

H/o 210347 Quinones

STATE OF INDIANA 97068925
COUNTY OF LAKE)
SS:)

FILED
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
OCT 03 1997
97 OCT 10 AM 10:03
SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT OF HEIRSHIP/SURVIVORSHIP

Eddie Perez, being first duly sworn upon his oath, deposes and says as follows:

1. Affiant resides at 5601 Baring Avenue, East Chicago, Indiana, is 52 years old, is a brother of Fernando Perez, deceased, and, is the person most familiar with the estate and relationship of Fernando Perez, deceased.

30-373-30

2. Fernando Perez, who resided at 3928 Hemlock Street, East Chicago, Lake County, Indiana, died testate on August 16, 1994, leaving no surviving spouse, (a copy of his death certificate is attached hereto); a true and accurate copy of the Last Will and Testament of Fernando Perez, dated August 12, 1994, is attached hereto; said Last Will and Testament having been filed for probated on February 7, 1995, under cause number 45DO2-95-02-ES23, in the Lake Superior Court, Civil Division, East Chicago, Indiana; that Affiant is named as the Personal Representative in said Will and appointed so by the Court; and that said estate is insolvent.

3. That Fernando Perez had four (4) children born to him, all of whom survived his death, and whose names, ages and addresses are as follows:

Linda Christine Perez, 26 years old
646 Forest Avenue, Griffith, Indiana

Fernando Perez, Jr, 23 years old
646 Forest Avenue, Griffith, Indiana

Eric Christopher Perez, 14 years old,
9422 Farmer Drive, Highland, Indiana

David Anthony Perez, 12 years old
9422 Farmer Drive, Highland, Indiana

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and no others.

4. At the time of his death, Fernando Perez, was the sole owner and sole titleholder to a parcel of real estate commonly known as 3928 Hemlock Street, East Chicago, Indiana, and legally described as follows:

Lot 31 in Block 12 in 3rd Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof recorded in Plat Book 5, page 24, in the Office of the Recorder of Lake County, Indiana.

and, that said real estate was and is subject to a mortgage in the principal amount of \$35,900.00 from Fernando Perez, an unmarried man, to CUNA MORTGAGE CORPORATION, its successors and/or assigns, a Wisconsin corporation, dated December 14, 1993, and recorded December 23, 1993, in the Office of the Recorder of Lake County, Indiana, as Document Number 93087334 (FNMA form)

5. That the real estate described in paragraph is an asset of the estate of Fernando Perez, deceased, that is part of the residuary estate, and, pursuant to the Last Will and Testament of Fernando Perez, has been devised to Linda Christine Perez, Fernando Perez, Jr., and to Linda Christine Perez as Trustee of the testamentary trust created in said Will for the benefit of Eric Christopher Perez and David Anthony Perez; there are no other devisees or heirs, other than the persons named herein who have an interest in the aforesaid real estate;

6. That, by operation of law, the real estate described in Paragraph 4 herein from and after the date of death of Fernando Perez is owned by:

Linda Christine Perez, and Fernando Perez, Jr., each as to an undivided 1/4 interest and Linda Christine Perez, as Trustee under the testamentary trust created in the Last Will and Testament of

Fernando Perez, deceased, for the benefit of Eric Christopher Perez and David Anthony Perez, as to an undivided 1/2 interest.

7. There are no federal estate taxes nor any Indiana Inheritance Taxes due because of the death of Fernando Perez.

Further affiant sayeth not.

Eddie Perez
Eddie Perez

Subscribed and sworn to before me this 2nd day of October, 1997.

My Commission Expires:

4/13/98

Richard J. Lesniak
Notary Public *Richard J. Lesniak*
Resident of Lake County, Indiana

R:edperez.aff

Prepared by: *Richard J. Lesniak, Attorney at Law #8775-45*
1805 E Columbus St.
East Chicago, IN 46312 319/398-6200

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. 281 CERTIFICATE OF DEATH State No. _____

