

2000 005376

2000 JAN 26 AM 9:01

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anastasia Polite, being first duly sworn upon oath, deposes and says:

1. That Nicholas L. Polite died on June 16, 1996 at Indianapolis, Indiana.

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

Lots 41, 42 and 43 in Block 36 in Unit 10 of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 16 page 35, in the Office of the Recorder of Lake County, Indiana.

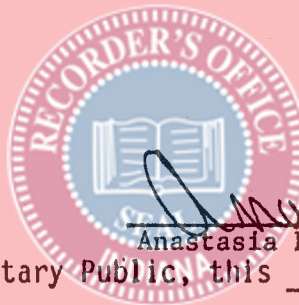
Key No. 36-416-40.

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.



Subscribed and sworn to before me, a Notary Public, this 21st day of January, 2000 1/19/00.

Shannon Stienen
Shannon Stienen Notary Public

FILED

My Commission expires:

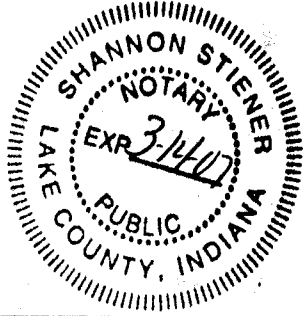
3-14-07

County of Residence:

Lake

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

This Instrument prepared by Anastasia Polite



01455

YES		1957		<input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) IUMC 550 UNIVERSITY BLVD			9c. CITY, TOWN OR LOCATION OF DEATH INDPLS Indianapolis		9d. COUNTY OF DEATH MARION
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Anastasia Tsoutsouris		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Physician	
12b. KIND OF BUSINESS/INDUSTRY Medical		13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	
13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 1720 Alta Vista			
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. WAS DECEDENT 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12			College (1-4 or 5+) 5+		
18. FATHER'S NAME (First, Middle, Last) Louis Poletis			19. MOTHER'S NAME (First, Middle, Maiden Surname) Andromachi Fatouros		
20a. INFORMANT'S NAME (Type/Print) Anastasia Polite			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1720 Alta Vista, Munster, IN 46321		20c. Relationship Wife
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) June 20, 1996 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMERS NAME David A. Hall		22b. EMBALMER'S LICENSE NO. FDO1014480		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David A. Hall</i>		24b. LICENSE NUMBER (of Licensee) FDO1014480		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 3002869 7051 Kennedy Av., Hammond, IN 46323	
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. <i>Asphyxiation cephalopata</i> 1 day					
b. <i>Hypotension</i> 1 day					
c. <i>Retroperitoneal Bleed</i> 1 day					
d. <i>CVA</i> 1 week					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>HTN</i>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <i>No</i>					
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <i>No</i>					
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>Richard Bowles</i>			29c. MEDICAL LICENSE NO. 11006891		29d. DATE SIGNED (Month, Day, Year) June 16, 1996
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RACHAEL BOWLES, M.D. 550 UNIVERSITY BLVD, INDPLS, IN 46202					
31. HEALTH OFFICER'S SIGNATURE <i>Virginia A. Caine, M.D.</i>				32. DATE FILED (Month, Day, Year) JUN 21 1996	
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 01456	
		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.			

SDH06 004 State Form 10110 (R4/3-93) Don't lose it!

25x10

3

NOT VALID UNLESS MACHINE NUMBERED AND DESIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

