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TICOR TITLE INSURANCE

(15) 26-265-5

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2002 099675

DOLORES SEPIOL, being first duly sworn upon oath, deposes and says:

1. That LEO SEPIOL died on April 18, 1999 at LAKE COUNTY, INDIANA.

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

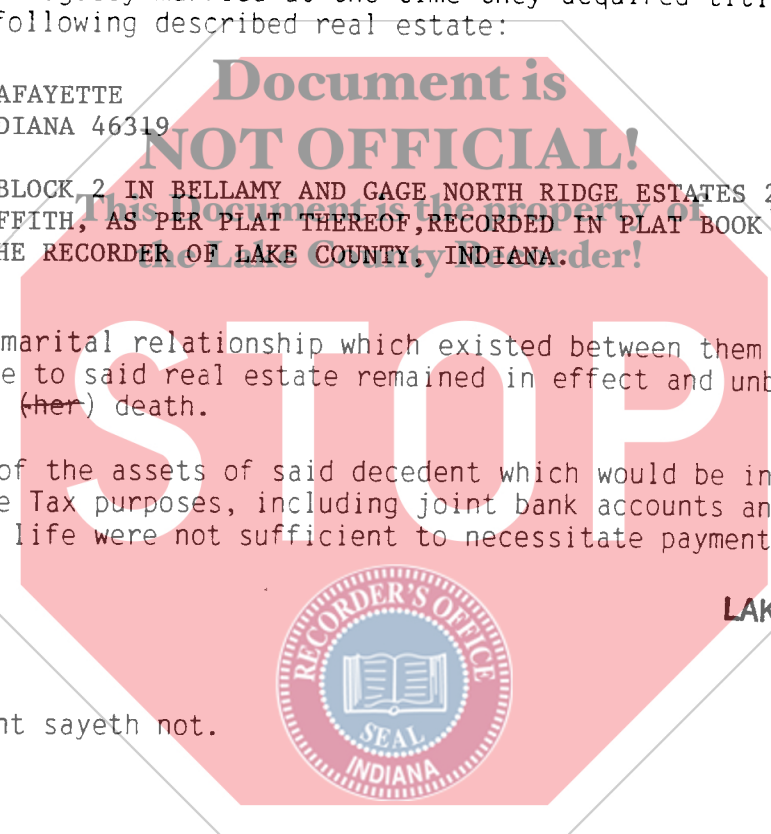
LOT 5 IN BLOCK 2 IN BELLAMY AND GAGE NORTH RIDGE ESTATES ADDITION THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK PAGE 33 OF THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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 NOVA 1 insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

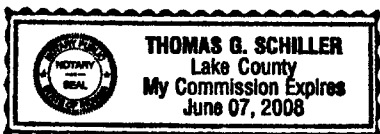
164920026
Serrano



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2002 NOV - 4 AM 8:58
MORRIS W. CARTER
RECORDER
PETER BENJAMIN
LAKE COUNTY AUDITOR

Dolores Sepiol

Subscribed and sworn to before me, a Notary Public, this 28TH day of OCTOBER, 19 2002.



Thomas G. Schiller
Notary Public
THOMAS G. SCHILLER

My Commission expires:

06/07/2008

County of Residence:

LAKE

This Instrument prepared by DOLORES SEPIOL

000028
12-
M.H.
H.H.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

ATTENTION ESTATE: 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.

Local No. 980-99

33511

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Leopold Sepiol

2 SEX Male

3a TIME OF DEATH 12:00A M

3b DATE OF DEATH (Month Day, Yr) April 18, 1999

4 *SOCIAL SECURITY NUMBER 317-14-9426

5a AGE—Last Birthday (Years) 73

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo. Day, Yr) June 30, 1925

7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana

8a WAS DECEDENT A U.S. VETERAN? Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946

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) The 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) Dolores Suranich

