

2

FA# F33054

LEGAL DESCRIPTION:

Lots 26 and 27 in Block 10 in Resubdivision of Blocks 3, 4, 9 and the North 1/2 of Block 10, in the Subdivision of the West 1317.5 feet of the Northeast 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian (except the East 50 feet of the South 124 feet of said Block 9, and except the right of way of the State Line and Indiana City Railway), in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 13, in the Office of the Recorder of Lake County, Indiana.



First American Title Insurance Company

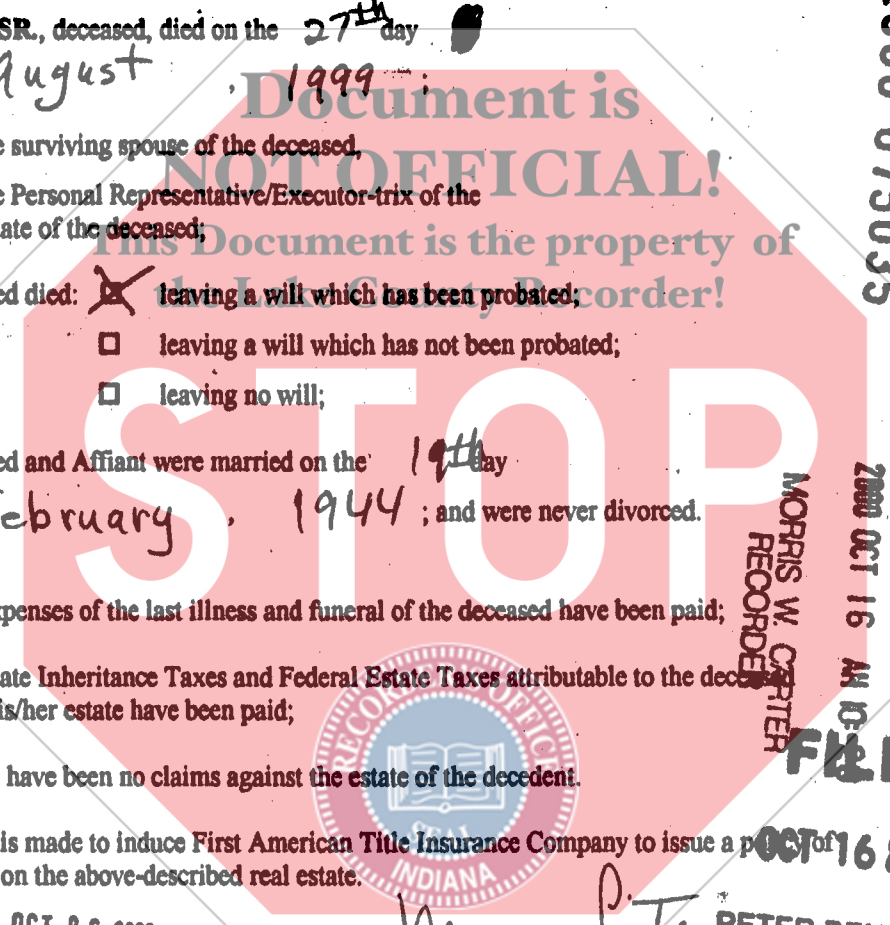
PROPERTY ADDRESS:

516 Riga Place, East Chicago, IN 46312

ESTATE AFFIDAVIT

MARY LITERA, Affiant, states that:

1. JOSEPH LITERA SR., deceased, died on the 27th day of August, 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 19th day of February, 1944; and were never divorced.
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 decedent and his/her estate have been paid;
7. There have been no claims against the estate of the decedent.



2000 075035

MORRIS W. CARTER
RECORDER

2000 OCT 16 AM 10:10

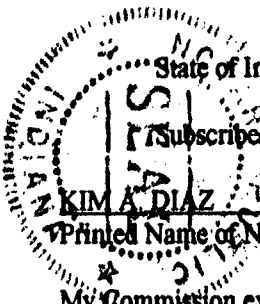
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

FILED

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

OCT 06 2000 _____ Date
 _____ Signature of Affiant
 Mary Litera
 Printed Name of Affiant

PETER BENJAMIN
LAKE COUNTY AUDITOR



State of Indiana, County of LAKE
 Subscribed and sworn to before me, this 6TH day of OCTOBER, 2000.
 KIM A. DIAZ
 Printed Name of Notary
 My Commission expires: 2/15/07

_____ Signature of Notary
 Kim A. Diaz

My County of Residence is: LAKE

THIS INSTRUMENT WAS PREPARED BY: MARY LITERA

01243

HOLD FOR FIRST AMERICAN TITLE

12.00
E.P.
FA

* ATTENTION ESTATE: This 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

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

Local No. 677

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

Date Issued August 30, 1999
Hammond Health Commission

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 PM	3b DATE OF DEATH (Month Day Year) August 27, 1999	
4 SOCIAL SECURITY NUMBER 306-03-2652		5a AGE—Last Birthday (Year) 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"/> DCA		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 1516 Riga Place	
13e ZIP CODE 46312	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 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 10 12) 10			College (1, 2 or 3+) -				
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 type="checkbox"/> Entombment <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 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. 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)		CAD				hrs	
Conditions if any which gave rise to the immediate cause, stating the underlying cause last		DUE TO (OR AS A CONSEQUENCE OF)					
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		28 WAS AN AUTOPSY PERFORMED? (Yes or no) No		29 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 28 (Type/Print) Dr. Paula Benchik-Abrinko, M.D., 1534 - 119th Street, Whiting, Indiana 46394							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda 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"/> Homicide <input type="checkbox"/> Could not be Determined		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					