

DECEASED JOINT TENANT AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

3

State of Indiana)

Date:

County of)

File:

ELENA LAPINSKAS

SS
2005 049412

2005 JUN 15 PM 1:04

_____, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 3726 FIR ST., EAST CHICAGO, IN 46312
2. That he/she was acquainted with JOUZAS LAPINSKAS who died on 4-5-1996 as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 leaving no will and last testament.
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Indiana Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ _____

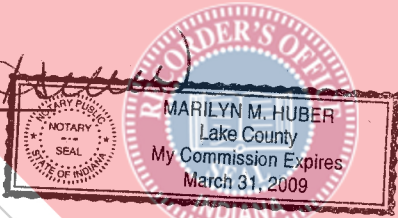
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Elena Lapinskas
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this

9 ___ day of JUNE, 2005

Marilyn M. Huber
NOTARY SIGNATURE



FILED
JUN 15 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

After Recording Return to: ELENA LAPINSKAS 8448 DAY ST., Sunland, CA 91040
This Document was Prepared By: ELENA LAPINSKAS

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14-
CHK # 575720

* 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

Local No. 96-101

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-1-93

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | |
|---|--|---|---|--|-----------------------------------|
| 1. DECEASED—NAME (First Middle Last) Juozas (Joseph) Lapinskas | | 2. SEX Male | 3a. TIME OF DEATH 10:30am | 3b. DATE OF DEATH (Month, Day, Year) April 5, 1996 | |
| 4. SOCIAL SECURITY NUMBER 311-32-9530 | 5a. AGE—Last Birthday (Years) 85 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) Mar. 16, 1911 | |
| 7a. WAS DECEDENT A U.S. VETERAN? No | 7b. YEAR LAST SERVED IN U.S. ARMED FORCES? None | 7. BIRTHPLACE (City and State or Foreign Country) Lithuania | | | |
| 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Pharmacy | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) St. Catherine Hospital | | 9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago | 9d. COUNTY OF DEATH Lake | | |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Elena (Helen) Barauskas | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic | 12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co. | | |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION East Chicago | 13d. STREET AND NUMBER 3726 Fir Street | | |
| 13e. ZIP CODE 46312 | 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 (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 16. RACE—American Indian, Black, White, etc. (Specify) White | |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (14 or 5+) | | 18. FATHER'S NAME (First, Middle, Last) Juozas Lapinskas | | | |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) Tekle Galdikaite | | 20a. INFORMANT'S NAME (Type/Print) Elena (Helen) Lapinskas | | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3726 Fir Street, East Chicago, IND 46312 | | 20c. Relationship Wife | | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) April 9, 1996 St. Casimir Cemetery Chicago, Illinois | | 21c. LOCATION—City or Town, State | |
| 22a. EXAMINER'S NAME James H. Fife | | 22b. EXAMINER'S LICENSE NO. FD01010795 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Fife</i> | | 24b. LICENSE NUMBER (of Licensee) FD01020366 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E. Chgo, IND | | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Carcinoma Liver DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ CONDITIONS if any, which gave rise to the immediate cause, stating the underlying cause last. | | | | | |
| 26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Atherosclerotic Heart Disease | | | | | |
| 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>James H. Fife</i> | | 29c. MEDICAL LICENSE NO. 101075700 | 29d. DATE SIGNED (Month, Day, Year) April 10, 1996 | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Mansueto Silverman, M.D. - 6924 Indianapolis Blvd., Hammond, Indiana | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Rankovich</i> | | | | 32. DATE FILED (Month, Day, Year) 4-10-96 | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY OCCURRED |
| 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 PHONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | | |

EXHIBIT "A"

LOT TWENTY-NINE (29), BLOCK SIX (6), FIRST ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 5, PAGE 14, IN LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 24-30-0325-0029

COMMONLY KNOWN AS: 3726 FIR STREET
EAST CHICAGO, IN 46312

