

TICOR TITLE INSURANCE

2000 044181

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Rosa Perez, being first duly sworn upon oath, deposes and says:

1. That David Perez, Sr. died on Nov. 23, 1996 at (7-30) E. Chicago, IN.

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

The South 1.5 feet of Lot 8, Lot 9 and the North 13.5 feet of Lot 10 in Block 27, in Calumet Addition to East Chicago, as per plat thereof, recorded in Plat Book 8 page 32, in the Office of the Recorder of Lake County, Indiana.

Key # 30-219-9

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) ~~death~~ death.

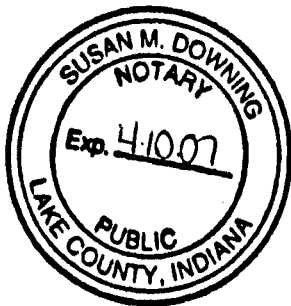
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED
2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Rosa Perez
Rosa Perez

Subscribed and sworn to before me, a Notary Public, this 19th day of June, ~~XX~~ 2000.



Susan M. Downing
Susan M. Downing Notary Public

My Commission expires:

4/10/07

County of Residence:

Lake

This Instrument prepared by Rosa Perez

1809

11-02
jm
7i

TICOR TITLE INSURANCE
Crown Point, Indiana

40 92-2216

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 307

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

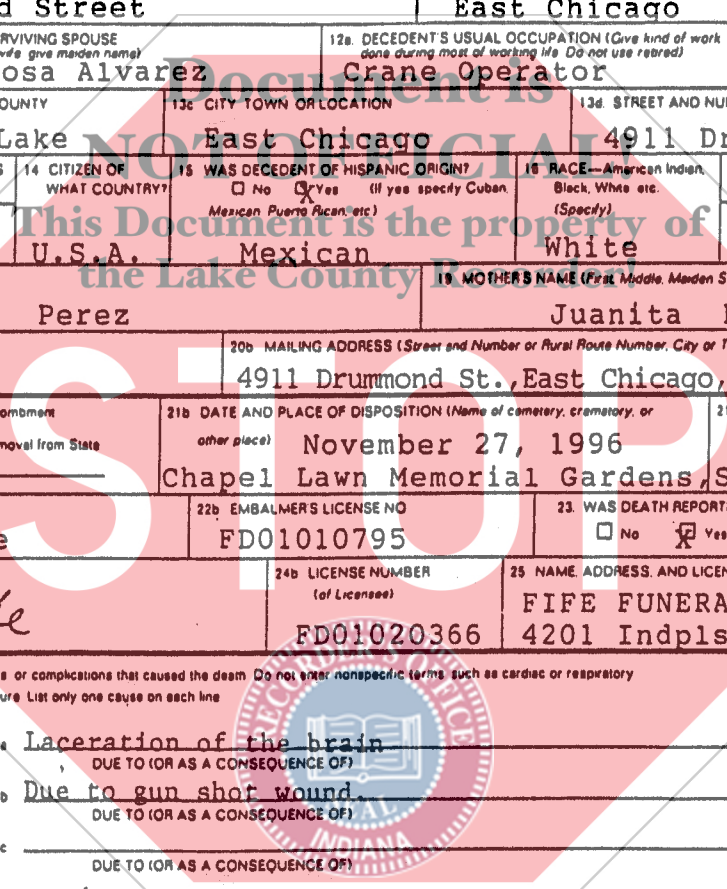
DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle Last) David Perez, Sr.		2 SEX Male	3a TIME OF DEATH 7: 06P M	3b DATE OF DEATH (Month Day, Yr) November 23, 1996	
4 *SOCIAL SECURITY NUMBER 547-84-9319	5a AGE—Last Birthday (Years) 49	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) May 27, 1947	
7 BIRTHPLACE (City and State or Foreign Country) Mexico	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? -		9a PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 4911 Drummond Street		9c CITY, TOWN OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Rosa Alvarez	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Crane Operator		12b KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 4911 Drummond Street		
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican Puerto Rican, etc.) Mexican	16 RACE—American Indian, Black, White etc. (Specify) White	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) -			
18 FATHER'S NAME (First Middle Last) Ignacio Perez		19 MOTHER'S NAME (First Middle Maiden Surname) Juanita Ramos			
20a INFORMANT'S NAME (Type/Print) Rosa Perez		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4911 Drummond St., East Chicago, IND 46312		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) November 27, 1996 Chapel Lawn Memorial Gardens, Schererville, Indiana		21c LOCATION—City or Town State	
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO. FD01010795	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>John B. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E.Chgo, IND		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Laceration of the brain unknown			
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last		b Due to gun shot wound.			
c		c			
d		d			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
29a CERTIFIER (Check only one) <input 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 checked="" 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. Deputy 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. N/A	29d DATE SIGNED (Month, Day, Year) November 26, 1996	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) 11-26-96	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Nov 23 96	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Self inflicted gun shot wound.
		34e PLACE OF INJURY—At home farm street factory, office building, etc. (Specify) Home - bedroom		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 4911 Drummond East Chicago Indiana 46312	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



H/O
 Lopez
 92-2216