

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

2004
03
08
05

Rosemary Castellani, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, Louis J. Castellani, died (without leaving a will) (leaving a will) on 11/6/00 at METHODIST HOSPITAL
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

Receipt # 8-13-683-19

UNIT 29C BUILDING 7929 TYLER CIRCLE, SYCAMORE COVE, A HORIZONTAL PROPERTY REGIME CREATED BY DECLARATION OF CONDOMINIUM RECORDED JUNE 21, 1994 AS DOCUMENT NO. 94045542 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 76, PAGE 70 AND RECREATED BY THE AMENDED AND RESTATED DECLARATION OF CONDOMINIUM RECORDED DECEMBER 2, 1994 AS DOCUMENT NO. 94081649 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 77 PAGE 79 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA AND FURTHER AMENDED BY THE AMENDMENT TO THE AMENDED AND RESTATED DECLARATION RECORDED JANUARY 27, 1995 AS DOCUMENT NO. 95004892 AND FURTHER AMENDED BY A SECOND AMENDMENT TO THE AMENDED AND RESTATED DECLARATION OF CONDOMINIUM RECORDED MARCH 6, 1995 AS DOCUMENT NO. 95012135 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78, PAGE 10, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AREAS 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 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.

Rosemary Castellani
ROSEMARY CASTELLANI

Subscribed and sworn to before me, a Notary Public this 29 day of APRIL, 2004.

My Commission Expires: 9-18-2007
County of Residence: Max.

Sherry
Notary Public
(PRINTED NAME)

FILED
MAY 11 2004

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

COMMUNITY TITLE COMPANY
FILE NO. 22734

12-DC
CM

* 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
CERTIFICATE OF DEATH

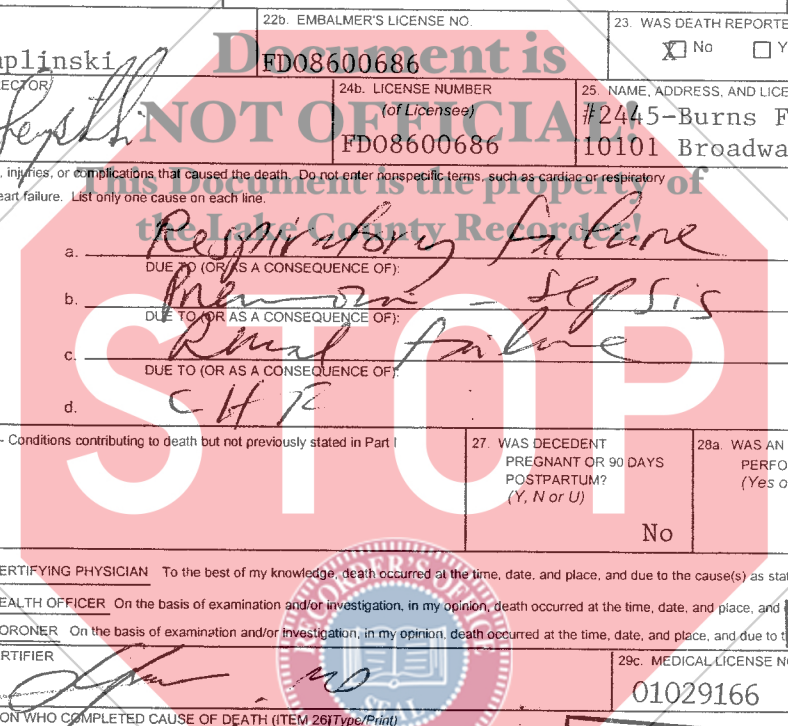
Local No. 2600-00

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) LOUIS J. CASTELLANI		2. SEX Male	3a. TIME OF DEATH 2:40 PM	3b. DATE OF DEATH (Month, Day, Yr.) November 6, 2000	
4. SOCIAL SECURITY NUMBER 306-09-1691	5a. AGE - Last Birthday (Years) 86	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Mo., Day, Yr.) Oct. 21, 1914	
7. BIRTHPLACE (City and State or Foreign Country) Cambria, Wyoming	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Southlake Campus		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rosemary Mesaric	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor	12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Company		
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Merrillville	13d. STREET AND NUMBER 7929 Tyler Circle		
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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+) 4		18. FATHER'S NAME (First, Middle, Last) Fred Castellani			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Jemma		20a. INFORMANT'S NAME (Type/Print) Rosemary Castellani			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7929 Tyler Circle, Merrillville, IN		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) November 10, 2000 Northwest Indiana Cremation Service		21c. LOCATION - City or Town, State Crown Point, Indiana	
22a. EMBALMER'S NAME David W. Semplinski		22b. EMBALMER'S LICENSE NO. FD08600686		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David W. Semplinski</i>		24b. LICENSE NUMBER (of Licensee) FD08600686		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME #2445-Burns Funeral Home 10101 Broadway, Crown Point, IN 46307	
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. Respiratory failure menor - sepsis Renal failure CHF				Approximate Interval Between Onset and Death 1-2h 1-5 day 1-5 day	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> no			
29c. MEDICAL LICENSE NO. 01029166		29d. DATE SIGNED (Month, Day, Year) MAY 11 2004			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) HAKAM SAFADI MD 8315 VIRGINIA ST STE J MERRILLVILLE					
31. HEALTH OFFICER'S SIGNATURE <i>Stephen R. Stiglich, M.D.</i>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 NOV 13 2000
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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			



FILED

COMPLETE COPY OF THIS DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
STEPHEN R. STIGLICH
AUDITOR
NOVEMBER 13 2000