

Chicago Title Insurance Company

620071246

SURVIVORSHIP AFFIDAVIT

2007 046814

CHICAGO TITLE INSURANCE COMPANY

On this 4-27-2007 before me personally appeared (insert date)

FRANK M. SALICHS

to me personally known, who being duly sworn on oath did say, that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is FRANK M. SALICHS (state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

FRANK M. SALICHS, ESALIA SALICHS and NIDIA SALICHS

4. Said ISOURA SALICHS

(fill in name of co-tenant who died)

died on

10-28-2006

leaving NO will; (insert "a" or "no"; if will left, attach a copy)

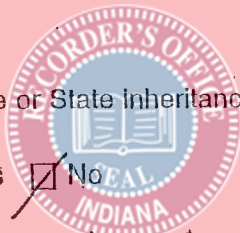
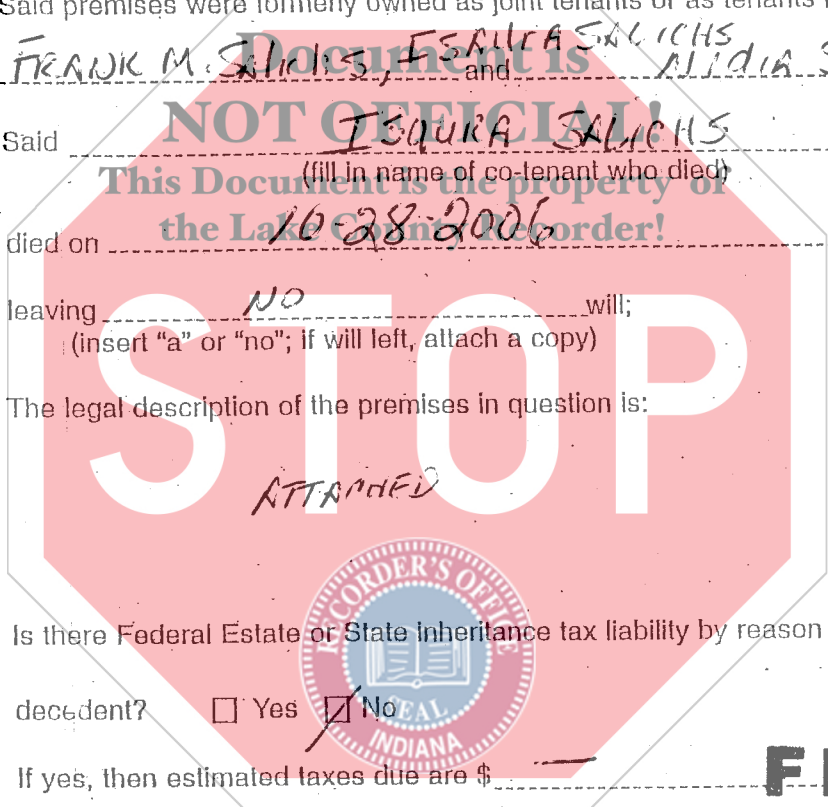
5. The legal description of the premises in question is:

ATTACHED

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? [ ] Yes [X] No

If yes, then estimated taxes due are \$

The taxes due are [ ] paid or [ ] unpaid.



FILED

JUN - 7 2007

PEGGY YOUNG, CNA LAKE COUNTY AUDITOR

007556A

Handwritten notes: 1800, CT, and a signature

7. Where this affidavit relates to a tenancy by the entirety, were the parties ever divorced?

N/A

(If answer is "Yes," identify the divorce proceedings:

N/A

8. Affiant's relationship to the deceased was

MOTHER

Signature:

Frank M. Salichs

Printed Name

FRANK M. SALICHS

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. Kevin Zaremba

KZ

Address:

1017 E CLEW PARK

GRANT IN 46319

Subscribed and sworn to before me by the affiant

this

4-27-2007

(insert date)

Notary Public

Printed Name

KEVIN E. ZAREMBA  
LAKE

My County of Residence is:

