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MAFIS/STATE OF INDIANA
RECORDER

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STATE OF INDIANA)
)
 SS:
COUNTY OF LAKE)

Chicago Title Insurance Company

AFFIDAVIT OF HEIRSHIP

Elizabeth Gualandi, a/k/a Betty Gualandi, being duly sworn upon her oath deposes and says as follows:

1. Affiant is the natural daughter of Alice Louise Serbon, deceased, and, is named as the Executrix in the Last Will and Testament of Alice Louise Serbon.

2. Affiant resides at 8422 Moraine Avenue, Munster, Indiana 46321, is an adult, and makes this affidavit based on her personal knowledge.

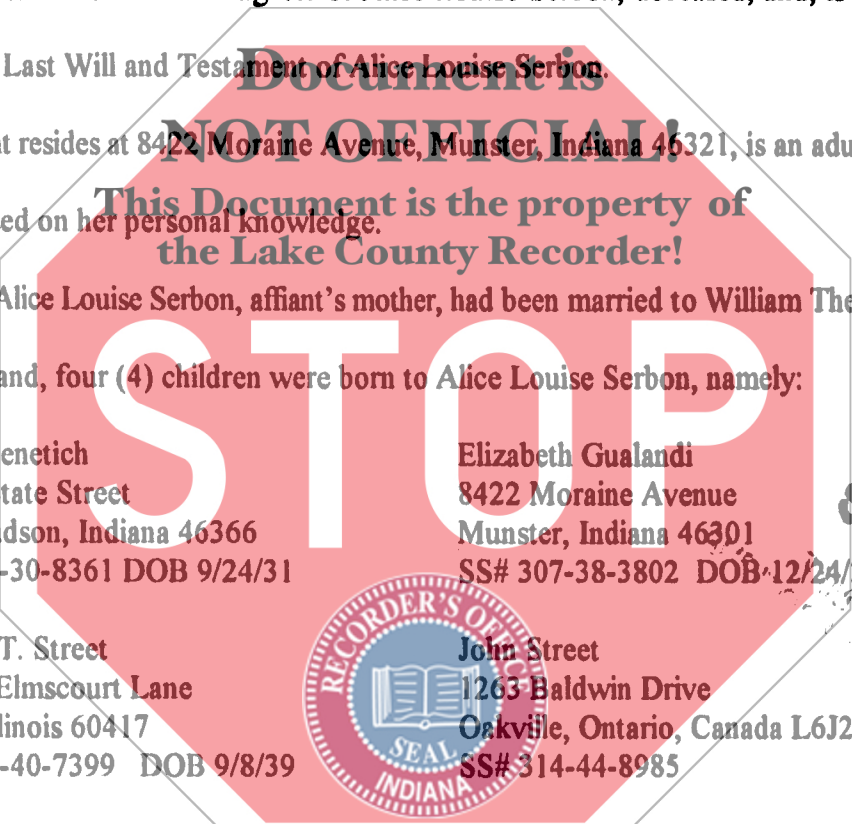
3. That Alice Louise Serbon, affiant's mother, had been married to William Theodore Street, affiant's father; and, four (4) children were born to Alice Louise Serbon, namely:

Jennet Benetich
107 E. State Street
North Judson, Indiana 46366
SS# 309-30-8361 DOB 9/24/31

Elizabeth Gualandi
8422 Moraine Avenue
Munster, Indiana 46301
SS# 307-38-3802 DOB 12/24/37

William T. Street
747 W. Elmscourt Lane
Crete, Illinois 60417
SS# 307-40-7399 DOB 9/8/39

John Street
1263 Baldwin Drive
Oakville, Ontario, Canada L6J2W4
SS# 314-44-8985



FILED
SEP 13 1996
LAKE COUNTY RECORDER

and, that the above- listed children are the only children born to Alice Louise Serbon and all are now residing at the addresses listed above.

4. That the marriage of Alice Louise Serbon to William Theodore Street ended upon the death of William Theodore Street; and, after having been a widow for some years, Alice Louise Serbon married Peter Serbon, and remained married to Peter Serbon until her death on April 9, 1995 in East Chicago, Indiana; no children were born of the marriage of Alice Louise Serbon and Peter

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Serbon, and, upon the death of Alice Louise Serbon, Peter Serbon was a second childless surviving spouse.

5. During the marriage of Alice Louise Serbon and Peter Serbon, Alice Louise Serbon became the owner in fee simple of the following described real estate, in Lake County, Indiana, to-wit:

The South ½ of Lot 16 and all of Lot 17 in Block 1 in a resub. of part of Northwest 1/4 of Section 29, Township 37 North, Range 9 West of 2nd P.M., Lake County, Indiana, as shown by recorded plat of said subdivision in the Recorder's Office of Lake County, Indiana as same appears of record in PB 5/3.

Commonly known as 4134 Indianapolis Blvd., East Chicago, Indiana.

and, at the time of her death, held title in the name of "Alice Louise Serbon, a married woman".

6. That Alice Louise Serbon died, testate, on April 9, 1995, in East Chicago, Lake County, Indiana (a copy of her Death Certificate is attached hereto.)

