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STATE OF INDIANA
LAKE COUNTY

TICOR TITLE INSURANCE

2003 067826

2003 JUL -1 AM 9:15

MORRIS W. CARTER
AFFIDAVIT

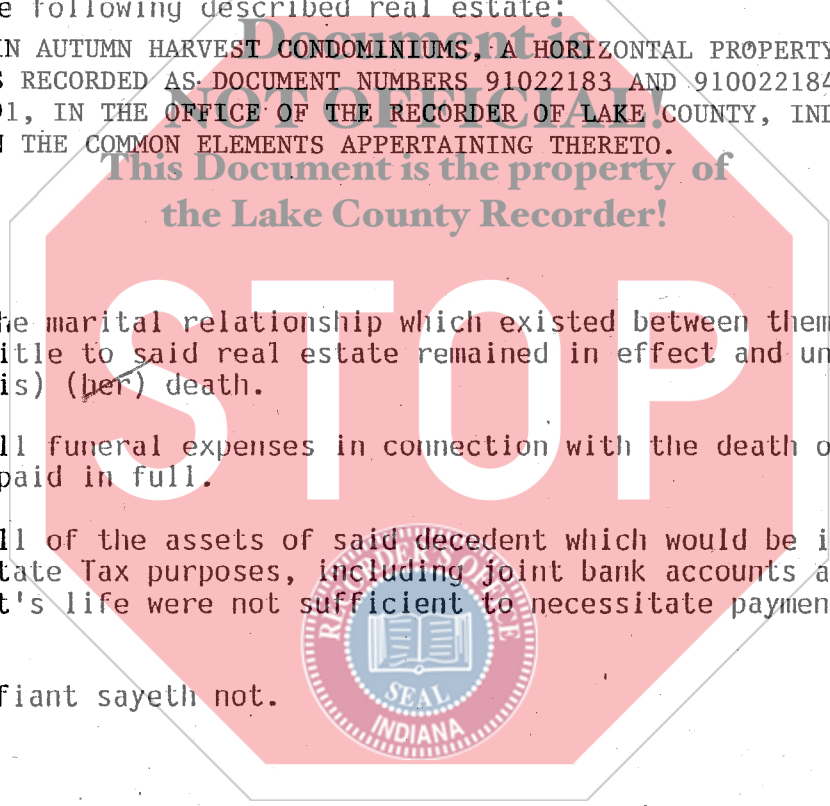
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13-528-3

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Marianne Rosiles, being first duly sworn upon oath, deposes and says:

1. That Guillermo B. Rosiles died on May 24, 2003, 19/ at _____.

2. That Guillermo Rosiles and Marianne Rosiles were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
UNIT 1546 IN AUTUMN HARVEST CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS PER PLAT THEREOF, AS RECORDED AS DOCUMENT NUMBERS 91022183 AND 910022184, UNDER THE DATE OF MAY 10, 1991, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.



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 funeral expenses in connection with the death of said decedent have been paid in full.

5. 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.

Marianne Rosiles
Marianne Rosiles

Subscribed and sworn to before me a Notary Public, this 26th day of June, 19 2003.

FILED
JUN 30 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Shannon Stiene
Notary Public

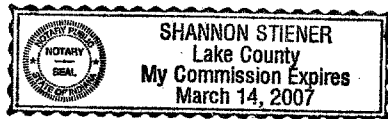
Shannon Stiene

My Commission expires:

3/14/07

County of Residence:

Lake



002259

This Instrument prepared by Marianne Rosiles

BANKERS TITLE

TICOR - SCHERERVILLE

3200 319798AIC

[Handwritten signature]

STATE: The Social Security # is provided by this state agency in order to ensure statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

13-528-3

Local No. 12-72-05

CERTIFICATE OF DEATH

319798AK

State No.

