


TICOR TITLE INSURANCE

2000 058709

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

John J. Connelly, being first duly sworn upon oath, deposes and says:

1. That Sara A. Connelly died September 8, 1993 at Merrillville, Indiana

2. That John J. Connelly and Sara A. Connelly were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

NOT OFFICIAL
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See Attached for Legal Description

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 (NYSY) (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 necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

John J. Connelly
John J. Connelly

Subscribed and sworn to before me, a Notary Public, this 11th day of August, 2000, /19//.

FILED

AUG 15 2000

Shannon Stienen
Shannon Stienen Notary Public

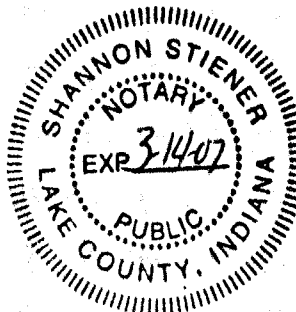
My Commission expires:

3-14-07

County of Residence:

Lake

This Instrument prepared by John J. Connelly

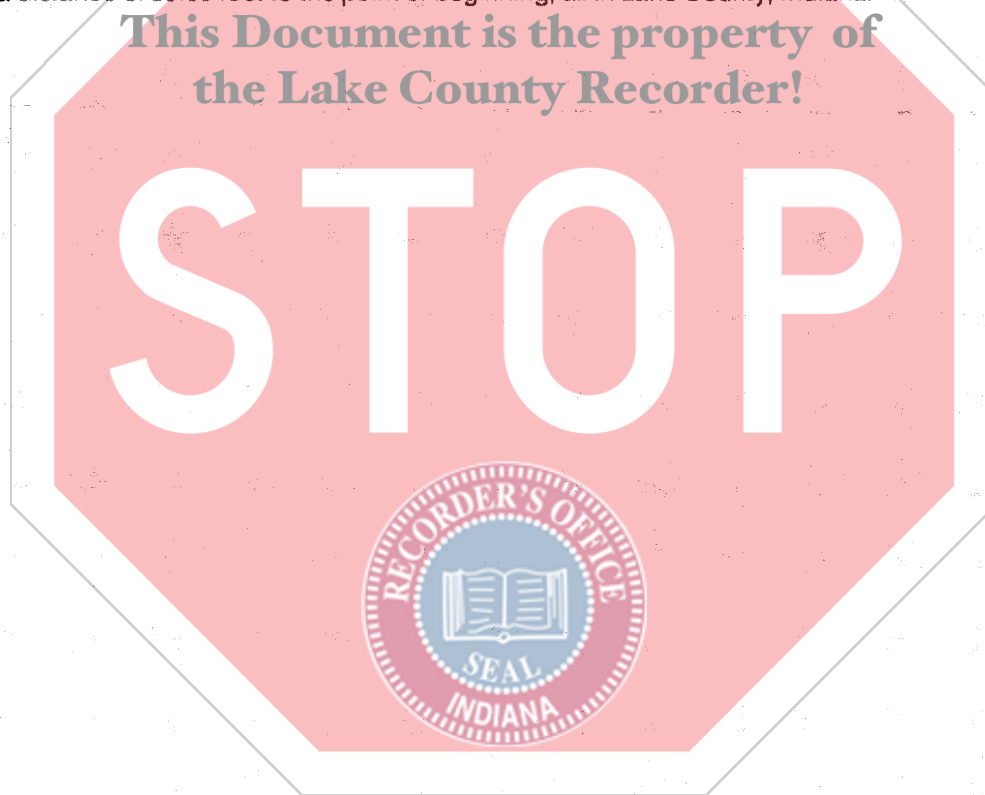


1400
AC

PARCEL I: Lot 14 in Part of Block 4 in Bon Aire Subdivision Unit No. Two, as per plat thereof, recorded in Plat Book 31 page 78, in the Office of the Recorder of Lake County, Indiana.

PARCEL II: Part of the Southwest 1/4 of Section 5, Township 35 North, Range 8 West of the 2nd Principal Meridian, described as follows:

Commencing at the Northwest corner of Lot 14 in Block 4 of Bon-Aire, Unit No. 2; thence North 89 degrees 57 minutes 30 seconds West, along the North line of said Lot 14, extended for a distance of 112.44 feet to the Westerly bank of a ditch; thence Southeasterly along the Westerly bank of said ditch, a distance of 126.69 feet, more or less, to a point on the South line of said Lot 14, extended; thence South 89 degrees 57 minutes 30 seconds East, 29.62 feet of the Southwest corner of said Lot 14; thence North 00 degrees 02 minutes 30 seconds East, along the West line of said Lot 14, for a distance of 95.00 feet to the point of beginning, all in Lake County, Indiana.



INDIANA STATE DEPARTMENT OF HEALTH

Local No. **2149-93**

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER
USE ONLY

1 DECEASED—NAME (First Middle Last) SARA A. CONNELLY		2 SEX Female	3a TIME OF DEATH 5:59 A M	3b DATE OF DEATH (Month, Day, Yr) September 8, 1993
4 SOCIAL SECURITY NUMBER 208-26-7566	5a AGE—Last Birthday (Years) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) October 12, 1932
7 BIRTHPLACE (City and State or Foreign Country) Marietta, Pennsylvania	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) 5830 Taney Place	9c CITY, TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake	10 MARITAL STATUS (Specify) Married	
11 SURVIVING SPOUSE (If wife, give maiden name) John Connelly	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 Own Home		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 5830 Taney Place	
13a ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) 12 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Paul Raber, Sr.		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Engle		20a INFORMANT'S NAME (Type/Print) John Connelly		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5830 Taney Pl., Merrillville, IN 46410		20c Relationship Husband		
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) September 11, 1993 Chapel Lawn Memorial Cemetery		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Charles W. Wells	22b EMBALMER'S LICENSE NO. 1042372	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas D. Owsen</i>	24b LICENSE NUMBER (of Licensee) 1009893	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #300245 6360 Broadway, Merrillville, IN 464		
26 PART I COMPLETE CAUSE OF DEATH ON FILE WITH HEALTH DEPT. IMMEDIATE CAUSE (Final disease or condition resulting in death) Enter the medical diagnoses or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Sept 9 1993 HEALTH DEPT. LAKE COUNTY HEALTH DEPT. LAKE COUNTY HEALTH DEPT. LAKE COUNTY a. Sept 9 1993 b. Sept 9 1993 c. Sept 9 1993 Approximate Interval Between Onset and Death				26b
PART II Other significant conditions or conditions contributing to death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER				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) <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 P. Tara M.D.			29c MEDICAL LICENSE NO. 01031667	29d DATE SIGNED (Month, Day, Year) 9/9/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Pimpa J. Tara, M.D., 8127 Merrillville Road, Merrillville, IN 46410 769-4855				
31 HEALTH OFFICER'S SIGNATURE <i>Alvin Williams M.D.</i>				32 DATE FILED (Month, Day, Year) Sept 9, 1993
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	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.		