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AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Anthony A. Caruso, Jr., being of legal age and under no disability, being first duly sworn on oath, deposes and says as follows:

2002 047978

2002 MAY 23 AM 11:05

MORRIS W. CARTER  
RECORDER

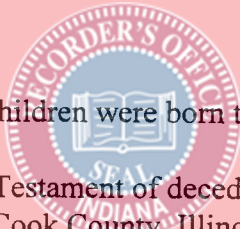
1. That Anthony A. Caruso, Sr., deceased, died testate on February 11, 2000.
2. That said decedent was married twice during his lifetime. His first marriage having been to Evelyn Caruso which ended in divorce in Lake County, Indiana, on October 14, 1957, Case No. 557-195, a copy of said decree is attached hereto. That no child or children were born to or adopted as a result of said marriage.
3. That said decedent was married to Jean Caruso, said marriage taking place on December 14, 1959 and said marriage ended in divorce on September 12, 1968, in Cook County, Illinois. A copy of said decree is attached hereto.
4. That as a result of the marriage to Jean Caruso and decedent, two children were born, namely:
  - A. Anthony A. Caruso, Jr., of legal age and under no disabilities, married to Paula M. Caruso  
3044 Peoria Street  
Steger, Illinois 60468
  - B. Alan B. Caruso, of legal age and under no disabilities, married to Susan Caruso  
3712 S. State Street  
Crete, Illinois 60417
5. That Jean Caruso had a child as a result of a previous marriage, namely Michael Caruso. Michael Caruso was adopted by Anthony A. Caruso, Sr., decedent.
6. That Michael Caruso, is of legal age and under no disabilities, married to Nancy Caruso.  
27038 Beverly Drive  
Monee, Illinois 60449
7. That no other child or children were born to or adopted by decedent.
8. That the Last Will and Testament of decedent was filed in the office of the Clerk of the Circuit Court of Cook County, Illinois, Probate Division on February 29, 2000 in the unproven will file, a certified copy of which is attached hereto.
9. That the executor named in said Will, Robert Caruso, does not intend to probate said Will and act as executor, as evidenced by his statement attached hereto.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR PROBATE

MAY 20 2002

PETER B. ...  
LAKE COUNTY RECORDER

COMMUNITY TITLE COMPANY  
FILE NO 120176



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10. That the bequests made to Mary Leader, Richard Caruso, grandchildren, Michael Caruso, Matthew Caruso, and Marrisa Caruso, and grandchildren, Anthony A. Caruso, Lauren Caruso acknowledge receipt of said specific bequests and make no further claim against the estate of decedent, as evidenced by their statements attached hereto.
11. That decedent owned the property legally described as follows:  
Lot 1031 in Lake of the Four Seasons, Unit No. 7, as per Plat thereof, recorded May 1, 1967 in Plat Book 38, Page 9 in the office of the Recorder of Lake County, Indiana.
12. That this affidavit is made to induce Stewart Title Company, under Commitment #002176 to issue title in the names of Michael Caruso, Anthony Caruso, Jr. and Alan Caruso, the children of Anthony A. Caruso, Sr, deceased and pursuant to the Last Will and Testament of said decedent.
13. That all funeral bills, medical bills and all other financial obligations of said decedent have been paid.

Further affiant sayeth not.

**Document is NOT ORIGINAL**  
*Anthony A. Caruso Jr.*  
Anthony A. Caruso, Jr.

**This Document is the property of the Lake County Recorder!**

Subscribed and Sworn to this  
5<sup>th</sup> day of May, 2002

*[Signature]*  
NOTARY PUBLIC  
Notary Public



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0427-10

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RENTS

ORMANT

POSITION

USE OF

RTIFIER

ALTHICER

1 DECEASED—NAME (First, Middle, Last) <b>Anthony A. Caruso Sr.</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>6:55 A.M.</b>	3b DATE OF DEATH (Month, Day, Year) <b>February 11, 2000</b>
4 *SOCIAL SECURITY NUMBER <b>341-16-3901</b>	5a AGE—Last Birthday (Years) <b>80</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>April 5, 1919</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	9a PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) <b>St. Margaret Mercy Healthcare South Campus</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>	9d COUNTY OF DEATH <b>Lake County</b>	
10 MARITAL STATUS (Specify) <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Car Checker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Wisconsin Steel</b>
13a RESIDENCE—STATE <b>Illinois</b>	13b COUNTY <b>Cook</b>	13c CITY, TOWN OR LOCATION <b>Chicago Heights</b>		13d STREET AND NUMBER <b>828 Elizabeth Street</b>
13e ZIP CODE <b>60411</b>	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) <b>Raffaele Caruso</b>			19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rosa Grimaldi</b>	
20a INFORMANT'S NAME (Type/Print) <b>Michael Caruso</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>27038 Beverly Drive Monee, IL 60449</b>		20c Relationship <b>Son</b>
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) <b>February 15, 2000 Homewood, Memorial Gardens Cemetery Homewood, Illinois</b>		21c LOCATION—City or Town, State
22a EMBALMER'S NAME <b>Richard W. Bowen</b>		22b EMBALMER'S LICENSE NO. <b>FD29900129</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Richard W. Bowen</i>		24b LICENSE NUMBER (of Licensee) <b>FD29900129</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Solan Funeral Home, 2109 Calumet Ave, Hammond, IN 46324 Crete Funeral Home, 1182 Main Street, Crete, IL 60417</b>
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)			Approximate Interval Between Onset and Death	
a <i>Coronary heart failure</i>			<i>years</i>	
b <i>Other selected heart disease</i>			<i>years</i>	
c <i>Ischemic cardiomyopathy</i>			<i>years</i>	
d <i>Coronary artery disease</i>			<i>years</i>	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Acute myocardial infarction → 24-48 hours</i>				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		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 <i>Bud Suprent DO FAC</i>			29c MEDICAL LICENSE NO. <b>02001098</b>	
29d DATE SIGNED (Month, Day, Year) <b>2-15-01</b>				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Bud Suprent DO FAC 9003 Calumet Ave, Hammond, IN 46324</i>				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>				
32 THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY HEALTH DEPT. <b>2/15/2001</b>				
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 <b>FEB 15 2000</b>		
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) <b>Alexander S. Williams MD LAKE COUNTY HEALTH COMMISSIONER</b>		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		