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Carpenter

12b KIND OF BUSINESS/INDUSTRY Public Schools

13a RESIDENCE—STATE Indiana

13b COUNTY Lake

13c CITY TOWN OR LOCATION Griffith

13d STREET AND NUMBER 1843 North Lafayette

13e ZIP CODE 46319

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+) 8

18 FATHER'S NAME (First Middle Last) John Sepiol

19 MOTHER'S NAME (First Middle, Maiden Surname) Aniela (unavailable)

20a INFORMANT'S NAME (Type/Print) Dolores Sepiol

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1843 N. Lafayette Griffith, In. 46319

20c Relationship Spouse

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) April 21, 1999 Chapel Lawn Cemetery

21c LOCATION—City or Town, State Schererville, Indiana

22a EMBALMER'S NAME Ronald A. Reed

22b EMBALMER'S LICENSE NO. FD01001081

23 WAS DEATH REPORTED TO CORONER? No Yes

24 SIGNATURE OF FUNERAL DIRECTOR *David A. Peterson*

24b LICENSE NUMBER (of Licensee) FD08601585

25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinmar Rd. Highland, Indiana 46322 FH83007500

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. *pharynx embolism*

b. *myocardial infarction*

c. *men insulin dependent - diabetes mellitus*

d. *hypertension*

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

hypertension

hypertrophy prostate

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) Not Applicable

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) as stated

29b SIGNATURE AND TITLE OF CERTIFIER *B. N. Gaudhi*

29c MEDICAL LICENSE NO. 01036969

29d DATE SIGNED (Month Day, Year) 04-19-1999

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B. N. GAUDHI 2914 Highway Ave Highland IN 46322

31 HEALTH OFFICER'S SIGNATURE *Alexander S. Williams, M.D.*

31 DATE FILED (Month Day, Year) NOV 1 2002

33 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a DATE OF INJURY (Month Day, Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

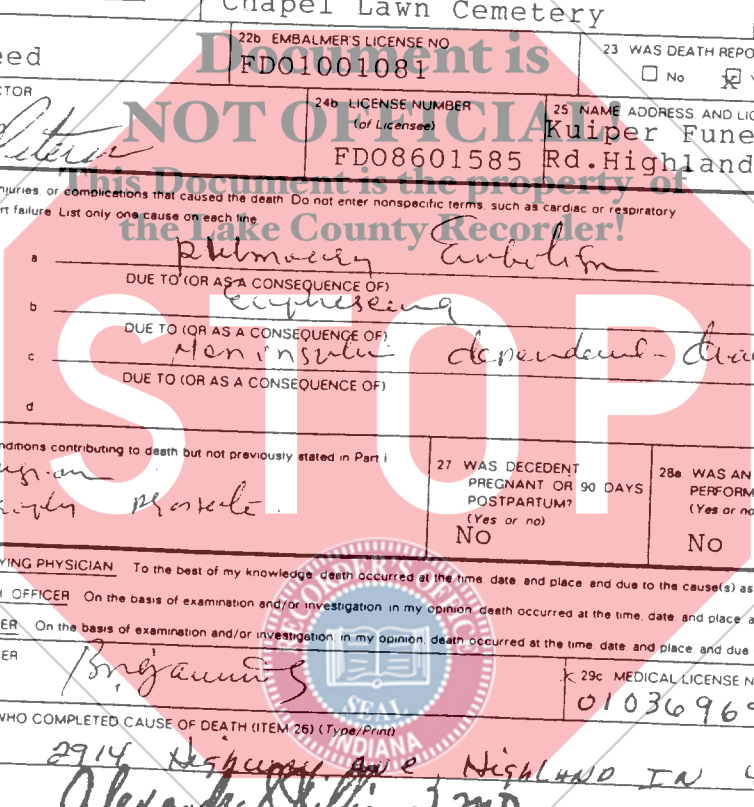
34d DESCRIBE INJURY

34e PLACE OF INJURY—At home farm street factory office building etc (Specify)

34f LOCATION (Street, Rural Route, etc., 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



FILED PETER BENJAMIN LAKE COUNTY AUDITOR THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH...

26-265-5 T-1-H.O. 922-6291