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

H/O *Quinnones*

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

1 DECEASED—NAME (First Middle Last) Fernando Perez		2 SEX Male	3a TIME OF DEATH 11:25 M	3b DATE OF DEATH (Month Day Yr) August 16, 1994	
4 SOCIAL SECURITY NUMBER 308-50-9208	5a AGE—Last Birthday (Years) 47	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Sept. 2, 1946	
7 BIRTHPLACE (City and State or Foreign Country) Nuevo Laredo, Mexico	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1972	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA 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) Divorced	11 SURVIVING SPOUSE (If wife give maiden name) n/a	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Policeman/councilman		12b KIND OF BUSINESS/INDUSTRY City of E. Chicago	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago		13d STREET AND NUMBER 3928 Hemlock Street	
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc) Mexican	16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) n/a College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Manuel M. Perez			
19 MOTHER'S NAME (First Middle Maiden Surname) Francisca N. Nicasio			20a INFORMANT'S NAME (Type/Print) Linda Christine Perez		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 646 Forest Ave., Griffith, IN 46319		20c Relationship Daughter			
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) St John August 20, 1994		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME Charles W. Wells		22b EMBALMER'S LICENSE NO. FD0104372		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>David J. Pastrick</i>		24b LICENSE NUMBER (of Licensee) FD08800012	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME #155 Oleska-Pastrick Funeral Home 3934 Elm St., East Chicago, IN		
26 PART I Enter the diseases, injuries or conditions 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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Recall Failure					
b. Due to (or as a consequence of) Delirium / Malnutrition					
c. Due to (or as a consequence of) Recreational Activities					
d. Due to (or as a consequence of)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Recurrence					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a CERTIFIER <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. AUDITOR LAKE COUNTY <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>Stephen A. ...</i>			29c MEDICAL LICENSE NO. 30618	29d DATE SIGNED (Month, Day, Year) 8/19/94	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 Napoleon L. Santos, M.D. 3125 Kennedy Ave. Highland, Indiana 46322 (219) 832-5040					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Jonathan Kaykouch</i>			32 DATE FILED (Month, Day, Year) 8-19-94		
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
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			

FILED

SAM O'FLICH

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FEB 07 1995

**LAST WILL and TESTAMENT
OF
FERNANDO PEREZ**

Robert E. Gutz
CLERK LAKE SUPERIOR COURT

Quinones
210347 H/O

I, FERNANDO PEREZ, presently a resident of East Chicago, Lake County, Indiana, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills by me heretofore made.

ARTICLE I

Appointment of Fiduciaries

I appoint my ^{brother S.G.} ~~wife~~, EDDIE PEREZ, as Executor of this Will to serve without bond. If he is unwilling or unable, I then appoint my daughter, LINDA CHRISTINE PEREZ, to serve without bond.

I appoint my daughter, LINDA CHRISTINE PEREZ, as Trustee of the trust created in this Will. If LINDA CHRISTINE PEREZ is unable to or unwilling to serve as trustee, then I appoint EDDIE PEREZ as successor trustee to serve in her stead.

If death shall befall my ex-wife Miriam Perez, or if she becomes disabled or incompetent and unable to care for my two minor children, then I appoint EDDIE PEREZ to serve as guardian.

ARTICLE II

Payment of Final Expenses

I direct my Executor to pay all my just debts, expenses of my last illness, burial and the costs of the administration of my estate as soon after my demise as may be found convenient.

ARTICLE III

Payment of Taxes

I direct my Executor to pay out of my estate all estate, inheritance, transfer, succession or other taxes or governmental charges that shall become payable upon or by reason of my death with respect to property passing under my Will, by operation of law or otherwise, including any interest and penalties thereupon without apportionment, and I hereby waive on behalf of my estate, any right

to recover from my beneficiaries any part of such taxes so paid.

ARTICLE IV
Residuary Bequest

Except as outlined below in the specific bequest, I hereby give all the rest, residue and remainder of my estate, both personal and real, tangible or intangible, wherever situated or located, to my children, Eric Christopher Perez, David Anthony Perez, Linda Christine Perez, and Fernando Perez Jr., to be divided equally between them, per stirpes and not per capita.

However, if any of my children surviving me be under Eighteen (18) years of age at the time of my demise, then their portion of the rest, residue and remainder of my estate, be it personal, real or mixed, tangible or intangible, wherever situated or located, shall be given to LINDA CHRISTINE PEREZ in trust as Trustee, to be administered under the terms of the following trust:

The Trustee shall administer the funds remaining in trust until the youngest of my minor children attains the age of Eighteen (18). At this time, the trust shall terminate and be divided equally between my children Eric and David Perez. If death befalls either of my children Eric or David before the trust is terminated, then the deceased child's portion shall be go to the other beneficiary of the trust. During the administration of this trust, I direct my Trustee to make any payments of income or principal that, in her sole discretion, she deems necessary for the support, sickness, education and medical expenses to or on behalf of my minor children. The primary purpose of this trust will be for the benefit of those children under the age of Eighteen (18) years. The Trustee's decision shall be final as to the showing of need, amount of payment, whether paid to my children directly or whether paid to another for the benefit of my children. In distributing money to or for the benefit of my children under the foregoing provisions, the Trustee shall not be required to make equal distributions or expenditures to or for all of my children, but may distribute or expend the money available to or for the benefit of either of my children, equally or unequally, without any duty or responsibility later to equalize unequal payments.

