

2004 042462

2004 MAY 21 10:09 AM

**Chicago Title Insurance Company**

2

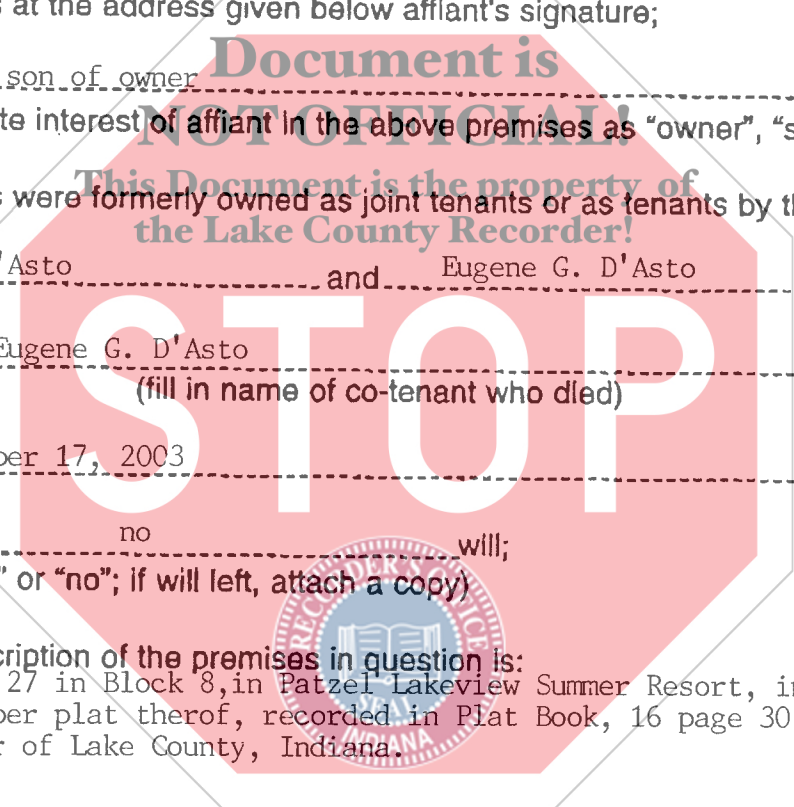
**SURVIVORSHIP AFFIDAVIT**

420042746

On this 11th May, 2004 before me personally appeared John Thomas D'Asto  
(insert date)

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 son of 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  
Claudia C. D'Asto and Eugene G. D'Asto;
4. Said Eugene G. D'Asto  
(fill in name of co-tenant who died)  
died on October 17, 2003  
leaving no will;  
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:  
Lots 26 and 27 in Block 8, in Patzel Lakeview Summer Resort, in the City of  
Hobart, as per plat thereof, recorded in Plat Book, 16 page 30, in the Office of  
the Recorder of Lake County, Indiana.



Chicago Title Insurance Company

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**

MAY 20 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

1724  
13  
7-10

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 son

Signature: *John Thomas D'Asto*

Printed Name John Thomas D'Asto

Address: 1520 Spencer Ave., Wilmette, IL 60091

Document is NOT OFFICIAL!

This Document is the property of Porter County Recorder!

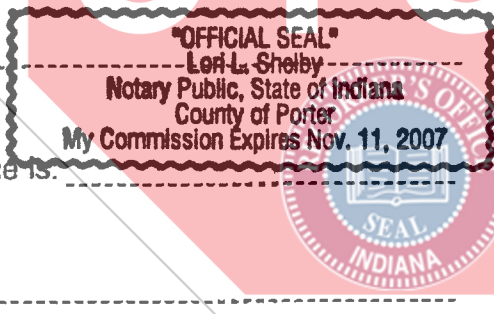
Subscribed and sworn to before me by the affiant

this 11th day of May, 2004

(insert date)

*Lori L. Shelby*  
Notary Public

Printed Name \_\_\_\_\_



My County of Residence is \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This instrument prepared by John Thomas D'Asto

001724

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**615375**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**OCT 21 2003**

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD LAW AND ORDINANCES.

STEPHEN R. STIGLICH  
 COUNTY AUDITOR  
 DEPARTMENT OF PUBLIC HEALTH  
 CITY OF CHICAGO

**522100**

REGISTRATION DISTRICT NO. **4840**  
 REGISTERED NUMBER

DECEASED-NAME: **EUGENE DASTO** SEX: **MALE** DATE OF DEATH: **17, 2003**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** COUNTY OF DEATH: **CHICAGO**

AGE-LAST BIRTHDAY: **33** UNDER-1 YEAR: **03** UNDER-1 DAY: **50** DATE OF BIRTH: **17, 1970**

HOSPITAL OR OTHER INSTITUTION-NAME: **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY): **INPATIENT**

RESIDENCE (STREET AND NUMBER): **505 West 7th Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Hobart** INSIDE CITY (YES/NO): **Yes** COUNTY: **So. Lake**

FATHER-NAME: **Antonio D'ASTO** MOTHER-NAME: **FRANCISCA DIANZA**

17a. FAYEDRIA GRAY 18. PART I. Immediate Cause (Final disease or condition resulting in death): **SEPTIC SHOCK**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CAUSE LAST: **TWO HOURS**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **ULCERATIVE COLITIS, PROSTATE CANCER**

20a. (DD) (DD) (DD) ATTEND THE DECEASED (MONTH, DAY, YEAR): **10 / 17 / 03** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **CHICAGO, ILLINOIS 60637**

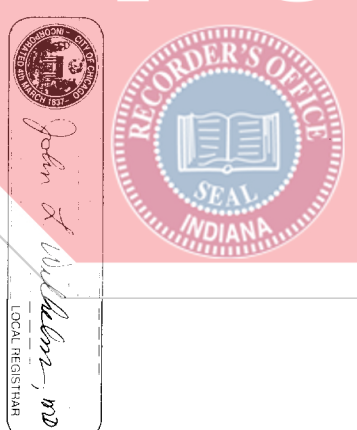
22a. SIGNATURE: **A Calderwood MD** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **5841 SOUTH MARYLAND**

22c. AUDREY CALDERWOOD, MD CHICAGO, ILLINOIS 60637

23. HALINA BRUKNER, MD

24a. St. Mary Cemetery 24b. Evergreen Pk. 111

25a. Zosary Funeral Home 9837 S. Kedzie Av. Evergreen Park, Illinois 60805



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.