

LEGAL DESCRIPTION: Lot 13 in Block 2 in Scarsdale Third Addition to Gary, as per plat thereof, recorded in Plat Book 26 page 70, in the Office of the Recorder of Lake County, Indiana.

2

PROPERTY ADDRESS: 1439 E. 44th Place  
Gary, IN 46409

Return to:  
First American Title Insurance Company  
5265 Commerce Drive  
Crown Point, IN 46307

ESTATE AFFIDAVIT

**FILED**

Jose Arciniega, Affiant, states that APR 29 1994

1. Gloria Arciniega, deceased, died on the 17 day of NOVEMBER, 1988;

*Anna N. Anton*

2. Affiant is:  the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died:  leaving a will which has been probated;  
 leaving a will which has not been probated;  
 leaving no will;

4. The deceased and Affiant were married on the 17 day of NOVEMBER, 1957; and were never divorced.  
(This item applies only to the surviving spouse.)

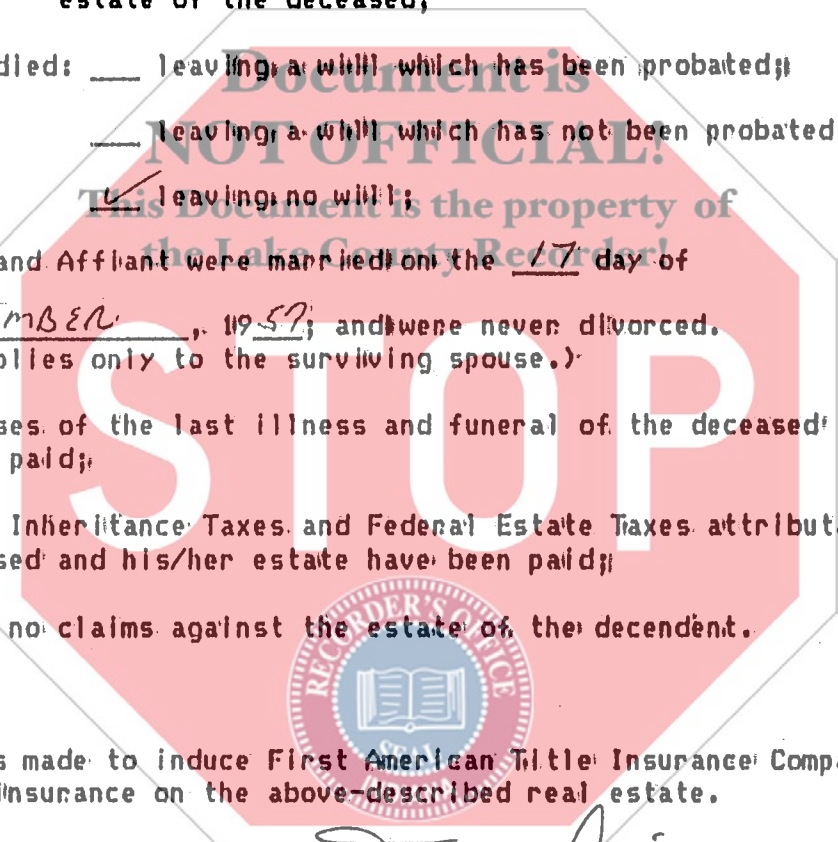
5.  All expenses of the last illness and funeral of the deceased have been paid;

6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7.  There are no claims against the estate of the decedent.

94032208

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
94 APR 29 AM 9:32  
SAMUEL ORLICH  
RECORDER



This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date: 4-26-94

*Jose Arciniega*  
Signature of Affiant

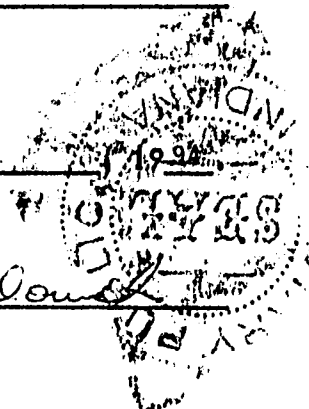
Jose Arciniega  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 26th day of April, 1994

