

2.

FA# F32255

LEGAL DESCRIPTION:

The West 36 feet of Lot 23 and the East 32 feet of Lot 24 in Block 2 in Cressmoor 1st Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 21, page 25, in the Office of the Recorder of Lake County, Indiana.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



First American Title
Insurance Company

PROPERTY ADDRESS:

831 West 38th Place, Hobart, IN 46342

ESTATE AFFIDAVIT

Edwin S. Stasny, Affiant, states that:

1. Lola F. Stasny, deceased, died on the 16th day of October, 1999;

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 4th day July 1946 of _____, 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 have been 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.

JUL 12 2000
Date

Edwin S. Stasny
Signature of Affiant

Edwin S. Stasny
Printed Name of Affiant

State of Indiana, County of Porter

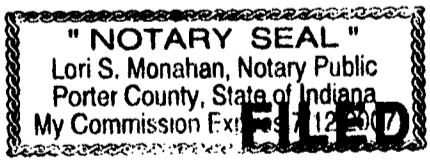
Subscribed and sworn to before me, this 12th day of July, 2000.

Lori S. Monahan
Printed Name of Notary

Lori S. Monahan
Signature of Notary

My Commission expires: 07/12/200

My County of Residence is: Porter



THIS INSTRUMENT WAS PREPARED BY: Edwin S. Stasny

JUL 19 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

F32255 lom

HOLD FOR FIRST AMERICAN TITLE

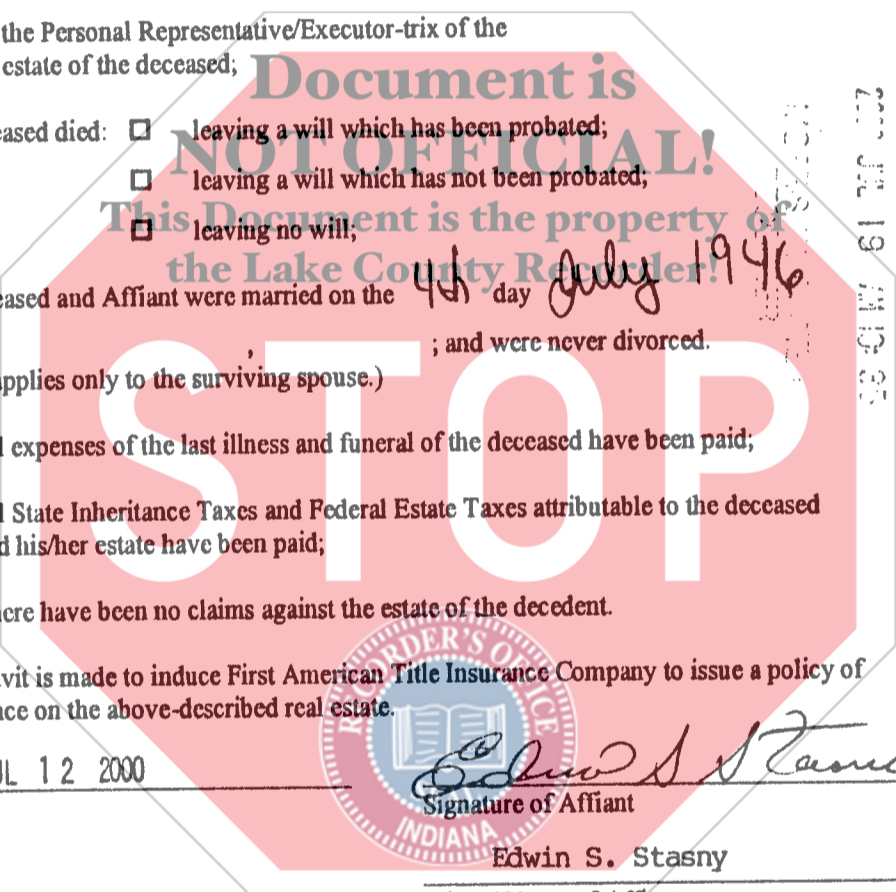
8:072

12:00 AM

2000 050828

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

JUL 19 11:10:35



5cc

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 3367-49

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) LOLA MAE STASNY		2. SEX Female		3a. TIME OF DEATH 6:14PM		3b. DATE OF DEATH (Month Day Yr) October 16, 1999	
4. SOCIAL SECURITY NUMBER 493-16-8731		5a. AGE - Last Birthday (Years) 89		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) March 9, 1910		7. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8c. PLACE OF DEATH (Check only one - See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 831 W 38th Place				9b. CITY TOWN OR LOCATION OF DEATH Hobart		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Edwin Stasny		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS INDUSTRY Home	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 831 W 38th Place	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) <input checked="" type="checkbox"/> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) John Flaherty			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl Bray		20a. INFORMANT'S NAME (Type/Print) Edwin Stasny		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 831 W 38th Place, Hobart, IN 46342		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) October 20, 1999 Calvary Crematory		21c. LOCATION - City or Town State Portage, Indiana			
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		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			
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. <u>Vascular collapse</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Due to arteriosclerotic heart and vascular disease</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last		Approximate Interval Between Onset and Death Unknown					
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)			
29a. CERTIFIER (Check only one) Deputy		<input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, 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 checked="" 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>Paul R. Castro</i>		29c. MONTH AND YEAR LICENSE NO. JUL 19 2000 N/A		29d. DATE SIGNED (Month Day Year) October 19, 1999			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Paul R. Castro, Deputy Coroner, 2900 West 93rd Point, Indiana 46307		31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32. DATE FILED (Month Day Year) October 19, 1999		33. HEALTH OFFICER'S TITLE LAKE COUNTY AUDITOR	
33. MANNER OF DEATH <input checked="" 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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town State)			
34g. DATE PRONOUNCED DEAD (Month Day, Year) October 16, 1999		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					