

COMMONWEALTH OF MASSACHUSETTS)

COUNTY OF SUFFOLK)

2000 032839

AFFIDAVIT

FILED

MAY 12 2000

2000 MAY 15 11 9 14

PETER BENJAMIN
LAKE COUNTY AUDITOR

MORRIS W. ...
RECORDER

Irene A. Rugina, being duly sworn, states:

1. She is also known as Irene Rugina. She is the daughter of Romul Pantea and Pearl Pantea and is the sister of Romy Pantea, Sr.

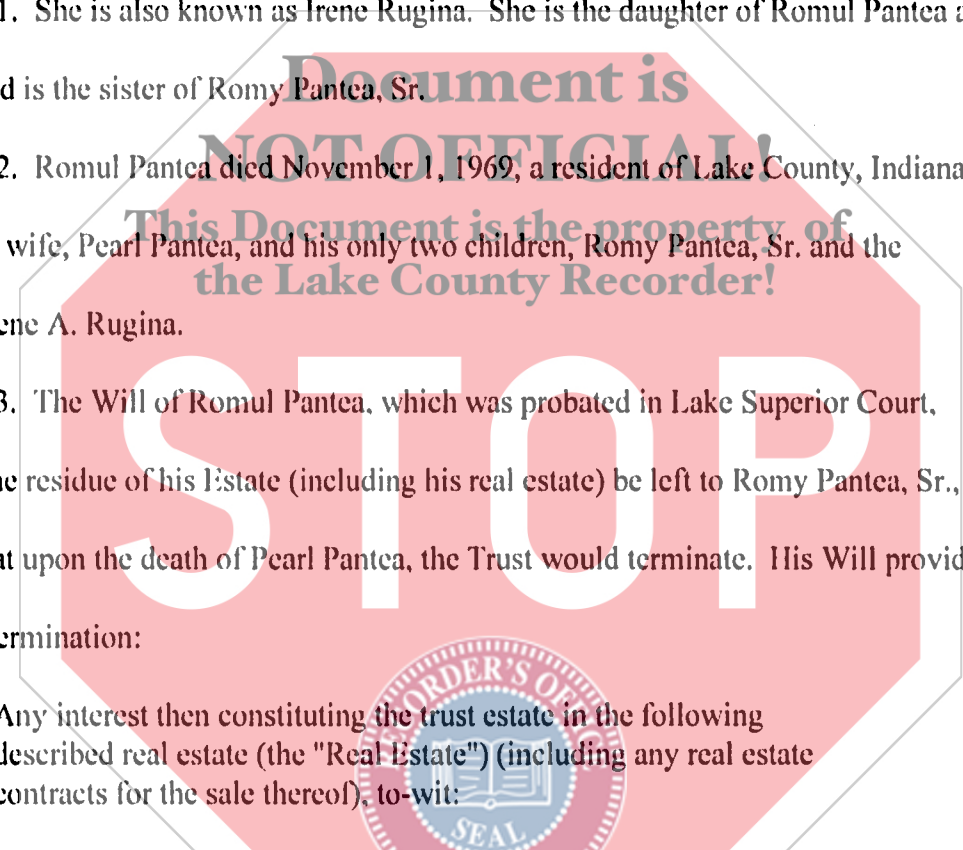
2. Romul Pantea died November 1, 1969, a resident of Lake County, Indiana, survived by his wife, Pearl Pantea, and his only two children, Romy Pantea, Sr. and the undersigned, Irene A. Rugina.

3. The Will of Romul Pantea, which was probated in Lake Superior Court, provided that the residue of his Estate (including his real estate) be left to Romy Pantea, Sr., as Trustee, and that upon the death of Pearl Pantea, the Trust would terminate. His Will provided in part that upon termination:

Any interest then constituting the trust estate in the following described real estate (the "Real Estate") (including any real estate contracts for the sale thereof), to-wit:

Lots Numbered Four (4), Five (5) and Six (6), in Block No. One Hundred (100) as marked and laid down on the recorded plat of Gary Land Company's First Subdivision, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 6, Page 15, in the Recorder's Office of Lake, Indiana, more commonly known as 520 W. Fifth Avenue, Gary, Indiana:

shall be distributed to Anghel Rugina and Irene Rugina, husband and wife, as tenants by the entireties, provided they are both then living, but if Anghel Rugina is not then living, then absolutely to Irene Rugina provided she is then living, but if Irene Rugina should not be then living (regardless of whether Anghel Rugina



CC
16. E.P.
TL

01416

should then be living), then to the lineal descendants of the said Irene Rugina then living, per stirpes.

