TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA) SS: COUNTY OF LAKE DOLORES SEPIOL being duly swarn upon oath, deposes and says: LEO SEPIOL That at COUNTY AUGARUN! 2. That LEO SEPIOL and DOLORES SEPIOL were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 1843 NORTH LAFAYETTE GRIFFITH, INDIANA 46319 PAGE 35 THE THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK OFFICE OF THE RECORDER OF LAKE COUNTY, VINDIANA: der! 3. That the marital relationship which existed between them as acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death. 3. That the marital relationship which existed between them at the time they 4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and NONE 1ns 20092 ce on decedent's life were not sufficient to necessitate payment of Federal Estate. Tax. PETER BENJAMIN LAKE COUNTY AUDITOR Further affiant sayeth not. Subscribed and sworn to before me, a Notary Public, this day of _,/19 2002. Lake County Viv Commission Expires Notary THOMAS G. SCHILLER My Commission expires: 06/07/2008 000028 County of Residence: LAKE This Instrument prepared by DOLORES SEPIOL

ocal No	1807-9	<i>+ C/</i>	CEDTICIA		F HEALTH	
133511		SERIES ARE CONFIDENT	CERTIFIC	ATE OF DEATI	H State	No
YPE/PRIN		R. Middle, Last)	IAL PER IC 16-1-19-3			
IN	Leopold Se	enio1		2 SEX	30 TIME OF DEAT	H 3b. DATE OF DEATH (Money, Day, Yr.)
ERMANEN	4. *SOCIAL SECURITY NUMBE	ER 5a AGE-Last Bir	, TO CHOCK IT	AR Sc UNDER I DAY 6	E 12:00A N	April 18, 1999
3LACK INK	317-14-942	26 73	ļ	IVS i Moura Minurae i		7 BIRTHPLACE (City and State or Foreign Country)
	A US VETERAN?	86 YEAR LAST SERVED U.S. ARMED FORCEST	,	90	PLACE OF DEATH (Check only one	East Chicago, India
ÆCEDENT	Yes	1946	— — ·	R/Outpatrent DOA	OTHER Nursing Home	Other (Specify)
	96 FACILITY NAME (If not insti			9c CITY TO	Residence DWN: OR LOCATION OF DEATH	9d COUNTY OF DEATH
	10 MARITAL STATUS	nunity Hosp		Mun	ster	Lake
	(Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden nam Dolores S	- 4	12a DECEDENT'S USUAL	OCCUPATION (Give kind of work rking life Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
	130 RESIDENCE-STATE	13b COUNTY		1 carbencer		Public Schools
	Indiana	Lake	Griffi		13d STREET AND NUM	48ER
	13e ZIP CODE 13f INSIDE C	CITY LIMITS 14 CITIZEN OF	15 WAS DECEDED	IT OF HISPANIC ORIGIN?	1843 Nor	th Lafayette
	13: 01: 5:		NTRY? X No C	Yes (If yes, specify Cuban.	16 RACE—American Indian, Black, White, etc	17 DECEDENT'S EDUCATION (Specify only highest grade completed)
	46319	U.S.A	-	rican, etc)	(Specify) White	Elementary/Secondary (0-12) College (1-4 or 5 +)
ARENTS	18 FATHERS NAME (First Middle John Sepio	He Last)		19 MOTHE	RS NAME (First Middle, Maiden Sui	8
15051111				Anie	ela (unavai).	able)
IFORMANT	20b MAILING ADDRESS (Street and Number or Bural Boute Number County To Co					
	1045 N. Lafavette Griffith In 40310 m					
	Buriel Cremation Removal from State					
	Donation Other (Speci	erty)	Chapel	April 21, 1 Lawn Cemete	.999	
ISPOSITION	228 EMBALMERS NAME	/	226 EMBALMER	SUCENSE NO.		chererville, Indian
9 9	Ronald A. E		FD0100	ment 1s	23 WAS DEATH REPORTED	TO COPONERS
				1001	No Flyan	7 TO CONONER?
i	240 SIGNATURE OF FUNERAL OF	IRECTOR		ICENSE NUMBER 2	NAME ADDRESS AND LICENS	
	Cand L	1/4/N	OT OH	(of Licensee)	s NAME ADDRESS AND LICENS Uiper Funera	E NUMBER OF FUNERAL HOME
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34n PLACE OF INJURY—At home farm street factory office building etc (Specify)

34g DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passange

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF ISSUE PROPERTY OF STATE OF THE PROPERTY OF THE PROPERT

pedestrian, etc. [-]

00002:

34f LOCATION

Natural Pending Investigation

Accident Could not be Determined

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