2

TICOR TITLE INSURANCE

2002 065928

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Joyce Rossi, being first duly sworn upon oath, deposes and says:

1. That Mike Rossi died on DECEMBER 02, 1999 at LAKE County.

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

Lot 345 in Lakeside 10th Addition to the Town of Highland as per plat thereof recorded in plat book 38 Page 69 in the office of the recorder of Lake County Indiana 27-362-23 (16)

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 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.

FILED
JUL 23 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

Joyce Rossi
Joyce Rossi

Subscribed and sworn to before me, a Notary Public this 19th day of July, XX 2002

Thomas G Schiller Notary Public

My Commission expires: 06-07-08

Lake

County of Residence: Lake

C01471

This Instrument prepared by JOYCE ROSSI

12.00
MV
TI

TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to ue its statutory responsibility. Disclosure is ntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ical No. 2236-99 State No. .....

50182 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

'PE/PRINT IN RMANENT LACK INK

'CEDENT

RENTS

'ORMANT

SPOSITION

USE OF ATH

RTIFIER

ALTH FICER

1 DECEASED—NAME (First, Middle, Last): Mike Rossi			2 SEX: Male	3a TIME OF DEATH: 1:00 PM	3b DATE OF DEATH (Month, Day, Yr.): December 2, 1999
4 *SOCIAL SECURITY NUMBER: 314-30-1835	5a AGE—Last Birthday (Years): 67	5b UNDER 1 YEAR: Months / Days	5c UNDER 1 DAY: Hours / Minutes	6 DATE OF BIRTH (Mo. Day. Yr.): Aug. 27, 1932	7 BIRTHPLACE (City and State or Foreign Country): Chicago, Heights, Ill.
8a WAS DECEDENT A U.S. VETERAN?: No	8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A	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): William J. Riley Hospice Residence			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): Joyce Johansen		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mechanic	12b KIND OF BUSINESS/INDUSTRY: Construction	
13a RESIDENCE—STATE: Indiana	13b COUNTY: Lake	13c CITY, TOWN OR LOCATION: Highland		13d STREET AND NUMBER: 10123 Erie Place	
13e ZIP CODE: 46322	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): 8 / College (1-4 or 5+):
18 FATHER'S NAME (First, Middle, Last): Dominic Rossi			19 MOTHER'S NAME (First, Middle, Maiden Surname): Rose Panici		
20a INFORMANT'S NAME (Type/Print): Joyce Rossi		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10123 Erie Pl., Highland, Indiana 46322		20c Relationship: Wife	
21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 6, 1999 Catholic Cemeteries		21c LOCATION—City or Town, State: Hammond, Indiana	
22a EMBALMER'S NAME: David R. Peterson		22b EMBALMER'S LICENSE NO: FDO 8601585		23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes	
24a SIGNATURE OF FUNERAL DIRECTOR: Kevin Wadyk		24b LICENSE NUMBER (of Licensee): FD29600005		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500	

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 Cirrhosis — Approximate Interval Between Onset and Death:

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b DUE TO (OR AS A CONSEQUENCE OF): Renal failure
c DUE TO (OR AS A CONSEQUENCE OF): Respiratory / Cardiac Arrest
d DUE TO (OR AS A CONSEQUENCE OF): Hepatorinal Syndrome

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
no	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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Kenneth A Perez DO	0200574	12-3-99

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): KENNETH PEREZ, D.O. 9131 INDIANAPOLIS BLVD. HIGHLAND, IN 46322

31 HEALTH OFFICER'S SIGNATURE: Alexander Skiliros MD

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE IN THIS OFFICE WITH THE LAKE COUNTY HEALTH DEPT.

32 DATE ISSUED (Month, Day, Year): December 3, 1999

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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.

JUL 17 2002

FILED

JUL 23 2002

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

97-22898