



TICOR TITLE INSURANCE

2006 085608

AFFIDAVIT

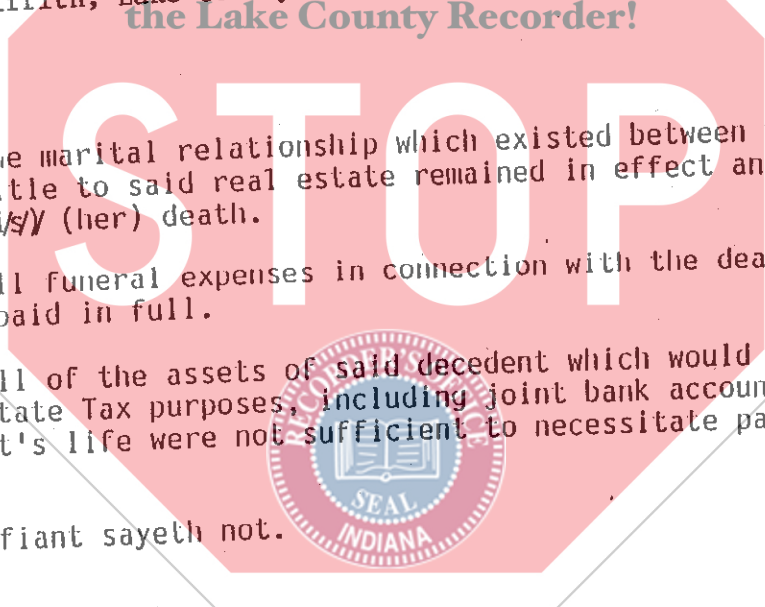
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Nicholas L. Rastovski, being first duly
sworn upon oath, deposes and says:

1. That Ann Rastovski, 18/2006 at East Chicago, Indiana,
June 25, died on 2006 OCT 25 AM 9:06
2. That Nicholas L. Rastovski and Ann Rastovski
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:
The East 65 feet of the West 298 feet of the North 3/5ths of the North 1/4
of the West 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 35,
Township 36 North, Range 9 West of the 2nd Principal Meridian, except the
North 33 feet thereof which is embraced in West Glen Park Avenue, in the
Town of Griffith, Lake County, Indiana. 2610-76(15)

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 (M/Y) (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.



Nicholas L. Rastovski
Nicholas L. Rastovski

Subscribed and sworn to before me, a Notary Public, this 25th day of
September, 2006, 19/

FILED

SEP 28 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

My Commission expires:

3-14-07

County of Residence:

Lake

This Instrument prepared by Nicholas L. Rastovski

"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." Chris Burk

Shannon Stiener
Shannon Stiener, Notary Public



\$14
TI
CA

926-7295
TICOR SO
019113

* 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

State No.

Local No. 153

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Ann M. Rastovski		2. SEX Female	3a. TIME OF DEATH 9:10 AM	3b. DATE OF DEATH (Month, Day, Yr.) June 25, 2006
4. *SOCIAL SECURITY NUMBER 310-22-9399	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) December 29, 1925
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, 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) Regency Hospital at St. Catherine Hospital		
9c. CITY, TOWN OR LOCATION OF DEATH East Chicago, Indiana		9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Nicholas Rastovski	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		12b. KIND OF BUSINESS/INDUSTRY Administration
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 407 W. Glen Park Ave.
13e. ZIP CODE 46319	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) 12 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Richard Juratic		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Unknown		20a. INFORMANT'S NAME (Type/Print) Nicholas Rastovski		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 407 W. Glen Park Ave., Griffith, IN 46319		20c. Relationship Husband		
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) June 28, 2006 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME Timothy Bowler		22b. EMBALMER'S LICENSE NO. FD20500035		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara S. W...</i>		24b. LICENSE NUMBER (of Licensee) FD20400058		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021
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. CARDIORESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF) b. ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF) c. PULMONARY EMBOLISM DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.				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)
28a. WAS AN AUTOPSY PERFORMED? (Yes or 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>Neil David Ybanez</i>			29c. MEDICAL LICENSE NO. 01059630	29d. DATE SIGNED (Month, Day, Year) 06/26/2006
30. NAME AND ADDRESS OF PERSON WHO COMPUTED CAUSE OF DEATH (ITEM 26) (Type/Print) Neil D. Ybanez, MD 525-527 W. Chicago Ave East Chicago, IN 46312				
31. HEALTH OFFICER'S SIGNATURE <i>Neil D. Ybanez</i>				32. DATE FILED (Month, Day, Year) 6/26/06
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.		34i. DATE FILED (Month, Day, Year)		

IV RA-20 (5-03)