Specific Bequest

I give, devise, and bequeath to LOLA ABEYTA the following property: one 13" Admiral Television; one 27" Zenith Television; one 19" Montgomery Ward Admiral Television, both entertainment centers and their contents and all of my jewelry.

I give, devise, and bequeath to EDDIE PEREZ, all my guns, namely: one 9 mm. Beretta semi-automatic; one .357 Colt 4" barrel revolver; one .357 Smith and Wesson revolver; and one 9mm. Browning semi-automatic.

ARTICLE V

General Powers and Duties of Executor and Trustee

Without distinguishing between the powers of the Executor and Trustee, I grant unto each of them all of the powers enumerated in the provisions of the Indiana Trust Code (I.C. 30-4-1-1- to 30-4-6-13) which I incorporate by reference into my Will. All of these powers are to be exercised without court order.

In addition to the above and foregoing powers, I give the right to any Trustee to resign at any time.

Upon the resignation of the successor Trustee, then any court of competent jurisdiction, on the application of any interested party may appoint a qualified corporate successor and such successor shall have all the rights, powers and duties as if originally appointed in this Will.

ARTICLE VI

Non-Assignability of Beneficiaries' Interest

The interest of any beneficiary in principal or income of any trust created by my Will shall not be subject to assignment, alienation, pledge, attachment or the claims of creditors of such beneficiary.

ARTICLE VII

Compensation of Trustee

My Trustee shall receive no compensation for the services she may render in the administration of the trust created by this Will. However, expenses incurred in administering the trust may be taken from the trust.

ARTICLE VIII

Accounting by Executor and Trustee

My Executor shall make an accounting to the appropriate court as required by law, and in addition thereto, my Trustee shall render an accounting once each year to each adult beneficiary not under disability, and to the Guardian of each minor or incompetent beneficiary then entitled to receive income from the trust under the Will.

The trust herein established shall be administered without the necessity of docketing same in any court and the Trustee shall not be required to account to any court or governmental office which may otherwise have jurisdiction of said trust. The Trustee may, however, resort to the courts for authority or instructions respecting any Trust as it may deem necessary or expedient.

ARTICLE IX

Definitions

Masculine gender shall be deemed to include the feminine and the neuter and the singular or the plural and vice versa.

ARTICLE X

Situs of Will

This Will has been drawn and executed under the laws of the State of Indiana and all questions pertaining to its validity, construction and administration shall be determined by the law of that State.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this, my Last Will and Testament, consisting for five (5) typewritten pages, this page included this 12 day of August, 1994.


FERNANDO PEREZ, TESTATOR

WE, THE UNDERSIGNED, certify that the foregoing instrument was on the day of the date thereof, signed, sealed, published and declared by the said FERNANDO PEREZ, the Testator, as and for his Last Will and Testament in the presence of us, who in his presence and in the presence

of each other, have at his request hereunto subscribed our names as witnesses of the execution thereof, this 12 day of August, 1994, and we hereby certify that at the time of the execution thereof, we believe said Testator to be of sound and disposing mind and memory.

H. J. I.
SAM DIMAPOULOS
WITNESS

ADDRESS 2007 PORTE DE LEAU #104
HIGHLAND, IN. 46322

[Signature]
WITNESS

ADDRESS [Signature]
2 Chicago Ind 46312

Comes now, FERNANDO PEREZ, the testator and [Signature] and [Signature], the subscribing witnesses herein, who hereby declare under the penalties of perjury that they have signed and executed the foregoing instrument designated as the Last Will and Testament of FERNANDO PEREZ.

- (1.) That the testator executed the instrument as his Will;
- (2.) That in the presence of both witnesses, the testator signed and acknowledged his signature;
- (3.) That the testator executed the Will as his free and voluntary act for the purposes expressed in it;
- (4.) That each of the witnesses, in the presence of the testator and of each other, signed the Will as witnesses;
- (5.) That the testator was of sound mind; and
- (6.) That to the best of their knowledge, the testator was at the time eighteen (18) years or more of age.

All of which is attested to this 12 day of August, 1994

[Signature]
FERNANDO PEREZ

[Signature]
WITNESS

H. J. I.
WITNESS