

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2002 102397

AFFIDAVIT OF SURVIVORSHIP

Comes now HAROLD ROSSI, being duly sworn upon his oath, and states as follows:

That HAROLD ROSSI AND MARGARET ROSSI, HUSBAND AND WIFE, were the owners in fee simple of the following described real estate located in Lake County, Indiana more particularly described as follows:

APARTMENT A-18 IN BUILDING 3, PHASE II, IN FOUR SEASONS LAKESIDE CONDOMINIUMS, HORIZONTAL PROPERTY REGIME AS RECORDED JULY 8, 1976 AS DOCUMENT NO. 358499 AND BY SUPPLEMENTAL DECLARATION AS RECORDED APRIL 7, 1977 AS DOCUMENT NO. 400888 AND BY SUPPLEMENTAL DECLARATION AS RECORDED OCTOBER 26, 1978 AS DOCUMENT NO. 435747 AS AMENDED BY SUPPLEMENTAL DECLARATION, RECORDED APRIL 7, 1978 AS DOCUMENT NO. 461816 AND FURTHER AMENDED BY SUPPLEMENTAL DECLARATION RECORDED SEPTEMBER 22, 1978 AS DOCUMENT NO. 491993 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA TOGETHER WITH A 1.0571% INTEREST IN THE COMMON AREAS AND FACILITIES APPERTAINING THERETO.

SUBJECT TO: TAXES FOR 2000 AND SUBSEQUENT YEARS, BUILDING LINES, EASEMENTS, COVENANTS AND RESTRICTIONS.

KEY NO.: 10-45-142

Common known as 2523 E. LAKESHORE DRIVE, CROWN POINT, IN 46307

That HAROLD ROSSI and MARGARET ROSSI were married on the 23rd day of May, 1936. That HAROLD ROSSI and MARGARET ROSSI were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 27th day of November, 2001, and recorded in the Office of the Lake County Recorder on the 11th day of December, 2001 as Document #101359.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of MARGARET ROSSI on the 16th day of August, 2002 at which time HAROLD ROSSI acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the state of the decedent, MARGARET ROSSI, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Taxes. And it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: twenty-five thousand, the costs and expenses of administration, and reasonable attorney fees. That MARGARET ROSSI's estate was not subject to Indiana Inheritance Taxes.

Harold Rossi

HAROLD ROSSI, Affiant

FILED
NOV 8 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, came HAROLD ROSSI and acknowledged the execution of the foregoing instrument this 7th day of November, 2002.

John S. Dull # 4628-45
8300 Broadway, Ste G-1
Merrillville, IN 46410

John S. Dull

John S. Dull, Notary Public
Commission Expires: 5/5/09
Lake County Resident

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1206
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* ATTENTION ESTATE: Disclos SS# we need to pursue our resp is voluntary and there will be no refusal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 1416-02

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

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED - NAME (First, Middle, Last) MARGARET C ROSSI				2 SEX Female		3a TIME OF DEATH 4:20 PM		3b DATE OF DEATH (Month, Day, Yr.) August 16, 2002		
	4 *SOCIAL SECURITY NUMBER 336-03-9314		5a AGE - Last Birthday (Years) 86		5b UNDER 1 YEAR Months Days Hours Minutes		5c UNDER 1 DAY June 22, 1916		7 BIRTHPLACE (City and State or Foreign Country) CHICAGO Illinois		
DECEDENT	8a WAS DECEASED A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		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) St. Anthony Medical Center				9c CITY, TOWN, OR LOCATION OF DEATH Crown Point			9d COUNTY OF DEATH Lake			
	10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) HAROLD ROSSI		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) COOK			12b KIND OF BUSINESS/INDUSTRY SCHOOL			
PARENTS	13a RESIDENCE - STATE Indiana		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION CROWN POINT		13d STREET AND NUMBER 2523 E LAKESHORE DRIVE				
	13e ZIP CODE 46307		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEASED 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+) N/A
	18 FATHER'S NAME (First, Middle, Last) GARRETT VAN HEEL				19 MOTHER'S NAME (First, Middle, Maiden Surname) THERESA BADE						
INFORMANT	20a INFORMANT'S NAME (Type/Print) PHYLLIS ZAGOTTA			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3646 ST ANDREWS COURT, CROWN POINT, IN				20c Relationship DAUGHTER			
	21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) August 20, 2002 ST. MARY'S CEMETERY				21c LOCATION - City or Town, State CROWN POINT, IN			
DISPOSITION	22a EMBALMER'S NAME CRAIG B. MALONE			22b EMBALMER'S LICENSE NO. FD01022392		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
	24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>			24b LICENSE NUMBER (of Licensee) FD01009461		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana					
CAUSE OF DEATH	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 OF DEATH (IF THE ABOVE IS A TRUE AND ACCURATE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE DEATH REGISTRY OF THE STATE OF INDIANA) a. <i>Isolated Cardiac Myocardial Infarction</i> b. DUE TO (OR AS A CONSEQUENCE OF) c. <i>MI</i> d. DUE TO (OR AS A CONSEQUENCE OF) PART II Other, specific conditions - Conditions contributing to death but not previously stated in Part I										Approximate Interval Between Onset and Death
	27 WAS DECEASED 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.										
CERTIFIER	29b SIGNATURE AND TITLE OF CERTIFIER <i>Bernardo S Lucena</i>					29c MEDICAL LICENSE NO. 01039302		29d DATE SIGNED (Month, Day, Year) NOV 8 2002			
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. BERNARDO S LUCENA 1121 South Indiana, Crown Point, IN 46307										
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNATURE <i>Bernardo S Lucena</i>										
	33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 AND WHERE INJURY OCCURRED PETER BENJAMIN LAKE COUNTY AUDITOR 100695				
34g DATE PRONOUNCED DEAD (Month, Day, Year) August 16, 2002		34h MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.									