

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 055288

2000 AUG -4 AM 9:20

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER

AFFIDAVIT

MARY LITERA, being first duly sworn upon her oath, states:

1. That she resides at 516 Riga Place in East Chicago, Lake County, Indiana.
2. That she is the surviving widow of Joseph Litera, who died a resident of East Chicago, Lake County, Indiana on August 27, 1999.
3. That she is the surviving and exclusive owner, as to an undivided one-half (1/2) interest, of the following parcel of real property, which is located at 514 Riga Place in East Chicago, Lake County, Indiana, and legally described as:

Lot 28, Block 10, Subdivision of Blocks, 3, 4, 9 and the North half of Block 10, in a subdivision of the west 1,317.5 feet of the northeast quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian (except the east 50 feet of the south 124 feet of said Block 9 and except the right of way of State Line and Indiana City Railway), in the City of East Chicago, as shown in Plat Book 5, Page 13, in lake County, Indiana. (Key No. 30-29-26) (Tax Unit No. 24)

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Joseph Litera.

Mary Litera

MARY LITERA

SUBSCRIBED and SWORN to before me, a Notary Public, this 1st day of August, 2000.

My Commission Expires: February 10, 2007
County of Residence : Lake

This Document Prepared By:

Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN

FILED

AUG 3 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00313

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH 1 HAMMOND HEALTH DEPARTMENT.

Local No. 677

CERTIFICATE OF DEATH

Date Issued August 30, 1999 Hammond Health Commissioner

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) Joseph Litera		2 SEX Male		3a TIME OF DEATH 1:35 p.m.		3b DATE OF DEATH (Month Day Yr) August 27, 1999	
4 *SOCIAL SECURITY NUMBER 306-03-2652		5a AGE—Last Birthday (Years) 83		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) Aug. 9, 1916		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a WAS DECEDENT A US VETERAN? No		8b YEAR LAST SERVED IN US ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) Hammond-Whiting Care Center			9c CITY TOWN OR LOCATION OF DEATH Hammond			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Mary Berkowicz		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 516 Riga Place	
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 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) 10 College (14 or 16+)		18 FATHER'S NAME (First Middle Last) Sam Litera			
19 MOTHER'S NAME (First Middle Maiden Surname) Victoria Rys		20a INFORMANT'S NAME (Type/Print) Mary Litera		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 516 Riga Place, East Chicago, IND 46312			20c Relationship Wife
21a METHOD OF DISPOSITION <input checked="" 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) August 31, 1999 St. John Cemetery			21c LOCATION—City or Town State Hammond, Indiana		
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO. FD01010795		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH8300151, 4201 Indpls. Blvd., East Chicago, IND			
26 PART I Enter the disease 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) Acute MI							months
DUE TO (OR AS A CONSEQUENCE OF)							hrs
CONDITIONS if any which gave rise to the immediate cause stating the underlying cause last							
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			
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) 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 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>Paula Benchik-Abrinko M.D.</i>		29c MEDICAL LICENSE NO. 01045436		29d DATE SIGNED (Month Day Year) August 30, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) Dr. Paula Benchik-Abrinko, M.D., - 1534 - 119th Street, Whiting, Indiana 46394							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. ... M.D.</i>						32 DATE FILED (Month Day Year) August 30, 1999	
33 MANNER OF DEATH <input 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) AUG 5 2000		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY—At home farm street building etc (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR		34e DESCRIBE HOW INJURY OCCURRED UN314					
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc					