



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

AFFIDAVIT

FILED

OCT 23 1997

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SAM ORLICH
AUDITOR LAKE COUNTY

CHARLENE ROSSA, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~xxxxxx~~ FATHER, PAUL A. CHASTELER died (without leaving a will) (leaving a will) on JUNE 8, 1997 at HOME.

2. That ~~they~~ PAUL A. CHASTELER AND NANCY F. CHASTELER were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 27 IN SUBDIVISION OF LOTS 5,6,7,8 & 9, F.J. WACHEWICA SOUTH VIEW ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED JANUARY 28, 1927 IN PLAT BOOK 20 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 7619 VAN BUREN, HAMMOND, IN.

UNIT 26 KEY NO. 36-292-42

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~xxxx~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

97073175
97 OCT 29 AM 10:54
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
ROFRIS W. GASTER
RECORDER

Charlene Rossa
CHARLENE ROSSA

Subscribed and sworn to before me, a Notary Public, this 8th day of August, 1997.

Sam Orlich
Notary Public

My Commission expires:
4/15/98

County of Residence:
Lake

001419

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW

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3176

* ATTENTION ESTATE: 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

THIS CERTIFIES THE FOLLOWING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 454

CERTIFICATE OF DEATH

Jun 11, 1997 Frank J. Ormuda M.D.
Date Issued Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-15-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: DECEASED-NAME (PAUL CHASTELER), SEX (Male), TIME OF DEATH (8:30 P.), DATE OF DEATH (June 8, 1997), SOCIAL SECURITY NUMBER (306-10-0787), AGE (86), DATE OF BIRTH (July 11, 1910), BIRTHPLACE (Ladd, Illinois), FACILITY NAME (7619 Van Buren Avenue), CITY/TOWN/LOCATION OF DEATH (Hammond), COUNTY OF DEATH (Lake), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Nancy Mattoon), DECEASED'S USUAL OCCUPATION (Stillman Operator), KIND OF BUSINESS/INDUSTRY (Amoco Oil), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Hammond), STREET AND NUMBER (7619 Van Buren Avenue), ZIP CODE (46324), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (White), DECEASED'S EDUCATION (12th), FATHER'S NAME (Henri August Chasteler), MOTHER'S NAME (Victorine Benefice), INFORMANT'S NAME (Nancy Chasteler), MAILING ADDRESS (7619 VanBuren Ave., Hammond, Indiana 46324), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (June 12, 1997, Elmwood Cemetery), LOCATION (Hammond, Indiana), EMBALMER'S NAME (Dean G. Wagner), EMBALMER'S LICENSE NO. (8800057), WAS DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR (John A. Bruyini), LICENSE NUMBER (1007231), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Solon Funeral Home FH83002893, 7109 Calumet Ave., Hammond, In. 46324), IMMEDIATE CAUSE OF DEATH (Sudden cardiac death syndrome, Anteroseptal Heart Disease), PART II. Other significant conditions, 31. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (No), 32a. WAS AN AUTOPSY PERFORMED? (No), 32b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 32c. CERTIFIER (James B. Walsh, M.D.), SIGNATURE AND TITLE OF CERTIFIER (James B. Walsh, M.D.), MEDICAL LICENSE NO. (01027487), DATE SIGNED (6/10/97), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (James B. Walsh, M.D., 5500 Hohman Avenue, Suite 1D, Hammond, Indiana 931-7400), HEALTH OFFICER'S SIGNATURE (Frank J. Ormuda, M.D.), DATE FILED (June 10, 1997), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?