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TICOR TITLE INSURANCE  
STATE OF INDIANA  
FILED FOR RECORD

2000 053578 FIDAVIT 2000 JUL 31 AM 9:26

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

MORRIS W. CARTER  
RECORDER

920003449

Florence T Salai, being first duly sworn upon oath, deposes and says:

1. That Douglas E Salai died on 9-12, 1997 at Roseland.

2. That Douglas E Salai and Florence T Salai were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 29 in Spring Lake Estates Addition to Lake County, Indiana, as per plat thereof, recorded in plat book 44 page 114, in the Office of the Recorder of Lake County, Indiana.

Key# 1-137-29

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 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.



X Florence Salai

Subscribed and sworn to before me, a Notary Public, this 25<sup>th</sup> day of July, 2000.

Meredith L. Bulak  
Notary Public

My Commission expires:

9/23/2006

County of Residence:

Lake

This Instrument prepared by Florence T Salai

PETER BENJAMIN  
LAKE COUNTY AUDITOR

FILED

JUL 28 2000

Return: Peoples Bank

01754

TOTAL P.02

TI

12:00 AM

25x10

TICOR TITLE INSURANCE  
Crown Point, Indiana

AGENT  
IFICATE  
ORARY  
IFICATE

REGISTRATION  
DISTRICT NO. **16.10**  
REGISTERED  
NUMBER

*20-9-91*

STATE OF ILLINOIS

TICOR TITLE INSURANCE  
Crown Point, Indiana  
920003449

MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

**617290**

SEP 13 1991  
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

IN  
IT BAK  
W'S  
Factors  
for  
IONS

Relatives

Responsible

1. DECEASED-NAME FIRST MIDDLE LAST <b>DOUGLAS EUGENE SALAI</b>		SEX <b>2 MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 SEPT 13 1991</b>
4. COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (MM/DD) 5a. <b>37</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>MARCH 8, 1954</b>
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT BETHUR, GIVE STREET AND NUMBER) <b>ROSELAND</b>	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>PENNSYLVANIA</b>		8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>FLORENCE SOBINSKY</b>	
10. SOCIAL SECURITY NUMBER <b>199-46-5899</b>		9. US DISPOSED-EVER (YES/NO) <b>NO</b>	
11a. USUAL OCCUPATION <b>ENGINEER / PROJECT MANAGER</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
13a. RESIDENCE (STREET AND NUMBER) <b>12926 W. 151ST AVE.</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CEDAR LAKE</b>	
13c. STATE <b>INDIANA</b>		13d. ZIP CODE <b>46303</b>	
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>		14b. OF HISPANIC ORIGIN? (SPECIFY YES OR NO) <b>NO</b>	
15. FATHER-NAME FIRST MIDDLE LAST <b>RICHARD SALAI</b>		16. MOTHER-NAME FIRST MIDDLE LAST <b>LOLA BROUILLETTE</b>	
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>MRS. FLORENCE SALAI</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>12926 W. 151ST AVE. CEDAR LAKE, IN 46303</b>	
18. PART I. Enter the disease, 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. Immediate Cause (Final disease or condition resulting in death) (a) <b>Multiple injuries</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Tyrol Accident</b> DUE TO, OR AS A CONSEQUENCE OF PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
20a. NATURAL ACCIDENT, HOMICIDE, SUICIDE AND DETERMINED (SPECIFY) <b>Accident</b>		20b. DATE OF INJURY (MONTH, DAY, YEAR) <b>9-12-91</b>	
20c. INJURY AT WORK (YES/NO) <b>No</b>		20d. HOW INJURY OCCURRED (GIVEN NATURE OF INJURY MENTIONED IN PART I OR PART II, FURNISH) <b>Tyrol - fixed object</b>	
20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) <b>Street</b>		20f. LOCATION (CITY, VIL. OR TOWNSHIP OR TWP., CORRD. DIST. NO., COUNTY, STATE) <b>Chicago</b>	
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		21b. THE DECEDENT WAS PRONOUNCED DEAD ON <b>9-12-91</b>	
22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>Robert J. ...</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>9-12-91</b>	
23a. CORONER'S PHYSICIAN'S NAME (Type or Print) <b>Dr. Tae Lyong An, M.D.</b>		23b. DATE SIGNED (MONTH, DAY, YEAR) <b>9-12-91</b>	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		24b. CEMETERY OR CREMATORY-NAME <b>GREENRIDGE MEMORIAL PARK</b>	
25a. FUNERAL HOME <b>TEWS FUNERAL HOME, INC.</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Michael Schaberg</i>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Virginia L. Parker, M.P.A.</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>SEP 13 1991</b>	

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

25 X 10