Andrea A. Widlowski  
Printed Name of Notary

*Andrea A. Widlowski*  
Signature of Notary



My Commission expires: 9-17-97

My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY:

Jose Arciniega

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01824

INDIANA STATE BOARD OF HEALTH

Local No. 2467-88

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

RETURN TO: AMERICAN TITLE INS. CO. 55 COMMERCE DR. SUITE 1 CHICAGO, ILL. 60607

DECLAIED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (Mo. Day Year)	
Gloria		G.		Arciniega				Female		Nov. 27, 1988	
SOCIAL SECURITY NUMBER		AGE—Last Birthday		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Year)		BIRTHPLACE (City and State or Foreign Country)	
304-42-54081		47		Months		Days		Mar 11, 1941		Mexico	
YEAR LAST SERVED IN U.S. ARMED FORCES		PLACE OF DEATH (Check one and give name of institution)									
None		HOSPITAL <input checked="" type="checkbox"/> Home <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
FACILITY NAME (If not institution give street and number)						CITY, TOWN OR LOCATION OF DEATH			COUNTY OF DEATH		
Metropolitan Southlake Campus						Merrillville			Lake		
MARRITAL STATUS—Married		SURVIVING SPOUSE		DECEDENT'S USUAL OCCUPATION			KIND OF BUSINESS/INDUSTRY				
Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (Specify)		Jose Arciniega Sr.		Housewife							
RESIDENCE—STATE		CITY		CITY TOWN OR LOCATION		STREET AND NUMBER					
Ind.		Lake		Gary		1434 E. 44th Place					
INSIDE CITY LIMITS? (Yes or no)		FARM		ZIP CODE		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican Puerto Rican, etc.)		RACE—American Indian, Black, White, etc. (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed)	
Yes		No		46409		Mexican		White		12	
FATHER'S NAME (First Middle Last)						MOTHER'S NAME (First Middle Maiden Surname)					
Salvadore Garnica						Rosa Garcia					
INFORMANT NAME (Type/Print)		MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						Relationship			
Jose Arciniega Sr.		1434 E. 44th Pl. Gary, Ind. 46409						Husband			
METHOD OF DISPOSITION		DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				LOCATION—City or Town, State					
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Nov. 30, 1988 Oak Hill Cemetery				Gary, Ind.					
SIGNATURE OF FUNERAL DIRECTOR				LICENSE NUMBER (of Licensee)		NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME					
<i>Anthony Rendon Jr.</i>				FD 01010402		Rendina P. Home 5100 Cleveland St. Gary, Ind. FH 83007819					
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death		To the best of my knowledge death occurred at the time, date and place stated				LICENSE NUMBER		DATE SIGNED (Month, Day, Year)			
		Signature and Title									
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)				WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)					
5:30 A.M.		Nov. 27, 1988				No					
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. List only one cause on each line.											Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)											
Cardiorespiratory Arrest											
DUE TO (OR AS A CONSEQUENCE OF)											
Hepatic Coma											
DUE TO (OR AS A CONSEQUENCE OF)											
Cirrhosis											
DUE TO (OR AS A CONSEQUENCE OF)											
Alcoholism											
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)											28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE CERTIFICATE? (Yes or no)
											Anna N. Anton
SEE INSTRUCTIONS											
CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23)											
<input checked="" type="checkbox"/> To the best of my knowledge death occurred due to the cause(s) and manner as stated											
<input type="checkbox"/> 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											
<input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER											
On the basis of examination and, if appropriate, in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.											
SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUMBER				DATE SIGNED (Month, Day, Year)			
<i>Alfred Street</i>				02000320							
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)											
Dennis L. Streeter 1232 No. L. Broad Street Griffith, Indiana 46349											
HEALTH OFFICER'S SIGNATURE											DATE FILED (Month, Day, Year)
<i>Carl Johnson</i>											Nov. 30, 1988
MANNER OF DEATH:		DATE OF INJURY (Month, Day, Year)		TIME OF INJURY		INJURY AT WORK? (Yes or no)		DESCRIBE HOW INJURY OCCURRED			
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide											
<input type="checkbox"/> Could not be Determined											
		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)					
						1825					