



COMMUNITY TITLE COMPANY

An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

STATE OF INDIANA
LAKE COUNTY
FILED 2000 SEP 1 10:57

2000 063897
AFFIDAVIT

2000 SEP -1 AM 10:57
CTC 20007
JENNIFER V. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MARY LOU SKERTIC, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, PAUL J. SKERTIC died (without leaving a will) (leaving a will) on July 18 1999 at St. Margaret Mercy South, Dyer, In

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

LOT 259 IN SHERWOOD FOREST FOURTEENTH ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED SEPTEMBER 23, 1974 IN PLAT BOOK 44 PAGE 116, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 327 QUEEN ELEANOR DRIVE, SCHERERVILLE, IN. 46375
UNIT 20 KEY NO. 13-193-13

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 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.

COMMUNITY TITLE COMPANY
FILE NO 2000 mv

Mary Lou Skertic

MARY LOU SKERTIC

Subscribed and sworn to before me, a Notary Public, this 22nd day of August, 11/19 2000

FILED

COMMUNITY TITLE COMPANY
FILE NO 20007

Patricia Ludington
Patricia Ludington LAKE COUNTY AUDITOR

My Commission expires:
04/15/08

County of Residence:

LAKE

02003

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

CM
12:00
AC

* 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. 16-93-44

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) PAUL J. SKERTIC		2 SEX MALE	2a TIME OF DEATH 11:10A_M	3b DATE OF DEATH (Month, Day, Yr) JULY 18, 1999	
4 SOCIAL SECURITY NUMBER 316-10-1881	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) OCTOBER 19, 1916	
7 BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA	8a WAS DECEDENT A U.S. VETERAN? yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES?		8c PLACE OF DEATH (Check only one. See instructions)			
9a FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY SOUTH		9b CITY, TOWN OR LOCATION OF DEATH DYER		9c COUNTY OF DEATH LAKE	
10 MARITAL STATUS MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) MARY LOU CARNES	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEEL WORKER		12b KIND OF BUSINESS/INDUSTRY INLAND STEEL COMPANY	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION SCHERERVILLE	13d STREET AND NUMBER 327 QUEEN ELEANOR 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? <input 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) JOHN SKERTIC			
19 MOTHER'S NAME (First, Middle, Maiden Surname) ROSE DRAKSIC		20 INFORMANT'S NAME (Type/Print) MARY LOU SKERTIC			
20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 327 QUEEN ELEANOR DR. SCHERERVILLE, IN. 46375		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) JULY 22, 1999 ST. MICHAEL CEMETERY		21c LOCATION—City or Town, State SCHERERVILLE, INDIANA	
22a EMBALMER'S NAME CHARLES WELLS		22b EMBALMER'S LICENSE NO. FDO1042372	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ali Tuzijko</i>		24b LICENSE NUMBER (of Licensee) FDO1008300	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46		
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)		Bran stem infarction		Approximate Interval Between Onset and Death hours	
DUE TO (OR AS A CONSEQUENCE OF)		Generalized Atherosclerosis		years	
Conditions if any which gave rise to the immediate cause stating the underlying cause last		DUE TO (OR AS A CONSEQUENCE OF)			
DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I UCD PD 24 COPD w/ acute disease					
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 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 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>Michael R. O'Leary, DC</i>		29c MEDICAL LICENSE NO. 02000380	29d DATE SIGNED (Month, Day, Year) 20 July, 99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 24 Joliet St. Dyer, IN 46311					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>					
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE REGISTRATION OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. July 21, 1999					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <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 JUL 24 1999
34a 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) Alexander D. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or No) If yes specify driver, passenger, pedestrian, etc.			