



COMMUNITY TITLE COMPANY

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

FILED

AFFIDAVIT

OCT 25 1999

STATE OF INDIANA)
) SS:
COUNTY OF ~~LAKE~~)

PETER BENJAMIN
LAKE COUNTY AUDITOR

VIRGIL COLLE, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, DENISE COLLE died (without leaving a will) on JULY 7 1999 at PORTER MEMORIAL HOSPITAL, VALPARAISO IN

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE ATTACHED LEGAL DESCRIPTION

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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) her 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.

COMMUNITY TITLE COMPANY
FILE NO L 18222 m

x Virgil Colle
VIRGIL COLLE

Subscribed and sworn to before me, a Notary Public, this 11th day of October, 1999.

Betty R. Willmot
Notary Public
BETTY R. WILLMOT

My Commission expires:
10-15-99

County of Residence:
Hamilton

This Instrument prepared by VIRGIL COLLE

001645
Corno
#1111
KH-
SW

Example on reverse side and Embossed with Raised Seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

155 Indiana Ave. Suite 104 Valparaiso, IN 46383

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

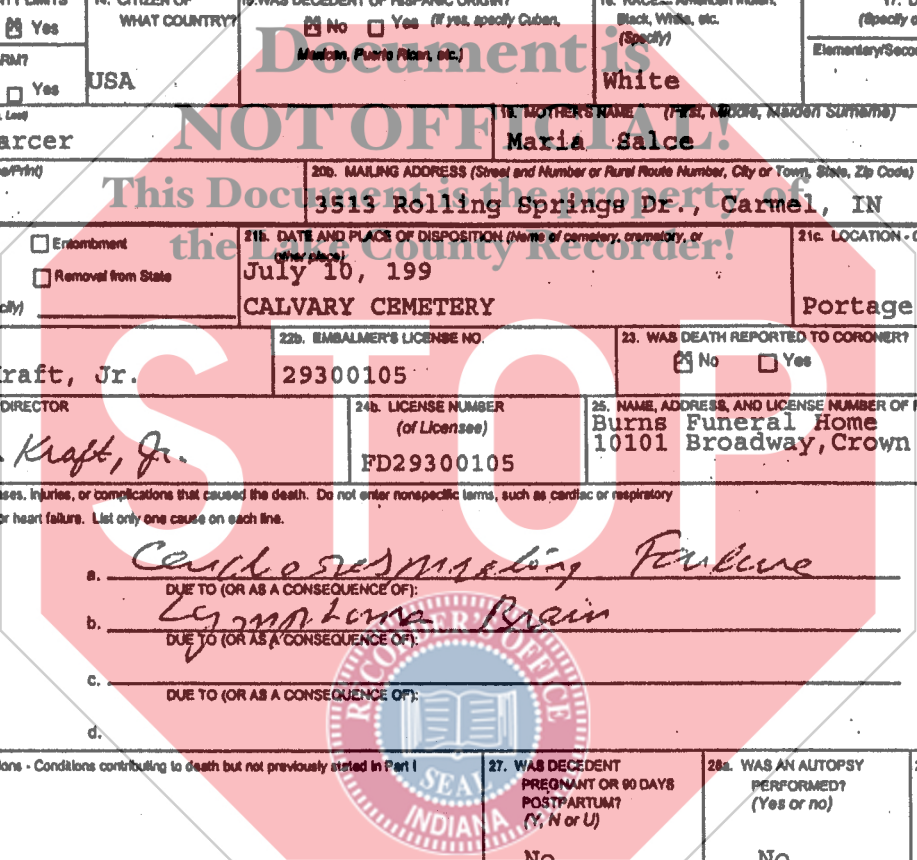
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Denise C Colle		2. SEX Female		3a. TIME OF DEATH 11:30 AM		3b. DATE OF DEATH (Month, Day, Yr.) July 7, 1999	
4. SOCIAL SECURITY NUMBER 310-36-5621		5a. AGE - Last Birthday (Years) 73		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		7. BIRTHPLACE (City and State or Foreign Country) Italy			
8a. FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital				8b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		8c. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Virgil Colle		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Shop Owner		12b. KIND OF BUSINESS/INDUSTRY Dress Shop	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Porter		13c. CITY, TOWN OR LOCATION VALPARAISO		13d. STREET AND NUMBER 251 N. Sturdy Rd.	
14. ZIP CODE 46383		15. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		16. CITIZEN OF WHAT COUNTRY? USA		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12): 12 College (1-4 or 6+): 4	
18. FATHER'S NAME (First, Middle, Last) Aristotle Marcer				19. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Salce			
20a. INFORMANT'S NAME (Type/Print) Norm Colle				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3513 Rolling Springs Dr., Carmel, IN		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) July 10, 1999 CALVARY CEMETERY		21c. LOCATION - City or Town, State Portage, Indiana	
22a. EMBALMER'S NAME Russell A. Kraft, Jr.				22b. EMBALMER'S LICENSE NO. 29300105		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Russell A. Kraft, Jr.</i>				24b. LICENSE NUMBER (of Licensee) FD29300105		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home 10101 Broadway, Crown Point, Indiana FH83002445 46307-8801	
26. PART I Enter the diseases, 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) a. Cardiorespiratory Failure b. Myocardial Infarction c. Brain d.						Approximate Interval Between Onset and Death 17 months year	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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)	
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>[Signature]</i>				29c. MEDICAL LICENSE NO. 01036781		29d. DATE SIGNED (Month, Day, Year) 7-9-99	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28f) (Type/Print) DR. SURIA NALLARI 1101 E. GLENDALE BLVD., VALPARAISO, IN 46383							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) July 9, 1999	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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) July 7, 1999				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			



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CONDOMINIUM UNIT NO. 102 IN BUILDING B, WINDIMERE ARMS
HORIZONTAL PROPERTY REGIME, RECORDED JULY 24, 1986 AS DOCUMENT
NOS. 865923 AND 865924, AS AMENDED BY FIRST AMENDMENT RECORDED
NOVEMBER 14, 1986 AS DOCUMENT NO. 885998, AS AMENDED BY SECOND
AMENDMENT RECORDED JANUARY 20, 1987 AS DOCUMENT NO. 897599, AS
AMENDED BY THIRD AMENDMENT RECORDED APRIL 7, 1987 AS DOCUMENT
NO. 910710, AS AMENDED BY FOURTH AMENDMENT RECORDED OCTOBER 5,
1990 AS DOCUMENT NO. 127444, IN THE OFFICE OF THE RECORDER OF
LAKE COUNTY, INDIANA, TOGETHER WITH THE UNDIVIDED INTEREST IN
THE COMMON AREAS APPERTAINING THERETO.

STOP

