

TICOR TITLE INSURANCE

2003 07 18 08

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 JUL 21 11:00 AM

MODIFIED RECORD

SURVIVORSHIP AFFIDAVIT

STATE OF: INDIANA)

) SS:

COUNTY OF: LAKE)

On this JULY 18, 2003 Before me personally appeared ANTONIA WALLA

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is _____
(state interest of affiant in the above premises as owner)

3. Said premises described as follows: 3540 ADAMS ST.
GARY, IN 45408

LOT 18 AND 19 IN BLOCK "F" IN PARK MANOR FIFTH SUBDIVISION, IN THE CITY OF GARY,
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17 PAGE 32, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

This Document is the property of
the Lake County Recorder!

46-339-19 (25)

4. Said premises were formerly owned as joint tenants or as tenants by entireties
by Charles A. Walla and Antonia Walla

5. Said CHARLES A. WALLA
(fill in name of co-tenant who died)

died on February 12, 2001

leaving NO will;
(insert "a" or "no" if a will has been left, attach a copy)

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the
entireties, individual ownerships of both real and personal property, and insurance does not exceed the
sum of \$ _____ and to the best of affiant's knowledge there is no estate
or inheritance tax liability by reason of the death of the said decedent:

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? NO
(If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was wife

Signature Antonia Walla

Address: ANTONIA WALLA
910 S. Main St.
Crown Point, Indiana 46307

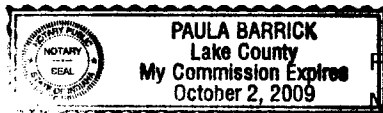
State of Indiana)

County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this JULY 18, 2003
personally appeared ANTONIA WALLA

and acknowledged the execution of the foregoing Affidavit.

Paula Barrick



Notary Public

Resident of _____ County

My Commission expires: _____

Prepared by: A. WALLA

FILED

JUL 23 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

923-2996
TICOR MO

001626

11. - DG
TZ

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

CERTIFICATE OF DEATH

Local No. 47149

State No.

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) CHARLES ANTHONY WALLA		2 SEX Male	3a TIME OF DEATH 6:55 A.M.	3b DATE OF DEATH (Month, Day, Year) February 12, 2001	
4 SOCIAL SECURITY NUMBER 308 16 5852	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) October 3, 1919	
7 BIRTHPLACE (City and State or Foreign Country) Uniontown PA	8a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>				
8b WAS DECEDENT A U.S. VETERAN? yes	8c YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9b FACILITY NAME (If not institution, give street and number) 35th & Broadway			
9c CITY/TOWN OR LOCATION OF DEATH Gary IN		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Antonia Chiaramonte	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Boilermaker	12b KIND OF BUSINESS/INDUSTRY US Steel Gary Wks		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Gary	13d STREET AND NUMBER 3540 Adams Street		
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) 12 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) Joseph Walla			
18 MOTHER'S NAME (First, Middle, Maiden Surname) Susanna Amorogovic		19a INFORMANT'S NAME (Type/Print) Antonia Walla			
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3540 Adams Street Gary, IN 46408		19c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <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) February 15, 2001 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN 46410	
22a EMBALMER'S NAME Anthony S. Rendina Jr		22b EMBALMER'S LICENSE NO. ED01010402	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24b LICENSE NUMBER (of Licenses) ED01010402	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408		
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 in each box.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Transsection of thoracic spine DUE TO (OR AS A CONSEQUENCE OF)			
Conditions of any which gave rise to the immediate cause, stating the underlying cause last		b. Contusion of chest and abdomen due to blunt force trauma 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) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
29a CERTIFIER (Check only one) <input 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 checked="" 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>Deputy Coroner</i>		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) February 15, 2001		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Malyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Donna Malyon</i>				32 DATE FILED (Month, Day, Year) FEB 20 2001	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		33a DATE OF INJURY Feb. 12, 2001	33b TIME OF INJURY Unknown	33c INJURY AT WORK? (Yes or no) No	33d DESCRIBE HOW INJURY OCCURRED Pedestrian/Automobile accident
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) street		34b LOCATION (Street and Number or Rural Route Number, City or Town, State) 35th & Broadway Gary, Indiana			
34c DATE PRONOUNCED DEAD (Month, Day, Year) February 12, 2001		34d MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Yes/pedestrian			