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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS:

2002 014623

2002 FEB - 8 PM 3: 31

MARGARET C. VANOSKY

MORRIS W. CARTER
being duly

sworn upon oath, deposes and says:

1. That Affiant's spouse, LEROY J. VANOSKY died (without leaving a will) (~~leaving a will~~) on December 2, 2001 at Munster, Indiana

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

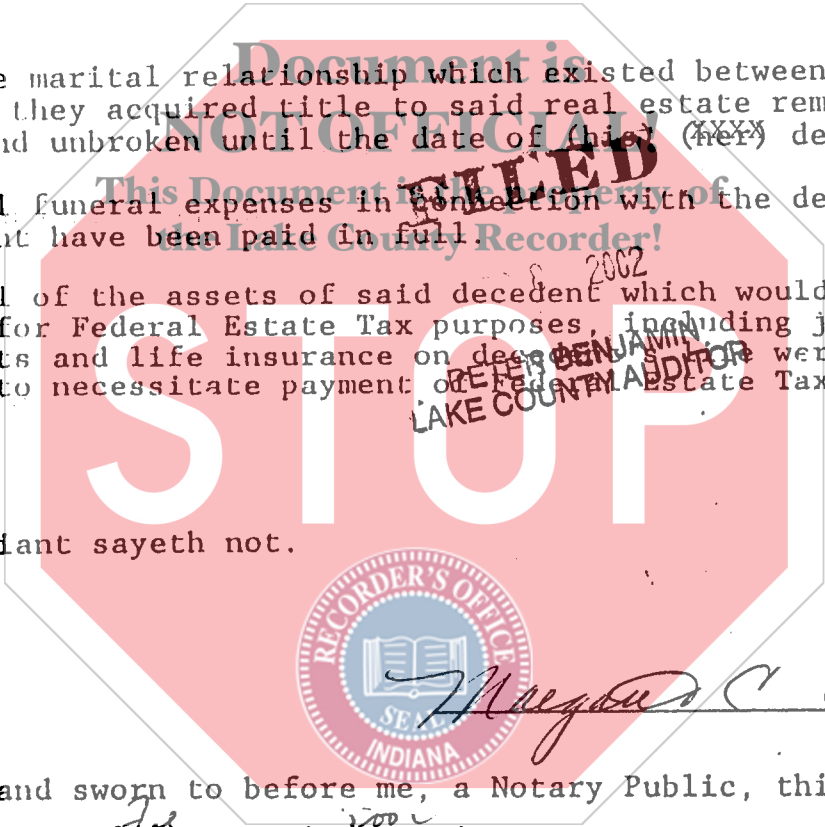
See Attached

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 were not sufficient to necessitate payment of Federal Estate Tax.

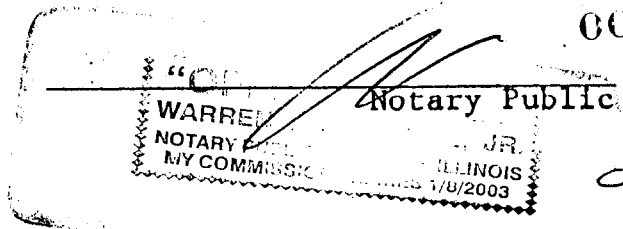
Further affiant sayeth not.



Margaret C. Vanosky

Subscribed and sworn to before me, a Notary Public, this 1st day of Feb, 2002.

M. Dvorsky
9926 Hunters Run
St. Joseph, IN 46373
My Commission expires: 11/8/03



000586

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N.H.
CS

PART OF LOT 2, HUNTERS RUN, PHASE ONE, A PLANNED UNIT DEVELOPMENT IN ST. JOHN, LAKE COUNTY, INDIANA AS SHOWN IN PLAT BOOK 72, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHERLYMOST CORNER OF SAID LOT; THENCE SOUTHWESTERLY, ALONG THE CURVED NORTHWESTERLY LINE OF SAID LOT, BEING A CURVE CONCAVE TO THE NORTHWEST AND HAVING A RADIUS OF 768.59 FEET, AN ARC DISTANCE OF 81.77 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 47 DEGREES 29 MINUTES 14 SECONDS EAST, A DISTANCE OF 163.29 FEET TO A POINT ON THE CURVED SOUTHEASTERLY LINE OF SAID LOT; THENCE SOUTHWESTERLY, ALONG SAID SOUTHEASTERLY LINE, BEING A CURVE CONCAVE TO THE SOUTHWEST AND HAVING A RADIUS OF 230.00 FEET, AN ARC DISTANCE OF 30.02 FEET; THENCE NORTH 47 DEGREES 29 MINUTES 14 SECONDS WEST, A DISTANCE OF 156.16 FEET TO A POINT ON THE NORTHWESTERLY LINE OF SAID LOT; THENCE NORTH 30 DEGREES 26 MINUTES 25 SECONDS EAST, ALONG SAID NORTHWESTERLY LINE, A DISTANCE OF 4.19 FEET TO A POINT OF CURVE; THENCE NORTHEASTERLY, ALONG THE CURVED NORTHWESTERLY LINE OF SAID LOT, BEING A CURVE CONCAVE TO THE NORTHWEST AND HAVING A RADIUS OF 768.59 FEET, AN ARC DISTANCE OF 26.60 FEET TO THE POINT OF BEGINNING.



ATTENTION EST-TE: 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. 0946-01

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) Leroy J. Vanosky		2 SEX Male		3a TIME OF DEATH 11:05A		3b DATE OF DEATH (Month, Day, Year) December 2, 2001	
4 *SOCIAL SECURITY NUMBER 353-07-8987		5a AGE—Last Birthday (Years) 81		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) March 5, 1920		7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL					
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 <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Munster Community Hospital			9c CITY, TOWN, OR LOCATION OF DEATH Munster			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Margaret Lehardt		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Plasterer		12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Plasterers Local 5	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION St. John		13d STREET AND NUMBER 9926 Hunters Run	
13e ZIP CODE 46373		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) John Vanosky				19 MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor McGinty			
20a INFORMANT'S NAME (Type/Print) Margaret Vanosky			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9926 Hunters Run St. John, IN 46373			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) December 5, 2001 Holy Cross Cemetery			21c LOCATION—City or Town, State Calumet City, IL		
22a EMBALMER'S NAME James F. Betkowski		22b EMBALMER'S LICENSE NO. FD09200077		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b LICENSE NUMBER (of Licensee) FD09200077		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD#19900052 11300 W. 97th Ln. St. John, IN 46373			
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) pneumonia DUE TO (OR AS A CONSEQUENCE OF) stroke DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death days years					
PART II Other significant conditions Diabetes Mellitus		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>[Signature]</i>			29c MEDICAL LICENSE NO. 01007690		29d DATE SIGNED (Month, Day, Year) 12/3/01		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) LAWRENCE BORNSTEIN M.D. 5500 HOLLAND AVE HANAMONG, IN.							
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. Best, D.O.</i>			32 DATE FILED (Month, Day, Year) December 4, 2001				
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)	
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) St. John, IN 46373					
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