7. That because of the death of Alice Louise Serbon, no probate or estate proceedings were initiated nor are any contemplated except for the filing of an Indiana Inheritance Tax Return and the Will being spread of record in Cause No. 45D02-9604-ES-84 in the Lake Superior Court, Civil Division, Room Two, Setting at East Chicago, Indiana; that Indiana Inheritance Taxes because of the death of Alice Louise Serbon were determined to be \$68.96, which taxes were paid; there are no Federal Estate taxes due because of her death.

8. Affiant has paid all Indiana Inheritance Taxes due because of the death of Alice Louise Serbon; and, Affiant knows of no unpaid funeral, medical or other debts incurred by Alice Louise Serbon or cause by her death.

9. That the sole heirs, devisees and legatees of Alice Louise Serbon as stated in the Last Will and Testament executed on March 21, 1986, are her four (4) children as listed in paragraph 3 above.

10. That Peter Serbon, the second childless surviving spouse of Alice Louis Serbon, died in Lake County, Indiana on August 27, 1996.

12. Further affiant sayeth not.

Elizabeth Gualandi
Elizabeth Gualandi

Subscribed and sworn to before me a Notary Public in and for said County and State this

9 day of September, 1996.

**Document is
NOT OFFICIAL!**

My Commission Expires:
4/13/98

This Document is the property of
the Lake County Recorder

Richard J. Lesniak
Richard J. Lesniak, Notary Public
Residence of Lake County

Prepared by: Richard J. Lesniak
Attorney At Law
1802 E. Columbus Drive
East Chicago, IN 46312
(219)398-6200

STOP



ATTENTION: STATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. **0692-96**

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

40616
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Peter Serbon, Jr.				2 SEX Male		3a TIME OF DEATH 3:13p		3b DATE OF DEATH (Month Day Year) August 27, 1996	
4 SOCIAL SECURITY NUMBER 312-09-6191		5a AGE—Last Birthday (Years) 86		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo. Day Yr) July 2, 1910	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		8a WAS DECEDENT A US VETERAN? No		8b YEAR LAST SERVED IN US ARMED FORCES? -		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not mentioned, give street and number) Southlake Methodist Hospital				9b CITY, TOWN OR LOCATION OF DEATH Merrillville		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Widowed		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) Maintenance-Filtration Plant, E.Chgo. Water Dept.			12b KIND OF BUSINESS/INDUSTRY		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION East Chicago		13d STREET AND NUMBER 4134 Indianapolis Blvd.			
13e ZIP CODE 46312		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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 (1-4 or 5+) -		18 FATHER'S NAME (First Middle Last) Peter Serbon				19 MOTHER'S NAME (First Middle Maiden Surname) Mary Ignatz			
20a INFORMANT'S NAME (Type/Print) William T. Street				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 747 W. Elmscourt Lane, Crete, ILL 60417			20c Relationship Step-son		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 31, 1996 Oak Hill Cemetery			21c LOCATION—City or Town, State Hammond, Indiana		
22a EMBALMER'S NAME James H. Fife			22b EMBALMER'S LICENSE NO. FD01010795			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>			24b LICENSE NUMBER (of Licensee) FD01020366			25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E.Chgo, IND			
26 PART I: Enter the disease, 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. Acute Pulmonary Edema DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)									
26 PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I									
27 WAS DECEDENT PREGNANT OR 60 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>Bernard S. Lucena</i>						29c MEDICAL LICENSE NO. 01039302		29d DATE SIGNED (Month, Day, Year) August 29, 1996	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BERNARD S. LUCENA 1121 S. INDIANA AVE. CROWN POINT IN 46307									
31 HEALTH OFFICER'S SIGNATURE AND TITLE <i>Alexander S. Williams, MD</i>									
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 AUG 30 1996		
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. NO					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED
SEP 13 1996

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSION

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. 95-101

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Alice Louise Serbon		2 SEX Female	3a TIME OF DEATH 7:30 p.m.	3b DATE OF DEATH (Month Day Yr) April 9, 1995	
4 SOCIAL SECURITY NUMBER 307-42-9167	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) Nov. 25, 1913	
7 BIRTHPLACE (City and State or Foreign Country) Ontario, Canada	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? -	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" 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		
9b FACILITY NAME (If not institution give street and number) St. Catherine Hospital		9c CITY, TOWN OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Peter Serbon	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Own Home		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 4134 Indianapolis Blvd.		
13e ZIP CODE 46312	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? (If yes specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) -		18 FATHER'S NAME (First Middle Last) Ernest Appleford			
19 MOTHER'S NAME (First Middle Maiden Surname) Elizabeth Cumpson		20a INFORMANT'S NAME (Type/Print) William T. Street			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 747 W. Elmscourt, Troy, Grt. IL 60417		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) April 12, 1995 Oak Hill Cemetery		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO. FD01010795	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366	24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E. Chgo, IND		
26 PART I: Enter the disease, 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) 1. CVA DUE TO (OR AS A CONSEQUENCE OF) Cardiac arrest DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					
PART II: Other significant conditions - Conditions contributing to death but not primarily cited as cause of death.					
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 CORONER'S DETERMINATION OF CAUSE OF DEATH? (Yes or 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>J. Fife</i>		29c MEDICAL LICENSE NO. 01032690	29d DATE SIGNED (Month, Day, Year) April 11, 1995		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Sami Ahmadzai, M.D. - 6924 Indianapolis Blvd., Hammond, Indiana					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) 4-11-95	
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



FILED

95-101