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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

94021274 AFFIDAVIT

Louis A. Corso, III, being first duly sworn upon his oath, states:

1. That he resides at 6724 Osborne, Hammond, Lake County, Indiana.

2. That he is the surviving son of Louis A. Corso, Jr., a widower, who died a resident of Hammond, Lake County, Indiana on November 5, 1991. A copy of his death certificate is attached hereto as Exhibit "A".

3. That an estate was opened for Louis A. Corso, Jr. in the Lake Superior Court under Cause No. 45D02-9112-ES302

4. That Louis A. Corso died, as one of the owners of a parcel of real estate located 6724 Osborne, Hammond, Lake County, Indiana and described as:

Lot 9, Block 10, Forestdale Addition to Hammond

5. That the Louis A. Corso, Jr. appearing on the Special Warranty Deed, attached hereto as Exhibit "B", is the one and the same as Louis A. Corso, Jr., Deceased who appears as one of the owners of record on the Real Estate Assessment and Transfer Record, attached hereto as Exhibit "C".

6. That the Louis A. Corso, III. appearing on the Special Warranty Deed, attached hereto as Exhibit "B" is the one and the same as Louis A. Corso who appears as one of the owners of record on the Real Estate Assessment and Transfer Record, attached hereto as Exhibit "C".

Louis A Corso III

LOUIS A. CORSO, III

SUBSCRIBED and SWORN to before me, a Notary Public, this 16th day of March, 1994.

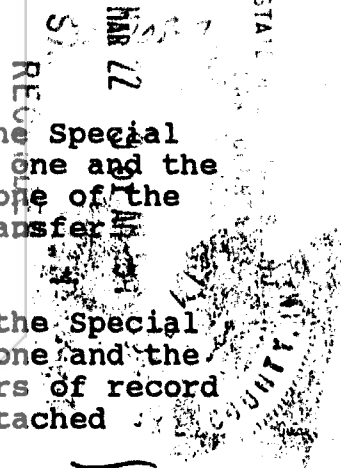
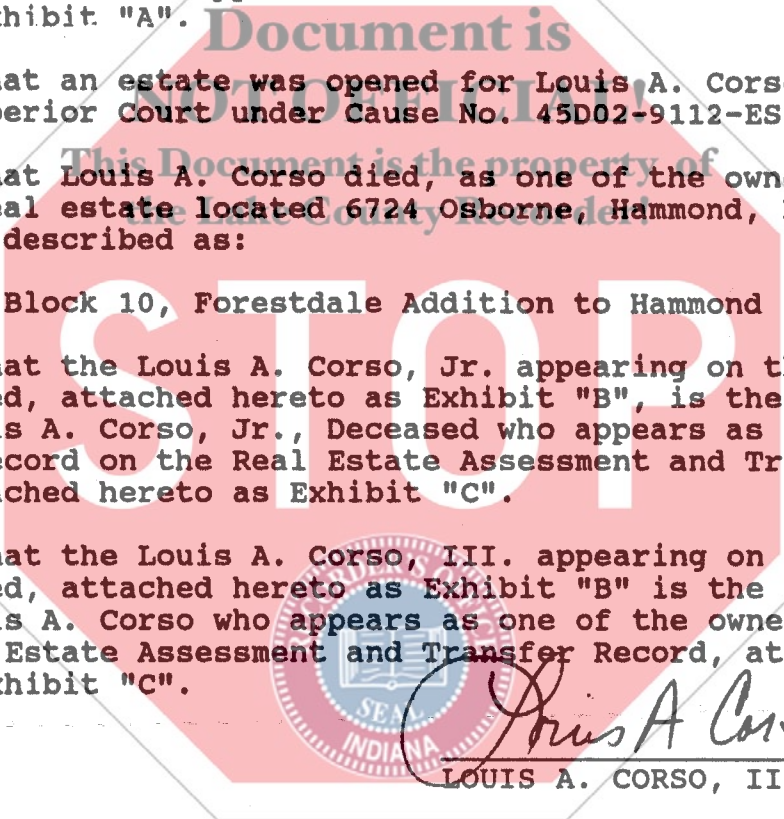
My Commission Expires: February 5, 1995
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN

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INDIANA STATE BOARD OF HEALTH

Local No. 2257-91.....

CERTIFICATE OF DEATH

State No.

