

AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA
COUNTY OF LAKE

)
) SS: 2003 074342

2003 JUL 17 5:11 PM '03

Mary M. Suarez, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Alfredo Pavia Suarez**, died (without leaving a will) (leaving a will) on December 28, 2001 at Munster, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 23 IN INNSBROOK, UNIT NO. 6, IN THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 56 PAGE 18, 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 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 included 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.

COMMUNITY TITLE COMPANY
FILE NO 26494

Mary M Suarez
MARY M. SUAREZ

Subscribed and sworn to before me, a Notary Public this 14th day of July, 2003.

PATRICIA LUDINGTON
NOTARY PUBLIC, STATE OF INDIANA
COUNTY OF LAKE
MY COMMISSION EXPIRES 04-15-08

Patricia Ludington
Notary Public

My Commission Expires: _____
County of Residence: _____

FILED
JUL 17 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

001246

12.00
ZP
OK

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3155-01

CERTIFICATE OF DEATH

State No.

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) Alfredo Pavia Suarez		2. SEX Male		3a. TIME OF DEATH 11:37AM		3b. DATE OF DEATH (Month Day Yr) December 28, 2001	
4. SOCIAL SECURITY NUMBER 267-72-3164		5a. AGE - Last Birthday (Years) 57		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) October 25, 1944		7. BIRTHPLACE (City and State or Foreign Country) Havana, Cuba					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Riley Hospice Residence				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) Mary M. Davis		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mould Maker		12b. KIND OF BUSINESS INDUSTRY Glass Production	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Merrillville		13d. STREET AND NUMBER 6379 Marshall Court	
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) Cuban	
16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Joel Suarez			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Juana Valdez				20a. INFORMANT'S NAME (Type/Print) Mary M. Suarez			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6379 Marshall Court, Merrillville, IN 46410				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 31, 2001 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town State Schererville, Indiana			
22a. EMBALMER'S NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FD1019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Henry Allen</i>		24b. LICENSE NUMBER (of Licensee) FD29900123		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323			
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>Metastatic Pancreatic Cancer</i> DUE TO (OR AS A CONSEQUENCE OF)		cancer 2 years			
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)					
		c. DUE TO (OR AS A CONSEQUENCE OF)					
		d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				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) 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) as stated.		FILED	
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen R. Stiglich</i>		29c. MEDICAL LICENSE NO. 001247		29d. DATE SIGNED (Month Day Year) 7/17/2003		JUL 17 2003	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) G. Jano M.D., 7905 Calumet Avenue, Munster, IN 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Stephen R. Stiglich, D.O.</i>							
33. MANNER OF DEATH <input checked="" 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)	
		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34d. DESCRIBE HOW INJURY OCCURRED AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. 001247 JAN 02 2002			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					