

STATE OF INDIANA)
COUNTY OF LAKE)

SMALL ESTATE AFFIDAVIT

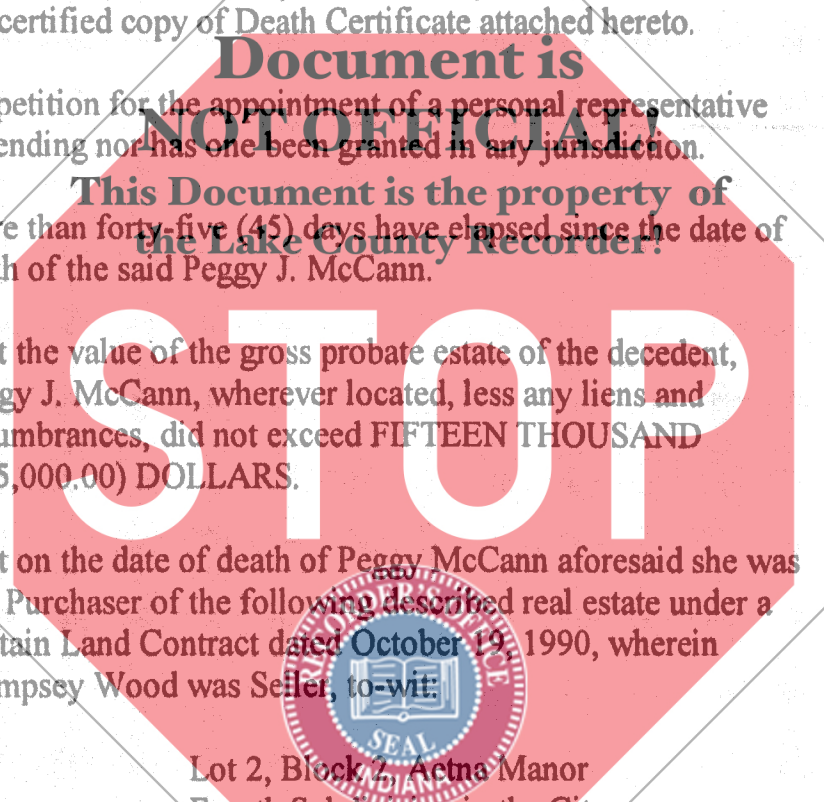
THOMAS TONEVICH, an adult male, residing at 1033 Clay Street, Gary, Lake County, Indiana, being first duly sworn upon his oath deposes and says:

1. That he is the son of PEGGY MCCANN also known as Peggy J. McCann, who died intestate, on June 3, 1993, while domiciled at 1033 Clay Street, Gary, Lake County, Indiana, as evidenced by her certified copy of Death Certificate attached hereto.
2. No petition for the appointment of a personal representative is pending nor has one been granted in any jurisdiction.
3. More than forty-five (45) days have elapsed since the date of death of the said Peggy J. McCann.
4. That the value of the gross probate estate of the decedent, Peggy J. McCann, wherever located, less any liens and encumbrances, did not exceed FIFTEEN THOUSAND (\$15,000.00) DOLLARS.
5. That on the date of death of Peggy McCann aforesaid she was the Purchaser of the following described real estate under a certain Land Contract dated October 19, 1990, wherein Dempsey Wood was Seller, to-wit:

Lot 2, Block 2, Aetna Manor
Fourth Subdivision in the City
of Gary, as shown in Plat Book 29,
page 99, in Lake County, Indiana,
commonly known as 1033 Clay
Street, Gary, Indiana (Key # 41-276-2)

which Land Contract was duly recorded as Document No. 134554 on November 15, 1990, in the Office of the Recorder of Lake County, Indiana, together with a Memorandum of Land Contract recorded the same date as Document No. 134555.

