

2003 086680

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MORE INFORMATION
CALL 317-232-1234

620036279

 **Chicago Title Insurance Company**

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SURVIVORSHIP AFFIDAVIT

On this 8-8-03 before me personally appeared Thomas J
(insert date)

MARTINOTTI

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 OWNER;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
THOMAS J MARTINOTTI and GAULE L. MARTINOTTI;
4. Said GAULE L. MARTINOTTI
(fill in name of co-tenant who died)
died on 10-2-02
leaving No will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

FILED

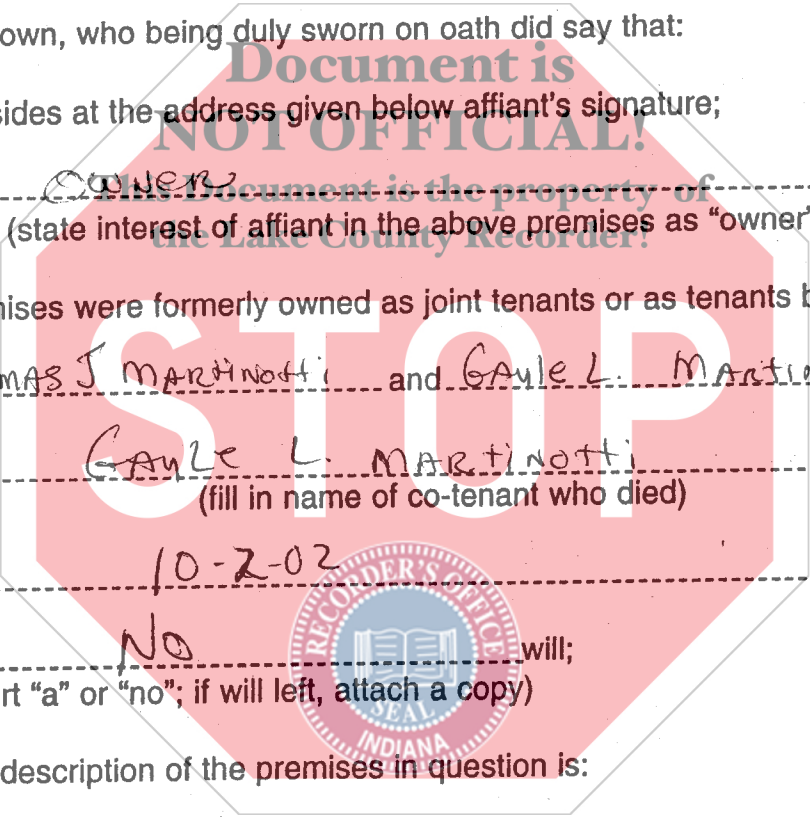
AUG 18 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001413

15.00
LP
CT

CHICAGO TITLE INSURANCE COMPANY



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

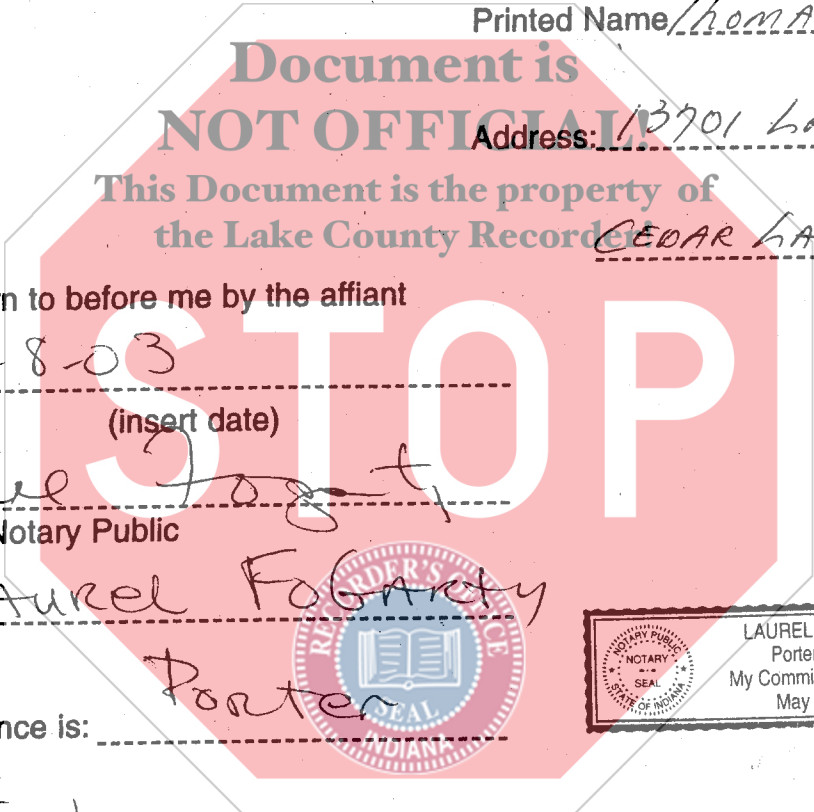
8. Affiant's relationship to the deceased was HUSBAND

Signature: Thomas J. Martini

Printed Name Thomas J. Martini

Address: 13701 LAUERMAN #57

CEDAR LAKE IN 46303



Subscribed and sworn to before me by the affiant

this 8-8-03
(insert date)

