

FA # 17073

Key # 15-129-13  
Unit # 8

LEGAL DESCRIPTION:

SEE ATTACHED LEGAL DESCRIPTION.

PROPERTY ADDRESS: 91st and Clark Road  
Merrillville, IN 46410

ESTATE AFFIDAVIT

Faith Lopes, Affiant, states that:

1. Paul Lopes, deceased, died on the 1<sup>st</sup> day of FEBRUARY, 1995;
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 4 day of May, 1974; 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.

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

April 16, 1996  
Date

Faith Lopes  
Signature of Affiant  
Faith Lopes

Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 16th day of April, 1996.

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 COUNTY

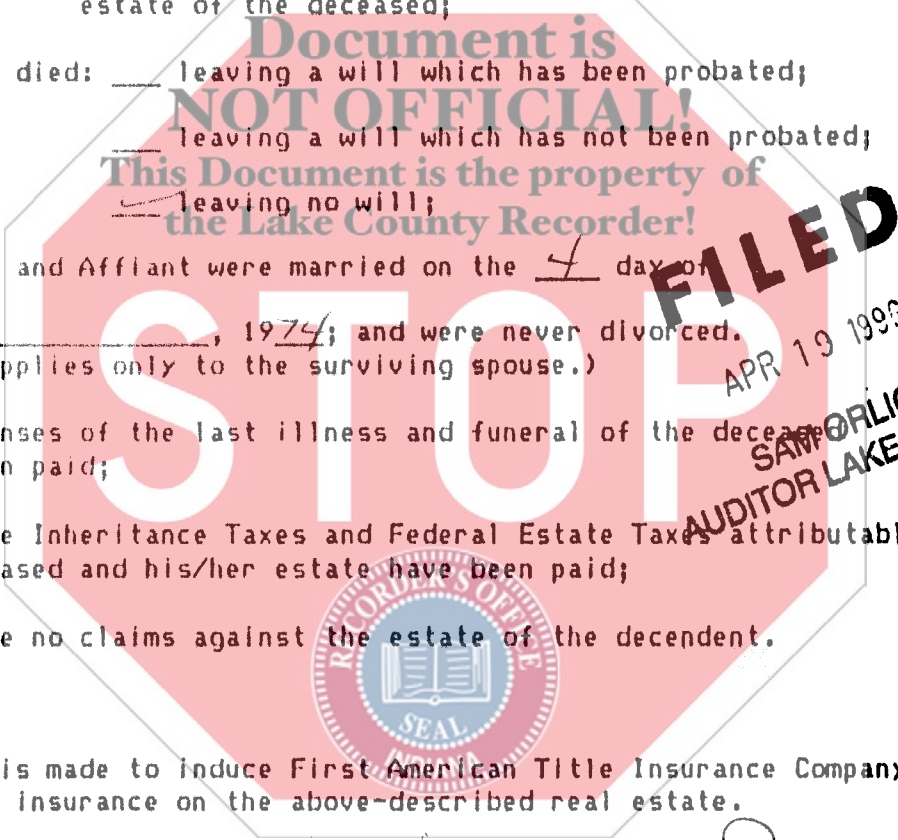
THIS INSTRUMENT WAS PREPARED BY: FAITH LOPES

96025866

96 APR 19 AM 10:39

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MARGARET D. BURNETT  
RECORDER



HOLD FOR FIRST AMERICAN TITLE

002559  
ya  
300  
300

FIRST AMERICAN TITLE INSURANCE COMPANY  
5265 COMMERCE DRIVE, CROWN POINT, INDIANA 46307

ALTA Commitment  
Schedule C

File No.: FA17073

LEGAL DESCRIPTION:

THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND P.M., IN LAKE COUNTY, INDIANA, EXCEPTING THE SOUTH 400 FEET BY PARALLEL LINES THEREOF, AND ALSO EXCEPTING THE WEST 300 FEET BY PARALLEL LINES OF THE NORTH 140 FEET BY PARALLEL LINES OF THE SOUTH 540 FEET BY PARALLEL LINES.



FA17073

ATTENTION: STATE: 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

CERTIFICATE OF DEATH

Local No. 0251-95

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Paul R. Lopes 2 SEX Male 3a TIME OF DEATH 8:55 P.M. 3b DATE OF DEATH (Month, Day, Year) February, 1, 1995

4 SOCIAL SECURITY NUMBER 034-30-2850 5a AGE—Last Birthday (Years) 54 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo, Day, Yr) Nov. 12, 1940 7 BIRTHPLACE (City and State or Foreign Country) Fairhaven, MA.