4. Pearl Pantea died February 20, 1994, a resident of Suffolk County, Massachusetts. On February 8, 1991, Pearl Pantea deeded her interest in the above-described Real Estate to Irene Rugina.

5. Romy Pantea, Sr., Trustee under the Will of Romul Pantea, deceased, died in January, 1989. At that time, a major portion of the assets of the Trust under the Will of Romul Pantea, except for the above-described Real Estate, had been expended for the maintenance and support of Pearl Pantea.

6. Following the death of Romy Pantea, Sr. in 1989, the undersigned, Irene Rugina, assumed the possession and management of the Real Estate, and since 1989, has collected the rents, paid the taxes, kept the property insured and otherwise operated and maintained the Real Estate. Since the death of Pearl Pantea in 1994, the undersigned has received all of the income from the Real Estate, has reported such income on her tax returns and except for payment of real estate taxes by the tenant of the Real Estate, has paid the taxes thereon.

7. Through inadvertence, upon the death of Romy Pantea, Sr., no successor Trustee was appointed to manage the Romul Pantea Testamentary Trust because the only remaining asset at the death of Romy Pantea, Sr., was the Real Estate, which was then managed by Irene Rugina. Upon the death of Pearl Pantea, Irene Rugina assumed that title to all of the Real Estate had vested in her pursuant to the terms of the Will of Romul Pantea and that no conveyance was required to give her full and complete title to the Real Estate. Since the death of

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 434-89

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF
DEATH

SEE
INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORNER OR
MEDICAL
EXAMINER USE
ONLY

1 DECEASED—NAME FIRST MIDDLE LAST ROMY PANTEA Sr.		2 SEX Male	3 DATE OF DEATH—(Mo Day Yr) January 5, 1989
4 SOCIAL SECURITY NUMBER 312-18-7164	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month Day Year) 3/10/1922		7 BIRTH PLACE (City and State or Foreign Country) Gary, Indiana	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a PLACE OF DEATH (Check only one—See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b FACILITY NAME (If not institution give street and number) St. Mary's Medical Center Hobart		9c CITY TOWN OR LOCATION OF DEATH Hobart	9d COUNTY OF DEATH Lake
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) 0	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Engineer	12b KIND OF BUSINESS/INDUSTRY Inland Steel
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Hobart	13d STREET AND NUMBER 704 W. 40th
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46342	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify White
15 RACE—American Indian Black White etc. (Specify)		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) College (1-4 or 5 +) 12th 4	
17 FATHER'S NAME (First Middle Last) Romul Pantea		18 MOTHER'S NAME (First Middle Maiden Surname) Pearl N/A	
19a INFORMANT'S NAME (Type/Print) Janet Gasparovic		19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 6738 Kansas Avenue, Hammond, IN 46320	19c Relationship Daughter
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) January 9, 1989 Calumet Park Cemetery	
20c LOCATION—City or Town State Merrillville, Indiana		21a SIGNATURE OF FUNERAL DIRECTOR Robert Wiatrolak	
21b LICENSE NUMBER (of Licensee) FDE1001293		22 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Stilivovich & Wiatrolak Funeral Home 7535 Taft St. Merr. IN 46410FH3004455	
23a To the best of my knowledge death occurred at the time, date and place stated Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month Day Year)
24 TIME OF DEATH 6:40p	25 DATE PRONOUNCED DEAD (Month Day Year) January 5, 1989	26 WAS CASE REFERRED TO MEDICAL EXAMINER, CORNER? (Yes or no) Yes	
27 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. ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE		Approximate Interval Between Onset and Death UNKNOWN	
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		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Blood Ethanol Level .19%		28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and cause of death) To the best of my knowledge death occurred PETER BENJAMIN		LAKE COUNTY HEALTH COMMISSIONER	
<input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician pronouncing death and certifying cause of death) To the best of my knowledge death occurred at the time, date and place and due to the cause(s) and manner as stated		LAKE COUNTY AUDITOR	
<input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <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) and manner as stated			
29b SIGNATURE AND TITLE OF CERTIFIER Daniel D. Thomas		29c LICENSE NUMBER 16120	29d DATE SIGNED (Month Day Year) MARCH 6, 1989
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) DR. Daniel Thomas 2293 N. Main Street Crown Point, IN 46307			
31 HEALTH OFFICER'S SIGNATURE Charles Johnson		32 DATE FILED (Month Day Year) MAR 7, 89	
33 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	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED 01117	
34f LOCATION (Street or Highway Number, Rural Route Number, City or Town State)			