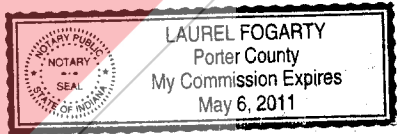
Laurel Fogarty
Notary Public

Printed Name Laurel Fogarty

My County of Residence is: Porter

In the State of IN

My Commission Expires 5-6-11



This instrument prepared by _____

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1773-02

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

TYPE/PRINT IN PERMANENT INK

1 DECEASED—NAME (First, Middle, Last) GAYLE L. MARTINOTTI				2 SEX FEMALE	3a TIME OF DEATH 9:45 A.M.	3b DATE OF DEATH (Month, Day, Yr.) OCTOBER 2, 2002	
4 *SOCIAL SECURITY NUMBER 346 38 7197		5a AGE—Last Birthday (Years) 55	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 25, 1947	7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
8a. WAS DECEDENT 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"/> DOA <input type="checkbox"/> 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) 13701 Laverman #57			9c. CITY, TOWN OR LOCATION OF DEATH Cedar Lake		9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Thomas Martinotti		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mortgage Banker		12b. KIND OF BUSINESS/INDUSTRY Banking	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Cedar Lake		13d. STREET AND NUMBER 13701 Laverman #57	
13e. ZIP CODE 46303		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 (0-12) 12 College (1-4 or 5+) 					
18. FATHER'S NAME (First, Middle, Last) Walter R. Olson				19. MOTHER'S NAME (First, Middle, Maiden Surname) Marlyn Forsberg			
20a. INFORMANT'S NAME (Type/Print) Thomas Martinotti			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13701 Laverman #57 Cedar Lake, IN. 46303			20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) October 4, 2002 Regional Services			21c. LOCATION—City or Town, State Munster, Indiana	
22a. EMBALMER'S NAME Phillip J. Panozzo			22b. EMBALMER'S LICENSE NO. FD29800096		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Phillip J. Panozzo</i>			24b. LICENSE NUMBER (of Licensee) FD29800096		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PH83007819 Panozzo Bros Funeral Home, Inc 530 W. 74th St Chicago IL 60611		
26. PART I: THIS PART IS TO BE COMPLETED BY THE PHYSICIAN OR OTHER PERSON WHO CAUSED THE DEATH. Do not enter nonspecific terms, such as cardiac or respiratory failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) lung carcinoma DUE TO (OR AS A CONSEQUENCE OF) OCT 03 2002 CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last: a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. 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 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)							
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>An M.M.</i>					29c. MEDICAL LICENSE NO. 036-090420	29d. DATE SIGNED (Month, Day, Year) OCTOBER 2, 2002	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ANN MAUER, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>					32. DATE FILED (Month, Day, Year) October 3, 2002		
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 INJURY OCCURRED		
34a. 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)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF DEATH

CERTIFIER

HEALTH OFFICER



LEGAL DESCRIPTION

Part of the East half of the Northwest Quarter and part of the West half of the Northeast Quarter of Section 27, Township 34 North, Range 9 West of the Second Principal Meridian, and also being Lots 1, 2, 3, 6, the North half of Lot 5 and the South 7 feet of 15th Street in Block 17, as shown on an unrecorded Plat of the Cedar Lake Conference Grounds by F. L. Knight and Sons, dated April 17, 1923 and revised April 1, 1925 in the Town of Cedar Lake, all in Lake County, Indiana, and more particularly described as follows: Commencing at the Southwest corner of the Northwest Quarter of said Section, (South 00 degrees 00 minutes 00 seconds East, 2657.8 feet from the Northwest corner of said Section based on the West line of said Section length of 5315.6 feet as measured October 26, 1998 between found Lake County Surveyor's monuments and an assumed bearing of South 00 degrees 00 minutes 00 seconds East for said West line); thence North 89 degrees 57 minutes 45 seconds East, along the South line of the Northwest Quarter of said Section 2465.08 feet to the intersection with a Westerly line on said Knight Plat (all of the following courses, distances and parallel lines are based on May 17, 2000 field measurements of found monumentation at Lot and Block corners of said Knight Plat; lines recited in this description as "approximate" are for reference only), said line being parallel with and 20 feet Westerly as measured by perpendicular measurement to the Westerly line of Blocks 9, 10, and part of 11 as shown on said Knight Plat and based on said found monumentation; thence along said Westerly line of the Knight Plat the following two courses: 1) thence North 03 degrees 53 minutes 43 seconds West, 218.09 feet to the intersection with a Westerly line on said Knight Plat, said line being parallel with and 20 feet Westerly as measured by perpendicular measurement to the Westerly line of Blocks 12, 14, 15, 16, 17, and a portion of Block 11 as shown on said Knight Plat and based on said found monumentation; 2) thence North 15 degrees 17 minutes 27 seconds West along said Westerly line, 555.15 feet; thence South 88 degrees 45 minutes 41 seconds East, 20.86 feet to a 5/8 inch rebar with an identification cap stamped "P.T.A. 736-0555" and being the point of beginning; thence continuing South 88 degrees 45 minutes 41 seconds East, along the approximate centerline of 15th Street as shown on said Knight Plat, 177.13 feet to a 5/8 inch rebar with an identification cap stamped "P.T.A. 736-0555"; thence South 21 degrees 52 minutes 57 seconds East along the approximate Easterly line of Lot 6, the Northerly prolongation thereof and the approximate Easterly line of the North half of Lot 5 all as shown on said Knight Plat, 51.83 feet to a 1/2 inch iron pipe; thence North 88 degrees 40 minutes 49 seconds West along the approximate South line of said North half of Lot 5, a distance of 72.26 feet to a 1/2 inch iron pipe; thence South 00 degrees 26 minutes 49 seconds East along the approximate East line of Lot 3 of said Knight Plat, 39.25 feet to a 1/2 inch iron pipe; thence North 88 degrees 41 minutes 45 seconds West along the approximate South line of Lots 1, 2, and 3 of said Knight Plat, 100.66 feet to a 3/4 inch iron pipe; thence North 15 degrees 17 minutes 27 seconds West along the approximate Westerly line of said Lot 1 and the Northerly prolongation thereof, 90.42 feet to the point of beginning.

