

3



TICOR TITLE INSURANCE

2006 011214

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Michael A. Lottino, being first duly
sworn upon oath, deposes and says:

1. That Melissa S. Lottino died on November 10, 1999 at 11:07PM
2. That Melissa S. Lottino and Michael A. Lottino were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 1 in Homestead Gardens 2nd Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 31 page 30, in the Office of the Recorder of Lake County, Indiana. 27-252-1(10)

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 ~~(his)~~ (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 includable 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.

Michael A. Lottino
Michael A. Lottino

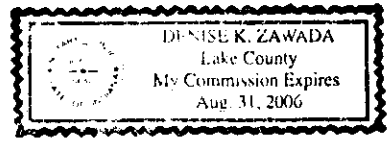
Subscribed and sworn to before me, a Notary Public, this 7th day of February, 19/ 2006.

FILED

Denise K. Zawada Notary Public
FEB 10 2006

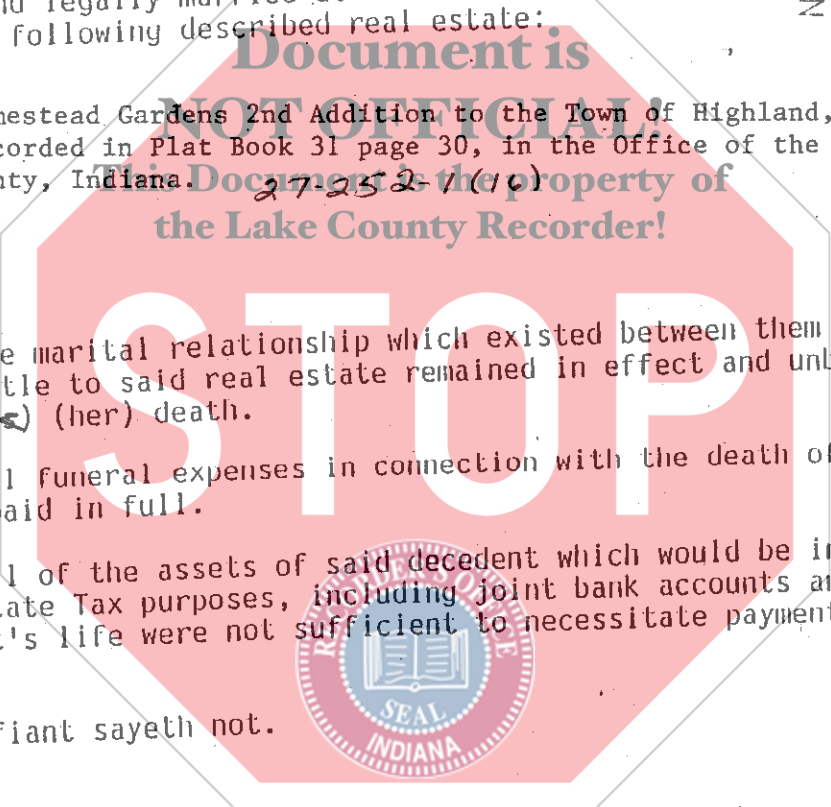
My Commission expires:
8/31/06

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



County of Residence:
Lake

This Instrument prepared by Michael A. Lottino



2006 FEB 13 AM 11:14
MICHAEL A. LOTTINO
RECORDED

\$14
TF
CAM

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 2607-02

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) MELISSA SUE LOTTINO		2 SEX FEMALE	3a TIME OF DEATH 11:07 P.M.	3b DATE OF DEATH (Month, Day, Yr.) NOVEMBER 10, 2002
4 *SOCIAL SECURITY NUMBER 316-64-8857	5a AGE—Last Birthday (Years) 47	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) JANUARY 10, 1955
7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA				
8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a 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) THE COMMUNITY HOSPITAL		9c CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) MICHAEL LOTTINO	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CLERK	12b KIND OF BUSINESS/INDUSTRY COMMUNITY HOSPITAL	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION HIGHLAND	13d STREET AND NUMBER 8102 5th. STREET	
13e ZIP CODE 46311	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? 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) <input checked="" type="checkbox"/> College (13-16 or 17+) 12		18 FATHER'S NAME (First, Middle, Last) ADRIAN RICH		
19 MOTHER'S NAME (First, Middle, Maiden Surname) EVELYN NEIL		20a INFORMANT'S NAME (Type/Print) MICHAEL LOTTINO		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8102 5th. ST. HIGHLAND, IN. 46322		20c Relationship HUSBAND		
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) NOVEMBER 14, 2002 ELMWOOD CEMETERY		21c LOCATION—City or Town, State HAMMOND, INDIANA
22a EMBALMER'S NAME EDWARD MULLANEY		22b EMBALMER'S LICENSE NO. FDO1007176	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward Mullaney</i>		24b LICENSE NUMBER (of Licensee) FDO1006015	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME PH83003035 2828 HIGHWAY AVE. HIGHLAND, IN. 46322	
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 <u>Boa intumescens</u> DUE TO (OR AS A CONSEQUENCE OF) b <u>S2 seizure</u> DUE TO (OR AS A CONSEQUENCE OF) c <u>Cardiac arrest</u> DUE TO (OR AS A CONSEQUENCE OF) d Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last NOV 10 2002				Approximate Interval Between Onset and Death
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) 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>Erin Newkirk</i>		29c MEDICAL LICENSE NO. 01053038A
29d DATE SIGNED (Month, Day, Year) 11/12/02		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SANGHER, MANJAR, M.D., Columbia Ave, (G280), Munster, IN.		
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. Butcher, D.O.</i>		32 DATE FILED (Month, Day, Year) November 12, 2002		
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		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. Ticor Title - schererville 920060642				



DECLARATION

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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