84167

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First, Middle, Last) Guillermo B. Rosiles		2. SEX Male	3a. TIME OF DEATH 6:47a	3b. DATE OF DEATH (Month, Day, Yr.) M May 24, 2003
4. SOCIAL SECURITY NUMBER 344-32-4472	5a. AGE-Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) February 22, 1929
7. BIRTHPLACE (City and State or Foreign Country) Uriangato, Gto.	8a. WAS DECEASED A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 1546 Autumn Dr.		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) Marianne Robles	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bloom Operator		12b. KIND OF BUSINESS/INDUSTRY Steel
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point		13d. STREET AND NUMBER 1546 Autumn Dr.
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16. RACE-American Indian, Black, White, etc. (Specify) Caucasian
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Jose Rosiles		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Michela Baeza		20a. INFORMANT'S NAME (Type/Print) Marianne Rosiles		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1546 Autumn Dr. Crown Point, Indiana 46307		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) May 28, 2003 Oakland Memory Lanes		21c. LOCATION-City or Town, State Dolton, Illinois
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul White</i>		24b. LICENSE NUMBER (of Licensee) FD08700086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, 8178 Cline Avenue, Schererville, Indiana, 46375
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Parkinson's Disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Alzheimer Disease</i> DUE TO (OR AS A CONSEQUENCE OF) d. _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
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)
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>George F. Abu-Aita MD</i>		29c. MEDICAL LICENSE NO. 01038300		29d. DATE SIGNED (Month, Day, Year) 5-27-03
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GEORGE F. ABU-AITA MD 115 E 89th Ave Merrillville IN				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>				
32. DATE SIGNED (Month, Day, Year) MAY 27, 2003				
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. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		34e. 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.		

DECEASED

PARENTS

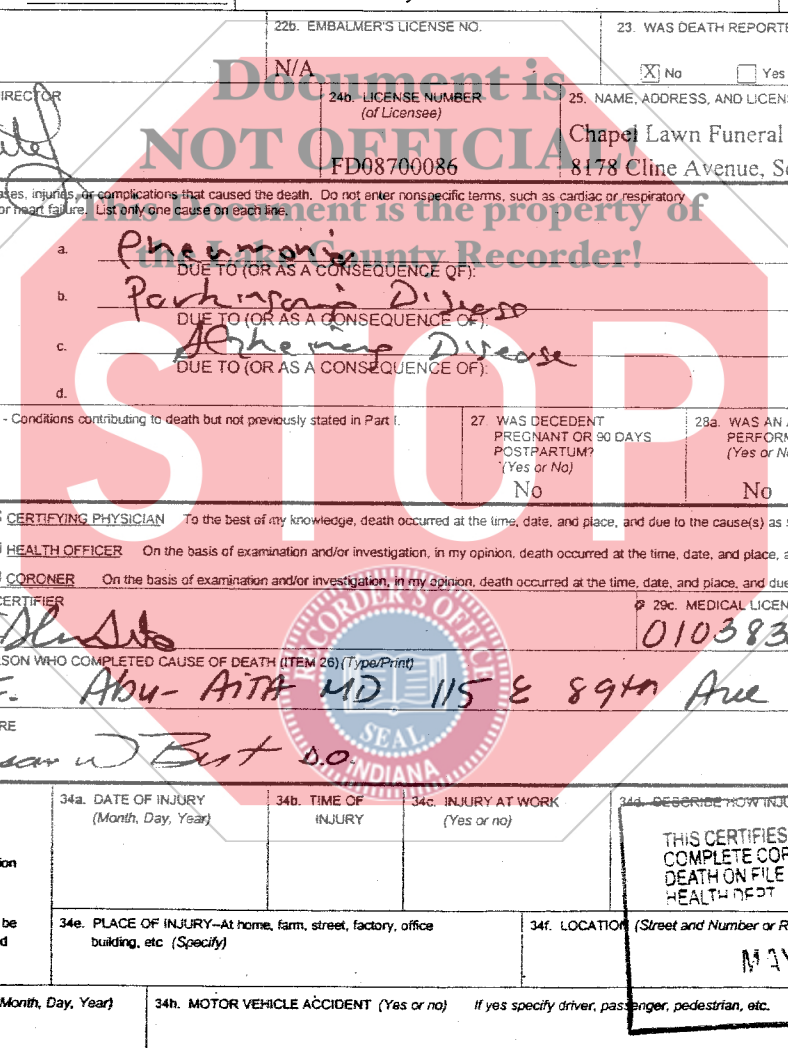
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



BANKERS TITLE