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FA# 06023984

LEGAL DESCRIPTION:

Lots 2, 3 and 4, in Block 16, in Fourth Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof recorded in Plat Book 5, page 31, in the Office of the Recorder of Lake County, Indiana.



First American Title Insurance Company

PROPERTY ADDRESS:

3905 Euclid, East Chicago, IN 46312

ESTATE AFFIDAVIT

DOROTHY GARGAS, Affiant, states that:

1. ANTHONY F. GARGAS JR., deceased, died on the 7TH day of NOVEMBER, 2001;

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 31st day of November, 1985, and were never divorced. (This item applies only to the surviving spouse.)

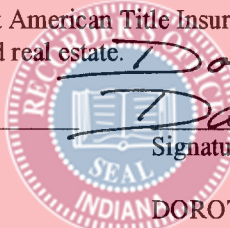
5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There have been no claims against the estate of the decedent.

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

1/02/02
Date



Dorothy Gargas By David Gilliam P.O.A.
Signature of Affiant

DOROTHY GARGAS BY DAVID GILLIAM WITH POWER OF ATTORNEY

State of Indiana, County of LAKE

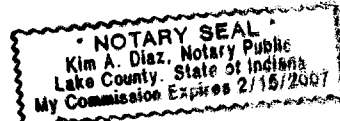
Subscribed and sworn to before me, this 2ND day of JANUARY, 2002.

Kim A. Diaz
Printed Name of Notary

Kim A. Diaz
Signature of Notary

My Commission expires: 2/15/07

My County of Residence is: LAKE



THIS INSTRUMENT WAS PREPARED BY: D. GILLIAM FOR DOROTHY GARGAS

DOLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JAN 10 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

HOLD FOR FIRST AMERICAN TITLE

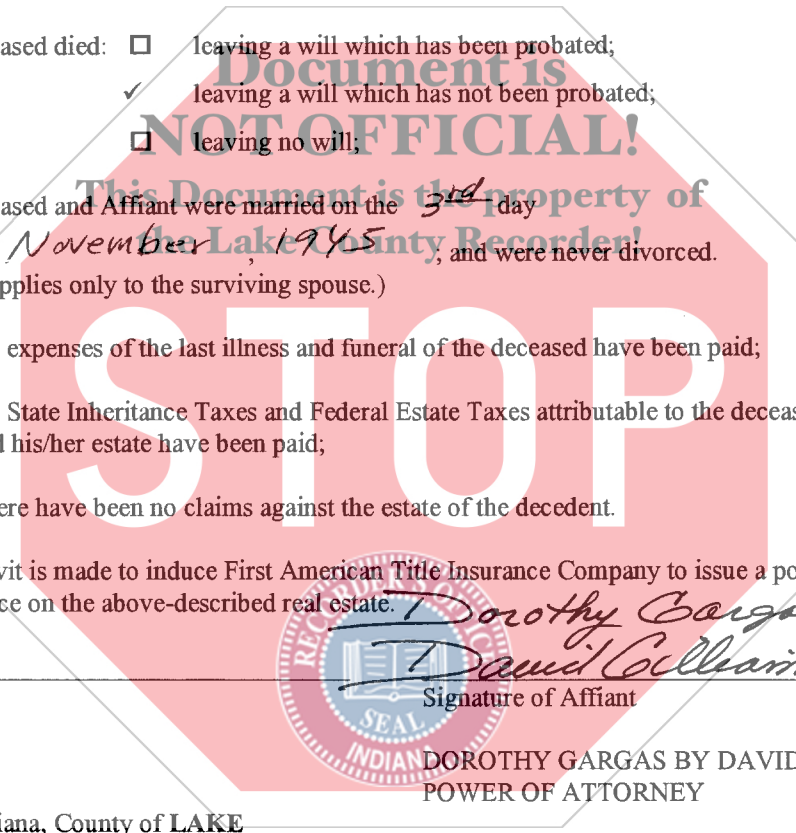
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2002 JAN 10 10:11:03



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 255

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Anthony Frank Gargas Jr. 2 SEX male 3a TIME OF DEATH 10:35 A 3b DATE OF DEATH (Month, Day, Year) November 7, 2001

4 *SOCIAL SECURITY NUMBER 312-09-3039 5a AGE—Last Birthday (Years) 86 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo, Day, Yr) May 19, 1915 7 BIRTHPLACE (City and State or Foreign Country) E. Chicago In.

8a WAS DECEDENT A U.S. VETERAN? yes 8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not institution, give street and number) 3903 Euclid Ave. 9c CITY, TOWN OR LOCATION OF DEATH E. Chicago 9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) married 11 SURVIVING SPOUSE (If wife, give maiden name) Dorothy Japkowski 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Liquor Store owner 12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Liquor Store

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN OR LOCATION E. Chicago 13d STREET AND NUMBER 3903 Euclid

13e ZIP CODE 46312 13f INSIDE CITY LIMITS No Yes 13g ON A FARM? No Yes 14 CITIZEN OF WHAT COUNTRY? U.S.A. 15 WAS DECEDENT OF HISPANIC ORIGIN? No 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) N2A College (1-4 or 5+) N/A

18 FATHER'S NAME (First, Middle, Last) Anthony F. Gargas Sr. 19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Foreszt

20a INFORMANT'S NAME (Type/Print) Dorothy Gargas 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3903 Euclid Ave E. Chicago In. 46312 20c Relationship wife

21a METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 10, 2001 Holy Cross Cemetery 21c LOCATION—City or Town, State Calumet City, Il.

22a EMBALMER'S NAME Henry Blak 22b EMBALMER'S LICENSE NO. FDO1019406 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR Eric Prusiecki 24b LICENSE NUMBER (of Licensee) FDO1022331 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Prusiecki F.H.P.O. Box JE. Chicago IN. 46312 FDH3001562

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) a. Parasitosis DUE TO (OR AS A CONSEQUENCE OF) b. c. d. 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. Asst

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) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated. 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. 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 [Signature] 29c MEDICAL LICENSE NO. 01035700 29d DATE SIGNED (Month, Day, Year) 11/8/01

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 3011 Ridge RD, Highland, IN 46322

31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month, Day, Year) 11-8-01

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 33a DATE OF INJURY (Month, Day, Year) 33b TIME OF INJURY 33c INJURY AT WORK? (Yes or no) 33d DESCRIBE HOW INJURY OCCURRED 34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 34b LOCATION (Street and Number or Rural Route Number, City or Town, State)

34c DATE PRONOUNCED DEAD (Month, Day, Year) 34d MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

