

**AFFIDAVIT**

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

**Dalia Martinkus, Vidas Nemickas, and Rimgaudas Nemickas**, being first duly sworn upon oath, deposes and says:

1. That **Elena Nemickas**, died on the 22<sup>nd</sup> of November 2006, at Chicago, Cook County, Illinois.
2. That at the time of her death, she was co-owner as Joint Tenant with Dalia Martinkus, Vidas Nemickas, and Rimgaudas Nemickas in the following described real estate:

**LOT FIFTY-NINE (59) IN THE HIGHLAND TERRACE, FIFTH ADDITION TO THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA.**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Elena Nemickas.

4. That this Affiant's relationship to the Decedent were Siblings.

FURTHER, Affiant sayeth not.

Dalia Martinkus  
Dalia Martinkus

Vidas Nemickas  
Vidas Nemickas

R Nemickas  
Rimgaudas Nemickas

COMMUNITY TITLE COMPANY  
FILE NO. L37402

Subscribed and sworn to before me, a Notary Public this 30<sup>th</sup> day of May, 2007.

Karen Craig, Notary Public  
My Commission Expires:  
County of Residence:

(PRINTED NAME)



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.

2007 04 6 4 17  
2007 JUN - 7 AM 11:09  
MICHAEL A. BERGMAN  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

\$14  
cm  
CA

**FILED**

JUN - 6 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

007472

**CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**NOV 28 2006**

I, **TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO**, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

*Terry Mason MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DISTRICT NO. **16.10**

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

**616372**

REGISTERED NUMBER		DATE OF DEATH (MONTH, DAY, YEAR)		SEX	
1. <b>ELENA</b>		3. <b>NOV. 23, 2006</b>		2. <b>FEMALE</b>	
COUNTY OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
4. <b>COOK</b>		5d. <b>SEPT. 26, 1913</b>		3. <b>NOV. 23, 2006</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INPATIENT (SPECIFY)	
6a. <b>CHICAGO</b>		6b. <b>HOLY CROSS HOSPITAL</b>		6c. <b>INPATIENT</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <b>LITHUANIA</b>		8a. <b>WIDOWED</b>		9. <b>NO</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <b>304 32 9254</b>		11a. <b>HOMEMAKER</b>		12. <b>08</b>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. <b>8349 DELAWARE STREET</b>		13b. <b>HIGHLAND</b>		13c. <b>YES</b>	
STATE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		CITY OR TOWN, STATE, ZIP	
13e. <b>INDIANA</b>		14b. <b>WHITE</b>		17c. <b>CHICAGO, IL. 60611</b>	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		MOTHER'S MARRIAGE STATUS (M/NO, S/NO, W/NO, D/NO, S/P, M/P, W/P, D/P)	
15. <b>KONSTANTINAS SAULYS</b>		16. <b>KONSTANCIJA SUIYTE</b>		17b. <b>SON</b>	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17aDR. <b>RIMGAUDAS NEMICKAS</b>		17b. <b>SON</b>		17c. <b>190 E. WALTON #301, CHICAGO, IL. 60611</b>	
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>CONGESTIVE HEART FAILURE</b>				1 MONTH	
(b) <b>HYPERTENSION AND ATRIAL FIBRILLATION</b>					
(c) <b>OLD CEREBROVASCULAR ACCIDENT</b>					
PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
19. <b>NO</b>		19a. <b>NO</b>		19b. <b>NO</b>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. <b>NO</b>		20b. <b>NO</b>		20c. <b>NO</b>	
21. (DID YOU NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		DATE SIGNED (MONTH, DAY, YEAR)	
21a. <b>NO</b>		11. 21. 2006		21c. <b>NOVEMBER 22, 2006</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		DATE OF DEATH (MONTH, DAY, YEAR)	
22a. SIGNATURE <b>S. Prasad</b>		21b. <b>NO</b>		21c. <b>9:20 A. M.</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. <b>NOVEMBER 22, 2006</b>		22c. <b>NOVEMBER 22, 2006</b>	
22c. <b>S. PRASAD TUMMATA</b>		ILLINOIS LICENSE NUMBER		22d. <b>036-048047</b>	
22c. <b>1901 W. 79th ST. BURNHAM, ILL. 60459</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE OF DEATH (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
23. <b>S. Prasad</b>		24d. <b>NOV. 27, 2006</b>		24d. <b>NOV. 27, 2006</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		LOCATION		STATE	
24a. <b>BURIAL</b>		24c. <b>CHICAGO, ILLINOIS</b>		24d. <b>NOV. 27, 2006</b>	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. <b>PETKUS LEMONT FUNERAL HOME</b>		12401 SOUTH ARCHER AVENUE, LEMONT, ILLINOIS 60439		STATE	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <b>DONALD MICHAEL PETKUS</b>		25c. <b>34-11702</b>		25d. <b>NOV 28 2006</b>	
LOCAL REGISTRAR'S SIGNATURE		DATE OF DEATH (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
26a. <b>Terry Mason MD</b>		26b. <b>NOV 28 2006</b>		26b. <b>NOV 28 2006</b>	