

2
FA# _____

LEGAL DESCRIPTION:

THE WEST 46.50 FEET BY PARALLEL LINES OF LOT 21 IN DEERPATH ESTATES PHASE 3 TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 72, PAGE 70, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
PROPERTY ADDRESS: 411 West Deerpath Drive
Scherverville IN 46375



First American Title Insurance Company

ESTATE AFFIDAVIT

Eleanor A Widlowski, Affiant, states that:

1. Richard J Widlowski Sr, deceased, died on the 1st day of April, ~~19~~ 2000

2. Affiant is: the surviving spouse of the deceased,

the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: leaving a will which has been probated;

leaving a will which has not been probated;

leaving no will;

4. The deceased and Affiant were married on the 30 day of

September, 19 61; and were never divorced.

(This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

7/17/00
Date

Eleanor Widlowski
Signature of Affiant

Eleanor A Widlowski
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 17th day of July, 19 2000

Patricia L. Czarnecki
Printed Name of Notary

Patricia L. Czarnecki
Signature of Notary

My Commission expires: 10/05/01

My County of Residence is: PORTER

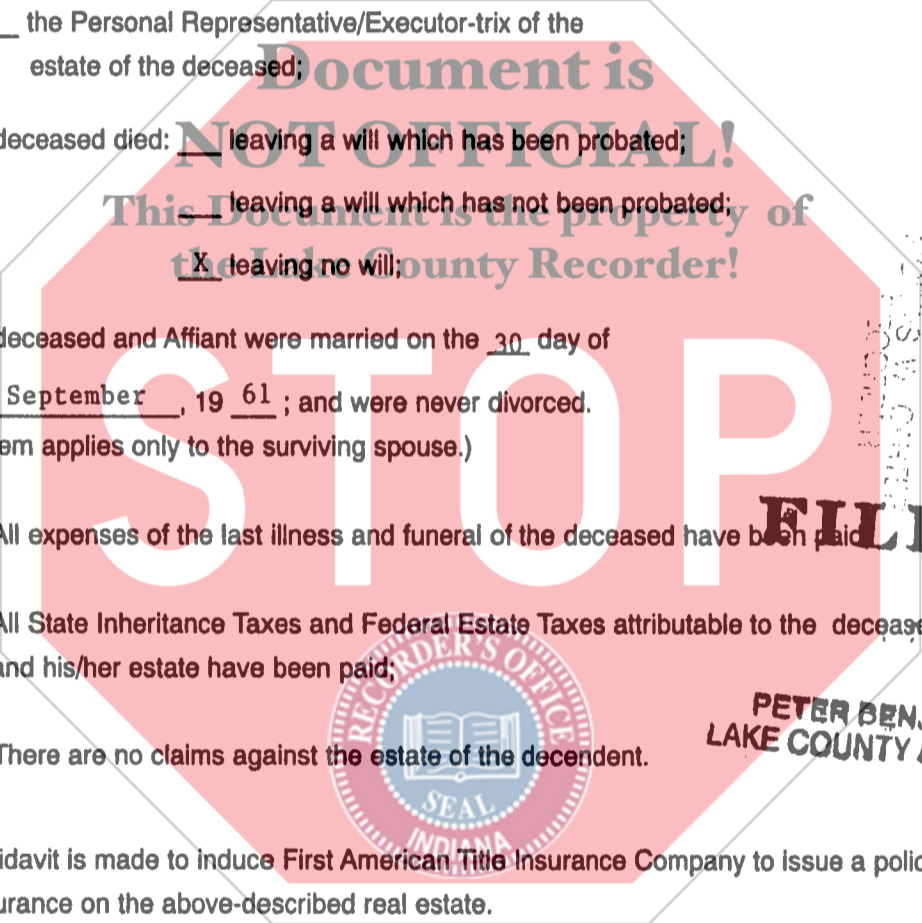
THIS INSTRUMENT WAS PREPARED BY: Eleanor A Widlowski

HOLD FOR FIRST AMERICAN TITLE

2000 050008

2000 JUL 17 AM 10:00

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING



1200
87
E17

* 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. 813-00

264758
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Richard J. Widlowski Sr.		2 SEX Male	3a TIME OF DEATH 11:54A_M	3b DATE OF DEATH (Month Day Yr) April 1, 2000	
4 *SOCIAL SECURITY NUMBER 333-32-9173	5a AGE—Last Birthday (Years) 59	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Dec.27, 1940	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a WAS DECEDENT A US VETERAN? Yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1957	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a FACILITY NAME (If not institution give street and number) St. Margaret Mercy South Campus	9b CITY TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Eleanor Mison	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) LT. Plant Security	12b KIND OF BUSINESS/INDUSTRY US Steel Southworks		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Schererville	13d STREET AND NUMBER 411 W. Deerpath Dr.		
13e ZIP CODE 46375	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? (If yes specify Cuban Mexican Puerto Rican etc) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian Black White etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2		17 College (1-4 or 5+)			
18 FATHER'S NAME (First Middle Last) Edward Widlowski		19 MOTHER'S NAME (First Middle Maiden Surname) Sally! Martha Bednarek			
20a INFORMANT'S NAME (Type/Print) Eleanor Widlowski		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code) 411 W. Deerpath Dr. Schererville, IN 46375	20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) April 5, 2000 Holy Cross Cemetery		21c LOCATION—City or Town State Calumet City, IL	
22a EMBALMER'S NAME James F. Betkowski		22b EMBALMER'S LICENSE NO FDO9200077	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b LICENSE NUMBER (of Licensee) FDO9200077	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD#19900052 11300 W. 97th Lane St. John, IN 46373		
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 Acute Myocardial infarction Approximate Interval Between Death Coronary atherosclerosis yes Conditions if any which give rise to the immediate cause stating the underlying cause last APR 04 2000					
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) <input checked="" type="checkbox"/> 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) 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) 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 FILED					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Ernest C. Mirich</i>		29c MEDICAL LICENSE NO IN 18811	29d DATE SIGNED (Month Day Year) 4/4/00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ERNEST C. MIRICH 9001 BROADWAY MERRILLVILLE IN					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32 DATE FILED (Month Day Year) APR 11 2000			
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)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc 0 921			