

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2006 007579

STATE OF INDIANA
LAKE COUNTY
FILED FEB 01 2006

2006 FEB -1 2: 4:31

MICHAEL A. BROWN
RECORDER

A F F I D A V I T

JUDY M. VASSALLO, being first duly sworn, states:

1. She is a resident of Lake County, Indiana.

2. Affiant states that she is the surviving spouse of James Vassallo, Jr., a/k/a James T. Vassallo, Jr., who died a resident of Lake County, Indiana, on January 8, 2006. A certified copy of his death certificate is attached hereto and incorporated herein.

3. At the time of his death, James Vassallo and Judy M. Vassallo, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot 63, Wirtz Crown Heights, Unit 2 to Lake County, Indiana, as shown in Plat Book 38, Page 17, in Lake County, Indiana,

commonly known and described as 9415 Roosevelt Place, Crown Point, Indiana 46307.

4. At the time of his death, James Vassallo and Judy M. Vassallo were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax is due from the Estate of James Vassallo.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Judy M. Vassallo, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate on said Auditor's records.

Dated January 25, 2006.

FILED

FEB 01 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Judy M. Vassallo
JUDY M. VASSALLO


002048

#13
CK #
27621
27621
CAM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 25th day of January 2006, personally appeared Judy M. Vassallo who, being duly sworn, stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.


MARGARET PERZ, Notary Public

MY COMMISSION EXPIRES:

September 12, 2007

Resident of Lake County



This instrument prepared by Edward L. Burke, Attorney At Law, 9191 Broadway, Merrillville, Indiana 46410

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10.c.c.

* 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. 0039-06

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) JAMES T. VASSALLO, JR.		2 SEX Male	3a TIME OF DEATH 7:21 P.M.	3b DATE OF DEATH (Month, Day, Yr.) January 8, 2006
4 *SOCIAL SECURITY NUMBER 311-44-9422	5a AGE—Last Birthday (Years) 62	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) March 28, 1943
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	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 checked="" 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		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) Judy M. Cunningham	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor/Co-ordinator		12b KIND OF BUSINESS/INDUSTRY U.S. Steel Company/ Lake County Government
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Crown Point	13d STREET AND NUMBER 9415 Roosevelt Place	
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) College (1-4 or 5 +) 3		18 FATHER'S NAME (First, Middle, Last) James T. Vassallo		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lena Pusateri		20a INFORMANT'S NAME (Type/Print) Judy M. Vassallo		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9415 Roosevelt Pl., Crown Point, IN 46307		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) January 13, 2006 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana
22a EMBALMER'S NAME Jonathon R. Christiansen		22b EMBALMER'S LICENSE NO. FD20200095		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (of licensee) 1009893		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PROZIN & LITTLE FUNERAL SERVICE 811 E. Franciscan Drive Crown Point, IN 46307 #83001261
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. <i>Cordic arrest</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>CHF, sleep apnea.</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Vest artery thromias</i> 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) N/A
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>Abdul Kawamleh</i>			29c MEDICAL LICENSE NO. 01052395A	
29d DATE SIGNED (Month, Day, Year) 1/10/06				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Abdul Kawamleh 8895 Broadway, Merrillville, IN 46410 (219)738-2081				
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				31 DATE FILED (Month, Day, Year) JAN 10 2006
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 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) JAN 10 2006		
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

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