**TYPE/PRINT
IN
PERMANENT
BLACK INK**

1 DECEASED—NAME (First, Middle, Last) LOUIS A. CORSO JR.		2 SEX MALE	3a TIME OF DEATH 12:05 A	3b DATE OF DEATH (Month, Day, Yr) NOVEMBER 5, 1991	
4 SOCIAL SECURITY NUMBER 310-26-1349	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Sep. 13, 1925	
7 BIRTHPLACE (City and State or Foreign Country) Clinton, Indiana	8a WAS DECEDENT A U.S. VETERAN? YES				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		8c PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9b CITY TOWN OR LOCATION OF DEATH MUNSTER	9c COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Metal Finisher		12b KIND OF BUSINESS/INDUSTRY Auto Parts	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Highland	13d STREET AND NUMBER 9326 5th St.		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American, Indian, Black, White, etc. (Specify) White	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Louis Corso, Sr.		19 MOTHER'S NAME (First, Middle, Maiden Surname) Rose Unavailable			
20a INFORMANT'S NAME (Type/Print) Louis Corso, III		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6724 Osborne Hammond, Indiana		20c Relationship Son	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 8, 1991 Catholic Cemeteries		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME Ronald A. Reed		22b EMBALMER'S LICENSE NO. FTD 1001081		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>James J. Blacorn</i>		24b LICENSE NUMBER (of License) FTD 1010850		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Klein Highland, Indiana FDH 300-7500	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. Approximate Interval Between Onset and Death.					
a Peritonitis 96 Hours					
b Gangrenous Large and Small Intestine 96 Hours					
c metastatic Adenocarcinoma of Rectum 6 Months					
d Adenocarcinoma of Rectum					
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) NO	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>George G. Kelly M.D.</i>		29c MEDICAL LICENSE NO. 21055		29d DATE SIGNED (Month, Day, Year) NOVEMBER 5, 1991	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) GEORGE G. KELLY M.D. 7905 CALUMET AVE. MUNSTER, INDIANA 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander J. Williams, MD</i>				32 DATE FILED (Month, Day, Year) Nov. 6, 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> 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)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

THIS CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY HEALTH DEPARTMENT. IT IS LOANED TO YOU FOR YOUR CONVENIENCE AND IS NOT TO BE REPRODUCED OR COPIED WITHOUT THE WRITTEN PERMISSION OF THE LAKE COUNTY HEALTH DEPARTMENT.

Alexander J. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

1160A

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SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH, That THOMAS K. TURNAGE
 as Administrator of Veterans' Affairs, an Officer of the United States of America, whose address is Veterans
 Administration, Washington, D.C. 20420, CONVEYS AND WARRANTS to LOUIS A. CORSO JR. AND LOUIS A.
 CORSO III JOINT TENANTS WITH RIGHT OF SURVIVORSHIP
 of LAKE County, Indiana, for the sum of ten dollars (\$10) and other
 valuable consideration, the receipt of which is hereby acknowledged, the following-described property in
LAKE County, Indiana, to wit:

LOT 9, BLOCK 10, FORESTDALE, A SUBDIVISION IN THE CITY OF HAMMOND, AS SHOWN
 IN PLAT BOOK 20, PAGE 16, IN LAKE COUNTY, INDIANA.

SUBJECT TO THE 1986 TAXES, PAYABLE IN 1987, AND ALL SUBSEQUENT TAXES, ALSO SUBJECT
 TO ALL IMPROVEMENT ASSESSMENTS, IF ANY, AND ALSO SUBJECT TO ALL SEWER USE OR
 SEWER SERVICE CHARGES, IF ANY.

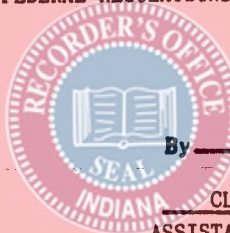


Subject also to all limitations, conditions, covenants, and restrictions, if
 any, in the chain of title to the property hereby conveyed and also subject
 to all highways, easements, rights-of-way, use, building, building line, plat
 and zoning restrictions, if any.

Grantor certifies that no Indiana Gross Income Tax is due or payable with
 respect to the transfer made by this deed.

Grantor warrants the title to said property against the lawful claims of any and all persons claiming or to
 claim the same or any part thereof by, through or under Grantor.

IN WITNESS WHEREOF, Grantor, on this the 19th day of November, A. D. 1987,
 has caused this instrument to be signed and sealed in his name and on his behalf by the undersigned Officer, being
 thereunto duly appointed, qualified, and acting pursuant to Sections 212 and 1820 of Title 38 U.S. Code, and
 sections 36:4342 and 36:4520 of the TITLE 38, CODE OF FEDERAL REGULATIONS



ADMINISTRATOR OF VETERANS AFFAIRS

By

Clifford R. Gregory

CLIFFORD R. GREGORY

ASSISTANT

Loan Guaranty Officer of the
 Veterans Administration

STATE OF INDIANA

County of MARION

VA REGIONAL OFFICE, INDIANAPOLIS, INDIANA 46204
 (317) 269-7811

Before me, the undersigned, a Notary Public in and for said County and State, this date personally appeared

CLIFFORD R. GREGORY ASSISTANT

Loan Guaranty Officer of the Veterans Administration, an agency of the United States Government, and
 acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal this 19th day of November, 1987.

My commission expires 26th July, 1991.

Norma Lee Whiteside (SEAL)
 Notary Public.

THIS DEED WAS PREPARED BY Cathy J. Burris
 ATTORNEY FOR THE VETERANS ADMINISTRATION.

Resident of Marion County, Indiana.

NORMA LEE WHITESIDE
 NOTARY PUBLIC STATE OF INDIANA
 HANCOCK COUNTY
 MY COMMISSION EXP. JULY 26, 1991

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