAL DIRECTOR'S
LICENSE No. 8

FUNERAL DIRECTOR'S
SIGNATURE

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, OR
RESIDENCE BEFORE
ADMISSION.

PARENTS
W. 22 1/2' 4.6
E. 18 1/2' 4.7

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME 1. AUGUST J. BARELLI			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 13, 1981
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 80	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS	DATE OF BIRTH (Mo., Day, Yr.) 6. 11-5-1900
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. St. Margarets Hospital		IF HOSP. OR INST. Indicate DOA OP (Emer. Rm., Impatient) (Specify) 7d. Inpatient
STATE OF BIRTH (If not in USA name country) 8. Italy	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Leta Lucchesi	
SOCIAL SECURITY NUMBER 13. 312-10-9715	RESIDENCE—STATE 15a. Indiana	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Car Inspector	KIND OF BUSINESS OR INDUSTRY 14b. Cudahay Packing Co.	
STREET AND NUMBER 15b. 1138 Hoffman Street		CITY, TOWN OR LOCATION 15c. Hammond	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. Vincent Barelli		MOTHER—MAIDEN NAME 17. Maria Del Sarto		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Leta Barelli (Wife)		MAILING ADDRESS 18b. 1138 Hoffman St. Hammond, Indiana 46327		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Entombment		CEMETERY OR CREMATORY—FUNERAL HOME 19b. St. John Cemetery		LOCATION 19c. Hammond, Indiana
DATE (MONTH, DAY, YEAR) 20. August 15, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20c. FIFE FUNERAL HOME: 4201 Indpls. East Chicago, Ind.		
To the best of my knowledge, death occurred at the above date and place. (Print name of informant) 21a. (Signature) <i>John Lanman M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21d. 8-13-81		HOUR OF DEATH 21c. 8:30 am
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. John Lanman, M.D.		MAILING ADDRESS—PHYSICIAN 21e. 716 Seberger Munster, Indiana 46321		
HEALTH OFFICER'S SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. AUG 14 1981	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) cardiac arrest				
DUE TO, OR AS A CONSEQUENCE OF				
(b) arteriosclerotic heart disease				
DUE TO OR AS A CONSEQUENCE OF				
(c) _____				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPEY (Specify Yes or No) 24. No



RECEIPT BY OFFICE OF COUNTY TREASURER FOR PAYMENT OF STATE INHERITANCE/TRANSFER TAX

State Form 23802/Book Form No. 14 Prescribed and approved by State Board of Accounts - 1973

No 1474070

DISTRIBUTION OF COPIES: White - Indiana Department of State Revenue Pink - Payor Goldenrod - File copy

Richard Lesniak 1802 E. Columbus Dr. East Chicago, In 46312

Cause No. DD2-9004-125 County of Lake, Crown Point Indiana, 6-6 1990

RECEIVED OF Richard Lesniak of the estate of LETA M. BARELLI (Administrator, Executor, Trustee, Heir or Legatee) deceased (who died on or about 8-27-89)

the sum of Seven Hundred Forty Two - 99/100 DOLLARS. being (full/partial, estimated) payment on inheritance or transfer tax and interest due the State under the provisions of the Indiana Inheritance Tax Law. This payment is made pursuant to the order of the court dated 6-1-90

COMPUTATION OF AMOUNT DUE

Table with 8 rows: 1. Tax ordered due (782.10), 2. Tax previously credited, 3. Balance of tax due, 4. Interest due at 6% per annum, 5. Interest due at 10% per annum, 6. Total interest due, 7. Penalty ordered due, 8. Total due (782.10)

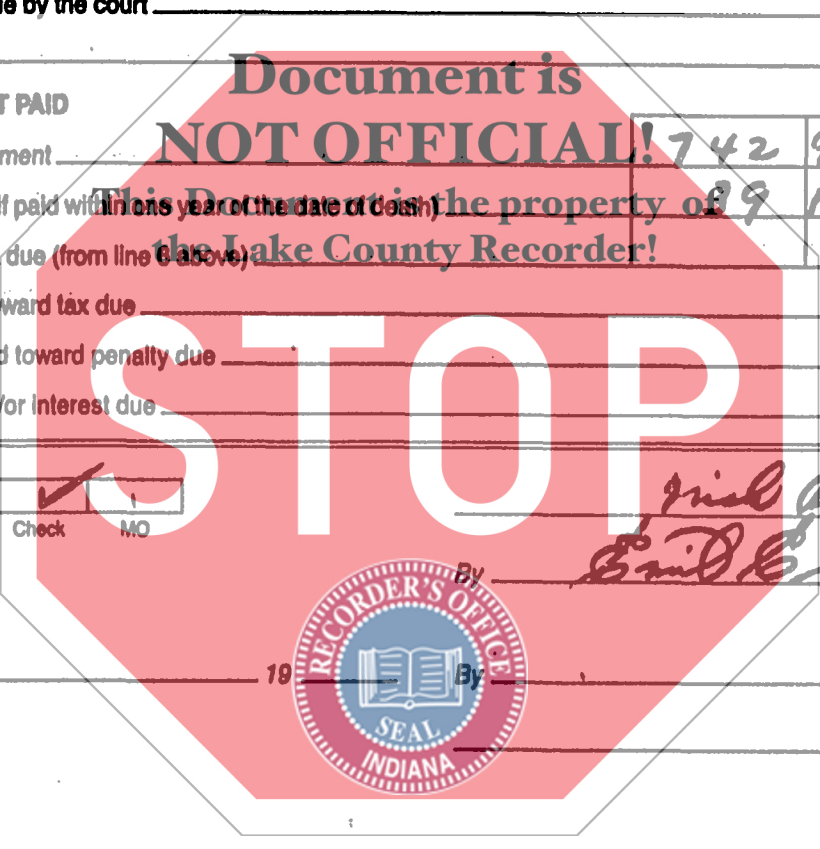
SUMMARY OF AMOUNT PAID

Table with 6 rows: A. Amount of this payment (742.99), B. Plus discount (89.11), C. Minus total interest due, D. Amount credited toward tax due (782.10), E. Remainder credited toward penalty due, F. Balance of tax and/or interest due

Payment Type: Cash, Check (checked), MO. By: Richard Lesniak, County Treasurer

Countersigned: [Signature] 1990 By: [Signature] Inheritance Tax Administrator

SEAL



SPECIAL FORM, LAKE COUNTY

QUIETUS

32595

OFFICE OF COUNTY AUDITOR

CROWN POINT, IND. JUNE 7, 1990 \$742.99

I HEREBY CERTIFY THAT: RICHARD LESNIAK

HAS FILED IN MY OFFICE THE RECEIPT OF THE TREASURER OF LAKE COUNTY, INDIANA IN THE SUM OF SEVEN HUNDRED FOURTY TWO & 99/100 DOLLARS

ON ACCOUNT OF POST TO ACCT # 571-000000-369001 INHERITANCE TAX FOR LETA M. BARELLI

Alex M. Anton AUDITOR LAKE COUNTY, INDIANA