

ESTATE AFFIDAVIT

RE: FA- 27794

Address: 8836 Woodward Av

Highland, IN 46322

Legal Description:

The South 65 feet of Lot 4, and the North 5 feet of Lot 5, in Block 6, in the Brantwood 2nd Addition to Highland, as per plat thereof recorded in Plat Book 21, Page 29, in the Office of the Recorder of Lake County, Indiana.

99030359

FILED FOR FIRST AMERICAN TITLE

Helen Vera Racich, Affiant, states that:

1. ATHEW J. RACICH, deceased, died on the 31 day of December, 1994;

2. Affiant is:  the surviving spouse of the deceased,  the Personal Representative/Executor-rix of the estate of the deceased;

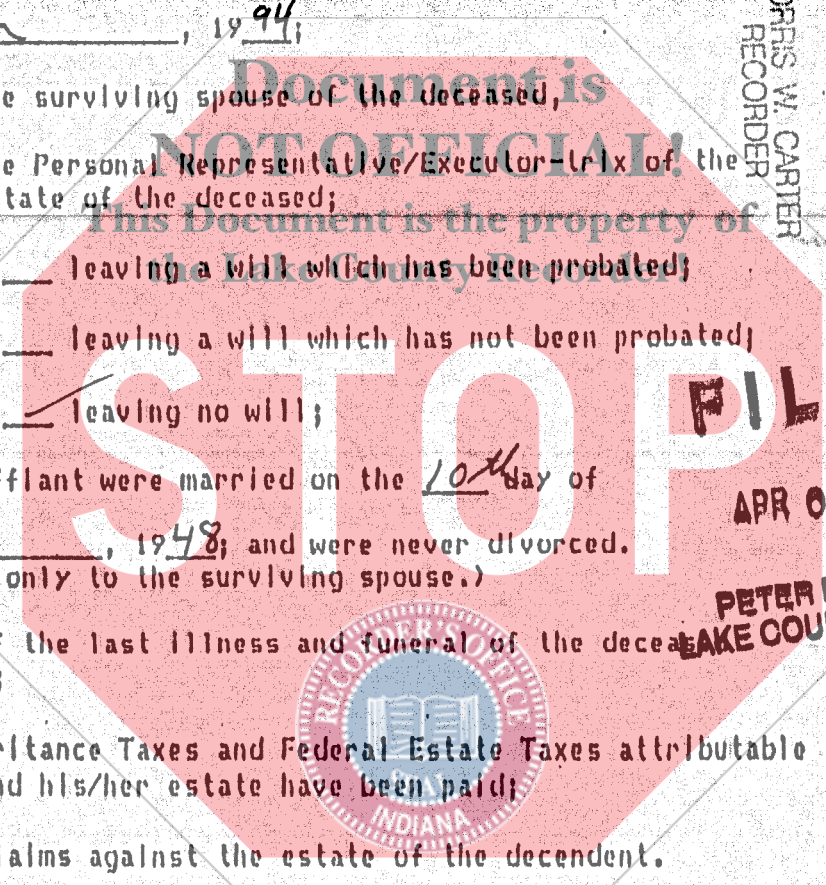
3. The deceased died:  leaving a will which has been probated;  leaving a will which has not been probated;  leaving no will;

4. The deceased and Affiant were married on the 10th day of January, 1948; 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.



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MORRIS W. CARTER  
RECORDER  
99 APR -9 AM 10:16  
APR 09 1999  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

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

4-2-99  
Date

Helen Vera Racich  
Signature of Affiant

HELEN VERA RACICH  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 2nd day of April, 1999

[Signature]  
Printed Name of Notary

[Signature]  
Signature of Notary  
CORINA CASTEL RAMOS  
NOTARY PUBLIC STATE OF INDIANA  
Resident of Porter County  
My Commission Expires May 16, 2001

My Commission expires:  
My County of Residence is:  
Prepared By:

000664 1200 FA on



\*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

CERTIFICATE OF DEATH

Local No. 3422-94

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) Matthew J. Racich		2. SEX Male	3a. TIME OF DEATH 1:45P	3b. DATE OF DEATH (Month, Day, Yr) December 31, 1994
4. SOCIAL SECURITY NUMBER 317-14-8708	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) September 20, 1922
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEASED A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	8c. 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	

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) Munster Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen Nicksic	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) School Teacher	12b. KIND OF BUSINESS/INDUSTRY School Teacher E.

13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 8836 Woodward Avenue
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		

PARENTS

18. FATHER'S NAME (First, Middle, Last) Jacob Racich	19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary (unavailable)
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Helen Racich	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8836 Woodward Avenue, Highland, IN	20c. Relationship Wife
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DISPOSITION

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) January 4, 1995 St. John Cemetery	21c. LOCATION—City or Town, State Hammond, Indiana
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22a. EMBALMER'S NAME James Porras	22b. EMBALMER'S LICENSE NO. 1045964	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>	24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Homes #3004968 8415 Calumet Avenue Munster, Indiana

CAUSE OF DEATH

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. <i>Cerebrovascular Accident</i>	Approximate Interval Between Onset and Death
a. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)	
b. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF)	
c. DUE TO (OR AS A CONSEQUENCE OF)	
d. DUE TO (OR AS A CONSEQUENCE OF)	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.	27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) NO	28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
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CERTIFIER

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>Prakash Makam</i>	29c. MEDICAL LICENSE NO. 01031764	29d. DATE SIGNED (Month, Day, Year) January 3, 1995
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Prakash Makam M.D., 9122 Columbia Avenue, Suite B, Munster, Indiana	
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>	32. DATE FILED (Month, Day, Year) January 5, 1995

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 A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 12 1999
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. 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. 000665 <i>Alexander S. Williams M.D.</i> LAKE COUNTY HEALTH COMMISSIONER
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