6. That on the death of Peggy McCann as aforesaid her sole and



FILED

SEP 26 1995

**SAM ORLICH
AUDITOR LAKE COUNTY**

95057906

MARGARETTE CLEVELAND
RECORDER

95 SEP 26 AM 10:49

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

001700
1300

only asset consisted of her equitable interest in the above described Land Contract having a value of approximately EIGHT THOUSAND SEVEN HUNDRED (\$8,700.00)

7. That Peggy McCann left seven (7) adult children surviving her namely: Sandra G. Tonevich, Candace Alicastro, Laura Jean Tonevich Shiner, Thomas Tonevich, Patricia Joyce Freeman, Ramona Tonevich and Stephanie Fields; that she was a divorced woman and not remarried on the date of her death.
8. That the funeral bill for the said Peggy McCann is paid in full and there are no other known creditors of said decedent; that no Federal Estate Tax nor Indiana Inheritance Tax is due or assessable as a result of the death of Peggy McCann aforesaid.
9. That this affidavit is made for the sole purpose of establishing that the adult children named in paragraph 7 above succeed to the equitable interest of their mother in the Land Contract hereinabove described and as such successors-in-interest they are entitled to a conveyance of the fee simple title to the above described real estate from the Seller's successor-in-interest, MARGARET IRENE WOOD, formerly Margaret Irene Wright.



Thomas Tonevich
THOMAS TONEVICH

Subscribed and sworn to before me, a Notary Public, this 20th day of September, 1995.

My Commission Expires:
2-4-99

Tina M. Highlan
TINA M. HIGHLAN, Notary Public
Resident of Porter County.

Prepared by Atty. R. Dakich, 100 E. 90th Drive, Merrillville, IN 46410

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93-0462

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) PEGGY J. McCANN		2 SEX FEMALE	3a TIME OF DEATH 8:02A M	3b DATE OF DEATH (Month Day Yr) JUNE 3, 1993
4 SOCIAL SECURITY NUMBER 242-42-8867	5a AGE—Last Birthday (Years) 59	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) AUG. 1, 1933
7 BIRTHPLACE (City and State or Foreign Country) DURHAM, N. CAROLINA	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? NO	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9a FACILITY NAME (If not institution, give street and number) GARY METHODIST	9b CITY, TOWN OR LOCATION OF DEATH GARY	9c COUNTY OF DEATH LAKE
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10 MARITAL STATUS (Specify) DIVORCED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work, giving hours of working life. Do not use retired) BARTENDER	12b KIND OF BUSINESS/INDUSTRY GARY SPORTSMAN CLUB
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13a RESIDENCE—STATE IN.	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION GARY	13d STREET AND NUMBER 1033 CLAY STREET
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13e ZIP CODE 46403	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	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13-16 or 17+)
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PARENTS

18 FATHER'S NAME (First Middle Last) DAVID WINTERS	19 MOTHER'S NAME (First Middle Last) RUBY SEALS
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INFORMANT

20a INFORMANT'S NAME (Type/Print) PATRICIA FREEMAN	20b MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 4651 E. 6th Ave. Gary, IN. 46403	20c Relationship DAUGHTER
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DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUNE 7, 1993 CALUMET PARK CEMETERY	21c LOCATION—City or Town, State MERRILLVILLE, IN.
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22a EMBALMER'S NAME DAVID SEMPLINSKI	22b EMBALMER'S LICENSE NO. FD08600686	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatroluk</i>	24b LICENSE NUMBER (of Licensee) FD01001293	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK 7535 Taft St. Merrillville, IN. 46410
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CAUSE OF DEATH

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac arrhythmia DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease 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 Pancreatitis	Approximate Interval Between Onset and Death 3 1/2 hrs 3 1/2 hrs
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CERTIFIER

27a 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.	27b SIGNATURE AND TITLE OF CERTIFIER <i>Paul Lalender</i>	27c MEDICAL LICENSE NO. 29392	27d DATE SIGNED (Month Day, Year) 6/18/93
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HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Dalal 3229 Broadway Gary, IN. 981-9000	31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32 DATE FILED (Month Day, Year) JUN. 21 1993
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CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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.
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