

F27926

Property Address:

737 OSage Drive
Dyer, In 46311

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

Lenore M. Warne, Affiant, states that:

1. Lenore T. Francisco, deceased, died on the 7 day of JULY, 1998;

2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executrix 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 day of 19, 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.

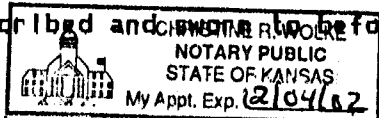
4/1/99 Date

Lenore M Warne Signature of Affiant

Lenore M. Franciso n/k/a Lenore M. Warne
Lenore M. Warne Printed Name of Affiant

Kansas IN Sedgewick IN State of Indiana, County of Lake

Subscribed and sworn to before me, this 1 day of April, 1999



Christine R Walke Printed Name of Notary

Christine R Walke Signature of Notary

My Commission expires: Dec. 04, 2002

My County of Residence is: Sedg.

99030356

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 APR - 9 11:10:00
MORRIS W. SARTI
RECORDER
APR 09 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

000661 200
TA

98-011941

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics

CERTIFICATE OF DEATH

1. DECEDENT'S NAME Lenore Therese Francisco				2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) July 07, 1998
4. SOCIAL SECURITY NUMBER 352-09-1456		5a. AGE—Last Birthday (Yrs.) 79	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) October 28, 1918
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) Life Care Center of Wichita		9b. CITY, TOWN, OR LOCATION OF DEATH Wichita		9c. COUNTY OF DEATH Sedgwick	
10. MARRIAGE STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> 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.) Homemaker	
12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) Own Home		13a. RESIDENCE—STATE Kansas		13b. COUNTY Sedgwick	
13c. CITY, TOWN, OR LOCATION AND ZIP CODE Wichita, 67204		13d. STREET AND NUMBER 1626 W. 31st North		13e. RURAL CITY (LIMIT) <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) American		15. RACE—(Native American, Black, White, etc.) (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (13 or 14+)	
17. FATHER'S NAME FIRST MIDDLE LAST Michael Kelly		18. MOTHER'S NAME FIRST MIDDLE MAIDEN SURNAME Nora Connally		19. INFORMANT'S NAME (Type) Lenore Warne	
19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 1626 W. 31st North, Wichita, KS 67204		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Downing Crematory	
20c. LOCATION—City or Town, State Wichita, Ks		21a. FUNERAL SERVICE LICENSEE'S LICENSE NO. (Signature) W. Anthony...		21b. NAME OF EMBALMER & LICENSE NO. None Required,	
22. NAME AND ADDRESS OF FIRM The Broadway Mortuary Inc. 1147 So. Broadway at Lincoln, Wichita, KS, 67211					
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>David K. Lauer</i>			24a. On the basis of examination and/or investigation, pronounced dead at the time, date and place, and due to the cause(s) and manner as stated. APR 03 1998		
23b. DATE SIGNED (Mo., Day, Yr.) 7/13/98		23c. TIME OF DEATH 2115		24b. DATE SIGNED (Mo., Day, Yr.) PETER BENJAMIN	
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David K. Lauer MD.		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. PRONOUNCED DEAD (Hour) A.M. P.M.	
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) David Lauer, MD 8200 W. Central S-1, Wichita, KS 67212					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					Interval Between Onset and Death
a. Lung Carcinoma - unresectable DUE TO (OR AS A CONSEQUENCE OF):					1 year
b. Insulin Dependent Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF):					20 years
c. Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF):					2 years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
27a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" 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		30a. DATE OF INJURY (Mo., Day, Yr.)		30b. TIME OF INJURY A.M. P.M.	
30c. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED			
30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (Street and Number or Rural Route, City or Town, State) 000662			