8a WAS DECEDENT A U.S. VETERAN? NO 8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A 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) Methodist Hospital Southlake Campus 9c CITY, TOWN OR LOCATION OF DEATH Merrillville 9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Faith Ryan 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed 12b KIND OF BUSINESS/INDUSTRY marine Surveyor

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN OR LOCATION Merrillville 13d STREET AND NUMBER 9215 Clark Rd.

13e ZIP CODE 46410 13f INSIDE CITY LIMITS  No  Yes 14 DECEASED'S USUAL RESIDENCE (Specify) U.S.A. 15 WAS DECEDENT OF HISPANIC ORIGIN?  No  Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16 RACE—American Indian, Black, White, etc. White 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+

18 FATHER'S NAME (First, Middle, Last) Louis Lopes 19 MOTHER'S NAME (First, Middle, Maiden Surname) Alice Morgado

20a INFORMANT'S NAME (Type/Print) Faith Lopes 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9215 Clark Rd. Merrillville, Indiana 20c Relationship Wife

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) February 4, 1995 Chapel Lawn Cemetery 21c LOCATION—City or Town, State Schererville, Indiana

22a EMBALMER'S NAME Ronald A. Reed 22b EMBALMER'S LICENSE NO. FDO 1001081 23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER OF LICENSE FDO 1014511 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd Highland, Indiana FH83007500

26 ICAUSE (Type/Print) Acute myocardial infarction (Specify for AS A CONSEQUENCE OF) THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

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)  CERTIFYING PHYSICIAN To the best of my knowledge and belief, death occurred at the time, date and place and due to the cause(s) as stated.  HEALTH OFFICER On the basis of examination and 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 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 [Signature] 29c MEDICAL LICENSE NO. 000476 29d DATE SIGNED (Month, Day, Year) 2-2-95

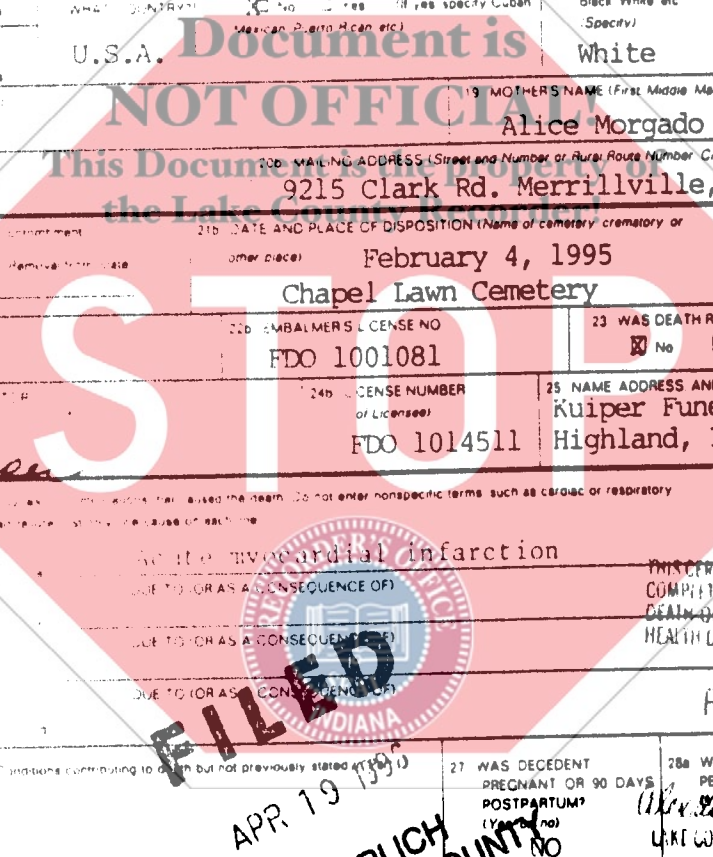
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) William G. Cataldi, D.O. 840 Richard Road, Overland Park, IN 46311

31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month, Day, Year) February 2, 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

34a 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) 001260

34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.



FILED

APR 19 1995

FEB 02 1995

SAMORLICH AUDITOR LAKE COUNTY