

168203

Lin Title Ho

TICOR TITLE INSURANCE

92039488

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Gertrude K. Passalacqua

Gertrude Passalacqua a/k/a, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Thomas Passalacqua died (without leaving a will) (leaving a will) on 11/5 1988 at St. Louis, Mo

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

253 Sycamore Ln
Munster, In 46321

FILED

JUN 17 1992



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 (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. 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



Gertrude Passalacqua

Gertrude Passalacqua a/k/a Gertrude K. Passalacqua

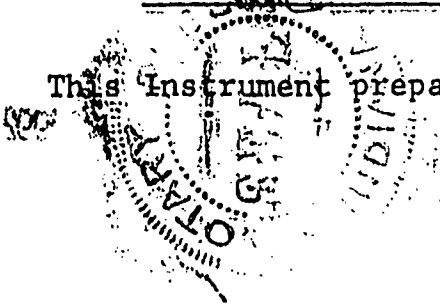
Subscribed and sworn to before me, a Notary Public, this 7th day of May, 1992.

Linda Joanne Jurgens
Notary Public
Linda Joanne Jurgens

My Commission expires:
9-11-92

County of Residence:
Lake

This Instrument prepared by XXXXXXXXXXXXXXXXXXXX Gertrude Passalacqua a/k/a Gertrude K. Passalacqua



STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORD

JUN 19 8:57 AM '92

ROBERT H. ...

Handwritten initials

00930

168203
Trotman

MISSOURI DEPARTMENT OF HEALTH
(PHYSICIAN, MEDICAL EXAMINER OR CORONER)
CERTIFICATE OF DEATH

TICOR
Title CP 124

STATE FILE NUMBER

88 206177

REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTRAR'S NO.

1. DECEDENT - NAME FIRST: THOMAS MIDDLE: D LAST: PASSALACQUA		2. SEX MALE		3. DATE OF DEATH (Mo., Day, Yr.) NOVEMBER 5, 1988	
4. RACE WHITE		5. AGE - Last Birthday (Yr.) 63		6. DATE OF BIRTH (Mo., Day, Yr.) MARCH 24, 1925	
7. CITY, TOWN OR LOCATION OF DEATH ST. LOUIS		8. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) ST. LOUIS UNIVERSITY HOSPITAL			
9. STATE OF BIRTH (If not in U.S.A. name country) NEW YORK		10. CITIZEN OF WHAT COUNTRY U.S.A.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
12. SOCIAL SECURITY NUMBER 122-14-1027		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES REPRESENTATIVE		14. SURVIVING SPOUSE (If wife, give maiden name) GERTRUDE SORENSEN	
15. RESIDENCE - STATE INDIANA		16. COUNTY LAKE		17. STREET AND NUMBER 621 SYCAMORE LANE	
18. FATHER - NAME FIRST MIDDLE LAST THOMAS PASSALACQUA		19. MOTHER - MAIDEN NAME FIRST MIDDLE LAST N/A			
20. INFORMANT - NAME (Type or Print) GERTRUDE PASSALACQUA		21. MAILING ADDRESS 253 SYCAMORE LANE MUNSTER, INDIANA 46321			
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL NOV. 9, 1988		23. CEMETERY OR CREMATORY - NAME CONCORDIA CEMETERY		24. LOCATION HAMMOND, INDIANA	
25. FUNERAL SERVICE LICENSEE OF FUNERAL HOME ASKING AS SUCH (Signature) Roger Ricketts		26. NAME OF FACILITY LA HAYNE FUNERAL HOME		27. ADDRESS OF FACILITY HAMMOND, INDIANA	
28. REGISTRAR		29. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) NOV 23 1988		30. 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) stated.	
31. (Signature and Title)		32. (Signature and Title) Deputy Chief Medical Examiner		33. DATE SIGNED (Mo., Day, Yr.) 11/10/88	
34. DATE SIGNED (Mo., Day, Yr.)		35. HOUR OF DEATH 5:37 P		36. PRONOUNCED DEAD (Mo., Day, Yr.) 11/5/88	
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		38. MO. LICENSE NO. R7B4T		39. IF HOSP. OR INST. Indicate DOA: OP/Emer. Rm., Inpatient (Specify) DOA	
40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) Arteriosclerotic Heart Disease					
41. DUE TO, OR AS A CONSEQUENCE OF:					
42. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported as given in PART I (a)					
43. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) Natural		44. DATE OF INJURY (Mo., Day, Yr.) Nov 9, 1988		45. DESCRIPTION OF HOW INJURY OCCURRED	
46. INJURY AT WORK (Specify Yes or No)		47. PLACE OF INJURY - At home, inn, hotel, factory, office building, etc. (Specify)		48. IF DECEASED WAS FEMALE: WAS THERE A PREGNANCY IN LAST 90 DAYS NO	

8300
or 1778
OCCIDENT
IF DEATH OCCURRED IN INSTITUTION, SEND BOOK REGARDING IMPLICATION OF EVIDENCE ITEMS
PART I
DISPOSITION
CERTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE OF DEATH

NOTED
This Document is the property of Lake County Recorder
LAKE COUNTY RECORDER
MUNSTER, INDIANA

717-49 (1/86 ML)

City Registrar

Thereby certify that this is a true copy of the certificate for the person named thereon as it now appears in the permanent record of the Bureau of Vital Statistics, the Division of Health of the City of St. Louis. Witness my hand as City Registrar of Vital Statistics and the seal of the Division of Health of said department this date of: NOV 30 1988

REJECT IF ALTERED, REMIOTOGRAPHED, OR IF SEAL IMPRESSION CANNOT BE FELT

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