TICOR TITLE INSURANCE

200[illegible]

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Beverly R. Probasco, being first duly sworn upon oath, deposes and says:

1. That Ronald L. Probasco died on January 26, 19 96 at Valparaiso, Indiana.

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

The South 1/2 of Lot 3 and Lot 4, except the South 10 feet thereof, in Block 7, in Allen-Earle Wood-Dale Addition to Hobart, as per plat thereof, recorded in Plat Book 21 page 45, in the Office of the Recorder of Lake County, Indiana.

Key No. 17-45-3.

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 [illegible] payment of Federal Estate Tax.

Further affiant sayeth not.

FILED
JUN 22 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Beverly R. Probasco

Subscribed and sworn to before me, a Notary Public, this 22nd day of June, 2000, 19[illegible].

Jacalyn L. Smith Notary Public

JACALYN L. SMITH NOTARY PUBLIC 12/08/2007 LAKE COUNTY, INDIANA

My Commission expires:

12-8-07

County of Residence:

Lake

This Instrument prepared by Beverly R. Probasco

02264

11.00 S.F. 71

Ticor-Hobart 920002792 Probasco

This Document Not Valid Unless Stamped on Reverse Side and Embossed With Raised Seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

Porter County Health Department
1401 Calumet Avenue
Valparaiso, Indiana 46383

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last): RONALD L. PROBASCO
2. SEX: Male
3a. TIME OF DEATH: 1:54PM
3b. DATE OF DEATH (Month Day Yr): January 26, 1996
4. SOCIAL SECURITY NUMBER: 333-34-0086
5a. AGE - Last Birthday (Years): 54
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo Day Yr): Apr 24, 1941
7. BIRTHPLACE (City and State or Foreign Country): JACKSONVILLE, IL
8a. WAS DECEDENT A U S VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): VNA MARY BARTZ HOSPICE CENTER
9c. CITY TOWN OR LOCATION OF DEATH: Valparaiso
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): BEVERLY WITHAM
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): RECOIL OPERATOR
12b. KIND OF BUSINESS INDUSTRY: STEEL
13a. RESIDENCE - STATE: IN
13b. COUNTY: Lake
13c. CITY TOWN OR LOCATION: Hobart
13d. STREET AND NUMBER: 512 S. LIBERTY PLACE
13e. ZIP CODE: 46342
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): 10; College (1-4 or 5+): -

PARENTS

18. FATHER'S NAME (First, Middle, Last): GLENN PROBASCO
19. MOTHER'S NAME (First, Middle, Maiden Surname): MARY ANGELO

INFORMANT

20a. INFORMANT'S NAME (Type/Print): BEVERLY PROBASCO
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 512 S. LIBERTY PLACE, Hobart, IN 46342
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Jan 29, 1996 GRACELAND CEMETERY
21c. LOCATION - City or Town State: Valparaiso, IN
22a. EMBALMER'S NAME: JAMES J. KRAUSE
22b. EMBALMER'S LICENSE NO.: FDO1006463
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James J. Krause
24b. LICENSE NUMBER (of Licensee): FDO1006463
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

CAUSE OF DEATH

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. METASTATIC CARCINOMA WITH UNKNOWN PRIMARY — Approximate Interval Between Onset and Death: 1 MONTH
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
Conditions if any which gave rise to the immediate cause stating the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF)
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): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] MD
29c. MEDICAL LICENSE NO: 01030837
29d. DATE SIGNED (Month Day Year): 01.29.96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): ANNESLEY ABEY MD, 6040 LUTE ROAD, PORTAGE, IN 46368

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month Day Year): January 31, 1996

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc

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