STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96 MAY -7 AM 11:22

MARGARET BEVILAND
RECORDER

CTC 12248

COMMUNITY TITLE COMPANY
FILE NO. 96-12348

AFFIDAVIT

96030105

STATE OF INDIANA)
)
COUNTY OF LAKE)

AGNES GAGLIARDI BEING FIRST DULY SWORN

UPON HER OATH, DEPOSES AND SAYS:

THAT RALPH A. GAGLIARDI DIED ON THE 22

DAY OF DECEMBER, 1995 AT MERR., INDIANA.

THAT AT THE TIME OF HIS DEATH, HE WAS A CO-OWNER AS A JOINT

TENANT WITH AGNES GAGLIARDI

OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 4 IN BLOCK 3 IN BROADWAY GARDENS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED NOVEMBER 27, 1925 IN PLAT BOOK 19 PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 4940 VIRGINIA ST., GARY, IN. 46407

UNIT 25 KEY 41-154-4

THAT NO FEDERAL ESTATE TAX OR INDIANA INHERITANCE TAX IS DUE AS A

RESULT OF THE DEATH OF RALPH A. GAGLIARDI.

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS MOTHER.

FILED
MAY 6 1996
SAM ORLICH
AUDITOR LAKE COUNTY

FURTHER AFFIANT SAITH NOT.

Agnes Gagliardi by Jerome Gagliardi POA
AGNES GAGLIARDI, BY JEROME GAGLIARDI,
ATTORNEY IN FACT

BEFORE ME THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, THIS 25th DAY OF APRIL, 19 96, PERSONALLY APPEARED JEROME GAGLIARDI, ATTORNEY IN FACT FOR AGNES GAGLIARDI AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:

4-15-98

Patricia Ludington
Patricia Ludington NOTARY PUBLIC

COUNTY OF RESIDENCE: LAKE

000293

THIS INSTRUMENT PREPARED BY: RICHARD PARKS, ATTORNEY AT LAW

1192a

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2922-95

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): RALPH A. GAGLIARDI
2 SEX: MALE
3a TIME OF DEATH: 7:50a M
3b DATE OF DEATH (Month Day Yr): December 22, 1995
4 SOCIAL SECURITY NUMBER: 314-24-2174
5a AGE—Last Birthday (Years): 67
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo. Day Yr): Dec. 23, 1927
7 BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a WAS DECEDENT A US VETERAN?: Yes
8b YEAR LAST SERVED IN US ARMED FORCES?: 1953
8c PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
8d FACILITY NAME (If not institution, give street and number): 5320 Buchanan St.
8e CITY TOWN OR LOCATION OF DEATH: Merrillville
8f COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Divorced
11 SURVIVING SPOUSE (If wife, give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired Steelworker
12b KIND OF BUSINESS/INDUSTRY: U.S. Steel Co.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Merrillville
13d STREET AND NUMBER: 5320 Buchanan St.
13e ZIP CODE: 46410
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: USA
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 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Domenic Gagliardi
19 MOTHER'S NAME (First Middle Maiden Surname): Agnes Gizpanski

INFORMANT

20a INFORMANT'S NAME (Type/Print): Ralph J. Gagliardi
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3463 Highland Ct. Crown Point In
20c Relationship: Son

DISPOSITION

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): Calumet Park Cem. December 27, 1995
21c LOCATION—City or Town, State: Merrillville, Ind.
22a EMBALMER'S NAME: Anthony S. Rendina Jr.
22b EMBALMER'S LICENSE NO: FD01010402
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Anthony S. Rendina Jr.
24b LICENSE NUMBER (of Licensee): FD01010402
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rendina Funeral HOme FH83007819 5100 Cleveland St. Gary, IN 46408

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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

IMMEDIATE CAUSE (Final disease or condition resulting in death): Thrombotic Pulmonary Vascular
DUE TO (OR AS A CONSEQUENCE OF): Arterial Insufficiency
DUE TO (OR AS A CONSEQUENCE OF): Congestive Failure
Conditions if any which gave rise to the immediate cause stating the underlying cause last: DEC 28 1995
Approximate Interval Between Onset and Death:

PART II Other significant conditions contributing to death but not previously stated in Part I: Alexander D. Gilliam, M.D. LAKE COUNTY HEALTH COMMISSIONER

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

CERTIFIER

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:
29c MEDICAL LICENSE NO: 0103 0831
29d DATE SIGNED (Month Day Year): 12-22-95

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): PETER MAVRELIS, 8895 BROADWAY, MERRILLVILLE, IN 46410
31 HEALTH OFFICER'S SIGNATURE: Alexander D. Gilliam, M.D.
32 DATE FILED (Month Day Year): December 28, 1995

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.: copy

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2922-95

CERTIFICATE OF DEATH

State No. .....

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TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): RALPH R. GAGLIARDI
2. SEX: MALE
3a. TIME OF DEATH: 7:50a M
3b. DATE OF DEATH (Month, Day, Yr.): December 22, 1995
4. SOCIAL SECURITY NUMBER: 314-24-2174
5a. AGE—Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr.): Dec. 23, 1927
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A US VETERAN?: Yes
8b. YEAR LAST SERVED IN US ARMED FORCES?: 1953
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 5320 Buchanan St.
9c. CITY, TOWN OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired Steelworker
12b. KIND OF BUSINESS/INDUSTRY: U.S. Steel Co.
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville
13d. STREET AND NUMBER: 5320 Buchanan St.
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Domenic Gagliardi
19. MOTHER'S NAME (First, Middle, Maiden Surname): Agnes Gizpanski

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Ralph J. Gagliardi
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3463 Highland Ct. Crown Point In
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calumet Park Cem. December 27, 1995
21c. LOCATION—City or Town, State: Merrillville, Ind.
22a. EMBALMER'S NAME: Anthony S. Rendina Jr.
22b. EMBALMER'S LICENSE NO: FD01010402
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Anthony S. Rendina Jr.
24b. LICENSE NUMBER (of Licensee): FD01010402
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rendina Funeral HOme FH83007819 5100 Cleveland St. Gary, IN 46408

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): Arteriosclerotic Peripheral Vascular Disease

DUE TO (OR AS A CONSEQUENCE OF): Chronic Emphysema/Acute Anxiety

DUE TO (OR AS A CONSEQUENCE OF): Laryngeal Carcinoma.

DUE TO (OR AS A CONSEQUENCE OF):

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

Approximate Interval Between Onset and Death

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

DEC 28 1995

LAKE COUNTY HEALTH COMMISSIONER

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

CERTIFIER

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:
29c. MEDICAL LICENSE NO: 01030831
29d. DATE SIGNED (Month, Day, Year): 12-22-95

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): PETER MAURELIS, 8895 BROADWAY, MERRILLVILLE, IN 46410
31. HEALTH OFFICER'S SIGNATURE: Alexander S. Pilipis MD
32. DATE FILED (Month, Day, Year): December 28, 19[illegible]

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY Ooccurred:
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.:

Copy