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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS:

2006 067700

2006 AUG -4 AM 10: 35

Christine C. DuPlessis, being first duly sworn upon oath, deposes and says: MICHAEL A. BROWN
RECORDER

1. That Mario R. DuPlessis, died on the 4th day of November, 2003 at Summit, Cook County, Illinois.
2. That at the time of his death, he was co-owner as Joint Tenant with Christine C. DuPlessis in the following described real estate:

LOT 28, 29 AND THE SOUTH 10 FEET OF LOT 30 IN BLOCK 7 IN RESUBDIVISION OF PARTS OF JACKSON TERRACE, HAMMOND, AS PER PLAT OF SAID RESUBDIVISION RECORDED IN PLAT BOOK 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Mario R. DuPlessis.
4. That this Affiant's relationship to the Decedent was wife.

FURTHER, Affiant sayeth not.

COMMUNITY TITLE COMPANY
FILE NO. 134861

Christine C. DuPlessis
CHRISTINE C. DUPLESSIS

Subscribed and sworn to before me, a Notary Public this 1st day of August, 2006.

Karen Craig

Notary Public

My Commission Expires: _____
County of Residence: _____

KAREN CRAIG
Lake County
My Commission Expires
Nov. 04, 2006



This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: *[Signature]*

FILED

AUG - 4 2006

REGG / HOLING / KAL / ONE
LAKE COUNTY AUDITOR

014453

\$13
cm
cm

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
MARIO R. COOK		R.		DUPLISSIS		LAST		MALE		NOVEMBER 4, 2003	
2. COUNTY OF DEATH		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE-LAST BIRTH (YRS)		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER)		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
COOK		SUMMIT		57		5402 S. 74TH AVENUE		HOURS		AUGUST 14, 1946	
3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED WIDOWED, DIVORCED, SPECIFY		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		INSIDE CITY (YES/NO)		COUNTY	
BATON ROUGE, LA.		MARRIED		CHRISTINE BALZARETTI		12		YES		COOK	
4. SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		11b. WAREHOUSE		13c. YES			
10. 355-38-2797		LABORER									
5. RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-F YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		14b. EXO		14c. YES		14d. SPECIFY:	
5402 S. 74TH AVE.		SUMMIT		NO							
6. STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		MOTHER-NAME		16. UNKNOWN		MIDDLE	
ILLINOIS		60501		WHITE		UNKNOWN		UNKNOWN		LAST	
7. FATHER-NAME		MIDDLE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17c. 5402 S. 74TH AVE. SUMMIT ILLINOI			
UNKNOWN		UNKNOWN		17b. WIFE							
8. INFORMANT'S NAME (TYPE OR PRINT)		17a. CHRISTINE DUPLISSIS		17b. WIFE							
18. PART I. Immediate Cause (Final disease or condition resulting in death)		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		19. AUTOPSY (YES/NO)		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		21c. 9:40 A.M.			
ISWALD DOR CASWCE (1 yr)		KIDNEY FAILURE		NO							
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		20d. HOUR OF DEATH		21a. DATE SIGNED		21b. 11/4/2003	
				NO				11/4/2003		11/8/2003	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. NO		22a. SIGNATURE		22b. ILLINOIS LICENSE NUMBER		22c. 036070270			
				ANNA NOWOLISKA M.D.		4201 W. 95TH ST. OAK LAWN IL.					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. BURIAL, CREMATION, REMOVAL, SPECTOR, 24a. CREMATION		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE	
		WOODLAWN		WOODLAWN		FOREST PK. ILLINOIS		ILLINOIS		ILLINOIS	
25a. FORAN FUNERAL HOME 7300 W. ARCHER AVE. SUMMIT ILLINOIS 60501		25b. LOCAL REGISTRY BARR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25e. NOV 05 2003			
		ANDREAS E. JENINGA		034-011087		NOV 05 2003					

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)