

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 072312

2003 JUL 11 AM 11:57

MORRIS W. CENTER
RECORDER

Key #20-13-589-24

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JANICE ADDUCCI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, RICHARD E. ADDUCCI died (without leaving a will) (~~leaving a will~~) on 6-19-02 19__ at Crown Point, Indiana.

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

LOT 24 IN THE WOODS, UNIT 1, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 75, PAGE 33, IN 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 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.

FILED

JUL 11 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Janice Adducci
JANICE ADDUCCI

Subscribed and sworn to before me, a Notary Public, this 3RD day of JULY, 2003.

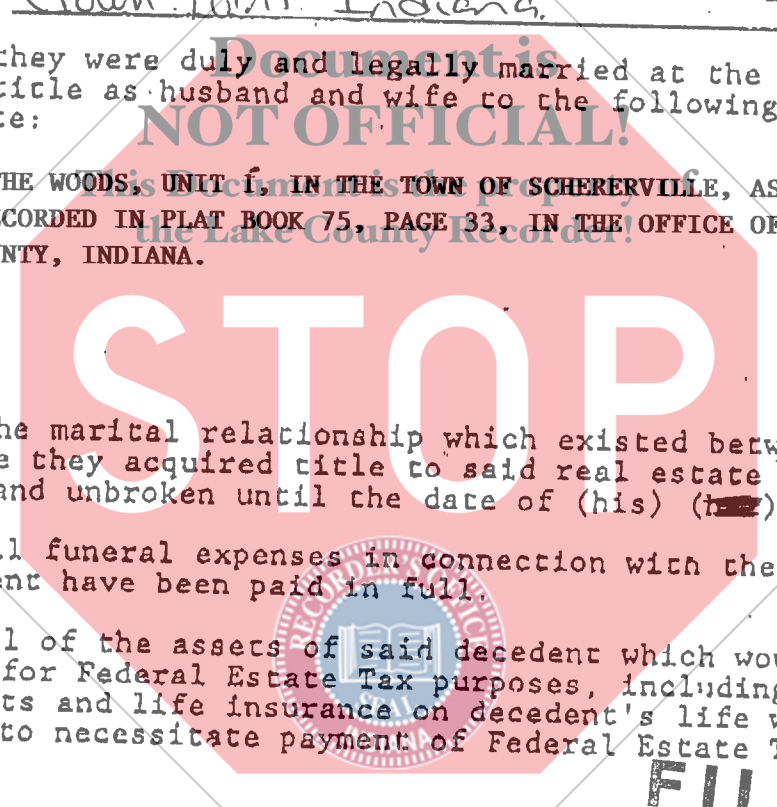
NANCY STEININGER
Notary Public, State of Indiana
Resident of Lake County
My Commission Expires: 01/10/07

Nancy Steininger
Notary Public

000893

This instrument prepared by: DIANE GORDON

Bankers Title # 320032211



ck # 6206
110

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

COPY

Local No. 201-11

CERTIFICATE OF DEATH

State No. Key # 20-13-589-24

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

67040 TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED-NAME (First, Middle, Last) Richard E. Adducci 2 SEX Male 3a TIME OF DEATH 7:50a 3b DATE OF DEATH (Month, Day, Year) June 19, 2002 4 SOCIAL SECURITY NUMBER 360-32-6157 5a AGE--Last Birthday, (Years) 59 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo, Day, Yr) January 16, 1943 7 BIRTHPLACE (City and State or Foreign Country) Evergreen Park, Illinois

DECEDENT

8a WAS DECEDENT A U.S. VETERAN? No 8b YEAR LAST SERVED IN U.S. ARMED FORCES? NA 9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient, ER/Outpatient, DDA; OTHER: Nursing Home, Residence (checked), Other (Specify)

9b FACILITY NAME (If not institution, give street and number) 2904 Morningside 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) Janice DeMarche 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Fire Engineer 12b KIND OF BUSINESS/INDUSTRY Municipal Fire Dept.

13a RESIDENCE--STATE Indiana 13b COUNTY Lake 13c CITY, TOWN, OR LOCATION Crown Point 13d STREET AND NUMBER 2904 Morningside Dr.

PARENTS

13e ZIP CODE 46307 13f INSIDE CITY LIMITS (No, Yes) Yes (checked) 14 CITIZEN OF WHAT COUNTRY? U.S.A. 15 WAS DECEDENT OF HISPANIC ORIGIN? No (checked) 16 RACE--American Indian, Black, White, etc (Specify) Caucasian 17 DECEASED'S EDUCATION (Specify, only highest grade completed) Elementary/Secondary (0-12) 12, College (1-4 or 5+) 4

INFORMANT

18 FATHER'S NAME (First, Middle, Last) Joseph Adducci 19 MOTHER'S NAME (First, Middle, Maiden Surname) Clementine DaCorte

20a INFORMANT'S NAME (Type/Print) Janice Adducci 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2904 Morningside Dr. Crown Point, Indiana 46307 20c Relationship Wife

DISPOSITION

21a METHOD OF DISPOSITION (Entombment, Bural (checked), Cremation, Removal from State, Donation, Other (Specify)) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 21, 2002 Chapel Lawn Memorial Gardens 21c LOCATION--City or Town, State Schererville, Indiana

22a EMBALMER'S NAME Jeffery N. Sachs 22b EMBALMER'S LICENSE NO. FD29800086 23 WAS DEATH REPORTED TO CORONER? No (checked) Yes

24a SIGNATURE OF FUNERAL DIRECTOR (Signature) 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

CAUSE OF DEATH

26 PART I Enter the disease, 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 Vascular collapse b Due to arteriosclerotic heart and vascular disease c d 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. 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No 28a WAS AN AUTOPSY PERFORMED? No 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

CERTIFIER

29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN, HEALTH OFFICER, CORONER (checked) Chief Deputy

29b SIGNATURE AND TITLE OF CERTIFIER (Signature) 29c MEDICAL LICENSE NO. N/A 29d DATE SIGNED (Month, Day, Year) June 20, 2002

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy Coroner, 2900 W. 93rd Ave., Crown Point, Indiana 46307

31 HEALTH OFFICER'S SIGNATURE (Signature) 32 DATE FILED (Month, Day, Year) June 20, 2002

33 MANNER OF DEATH (Natural (checked), 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) June 19, 2002 34h MOTOR VEHICLE ACCIDENT (Yes or No)