In the State of

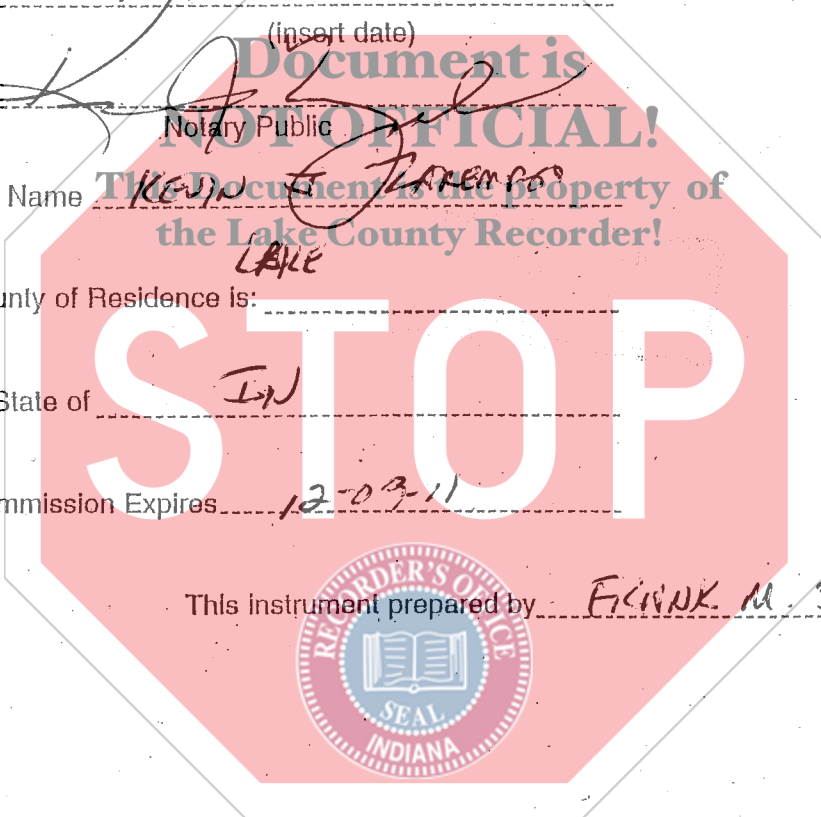
IN

My Commission Expires

12-03-11

This instrument prepared by

FRANK M. SALICHS



DEATH TRANSCRIPT

620671246

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**NEW YORK CITY**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** **CERTIFICATE OF DEATH** Certificate No. **156-06-045332**  
**OCT-30-2006 05:52 PM**

**1. DECEDENT'S LEGAL NAME** ISAURA SALICHS  
 (First Name) (Middle Name) (Last Name)

Place of Death	2a. New York City	2c. Type of Place		4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Name of hospital or other facility (if not facility, street address)	
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	6 <input checked="" type="checkbox"/> Decedent's Residence		
	<b>BRONX</b>	2 <input type="checkbox"/> Emergency Dept./Outpatient	7 <input type="checkbox"/> Other Specify		<b>2515 OLINVILLE AVENUE</b>	
Date and Time of Death	3a. (Month)	(Day)	(Year-yyy)	3b. Time	4. Sex	5. Date last attended by a Physician
	<b>OCTOBER</b>	<b>28,</b>	<b>2006</b>	<b>2:30</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>FEMALE</b>
						mm dd yyyy <b>10 24 2006</b>

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.

Name of Physician JONATHAN W.M. GOLD M.D. Signature Jonathan W.M. Gold M.D.  
 (Type or Print) License No. 120263 Date 10/30/2006  
 Address 2401 WHITE PLAINS RD. BX, NY 10467

7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code	7e. Inside City Limits?
<b>NEW YORK</b>	<b>BRONX</b>	<b>NEW YORK CITY</b>	<b>2515 OLINVILLE AVE.</b>	<b>4B</b>	<b>10467</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. Date of Birth (Month) (Day) (Year-yyy)	9. Age at last birthday (years)	10. Social Security No.
<b>NOVEMBER 18, 1931</b>	<b>74</b>	[REDACTED]

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	11b. Kind of business or industry	12. Aliases or AKAs
<b>HOMEMAKER</b>	<b>OWN RESIDENCE</b>	

13. Birthplace (City & State or Foreign Country)	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)
<b>NEW YORK, N.Y.</b>	1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input checked="" type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g. AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MEdA) 8 <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital Status at Time of Death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Married, but separated 4 <input type="checkbox"/> Never married 5 <input checked="" type="checkbox"/> Widowed 6 <input type="checkbox"/> Unknown	17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)

18. Father's Name (First, Middle, Last)	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
<b>WILLIAM FLORES</b>	<b>MONSERRATTE PADILLA</b>

20a. Informant's Name	20b. Relationship to Decedent	20c. Address (Street and Number Apt. No. City & State ZIP Code)
<b>MICHAEL SALICHS</b>	<b>SON</b>	<b>27 DREXEL COURT, NEW CITY, NEW YORK 10956</b>

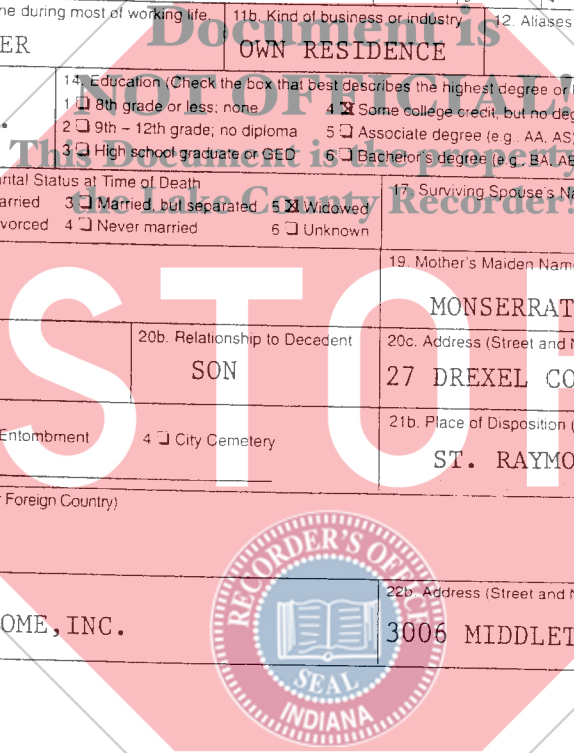
21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify	21b. Place of Disposition (Name of cemetery, crematory, other place)
	<b>ST. RAYMOND'S CEMETERY</b>

21c. Location of Disposition (City & State or Foreign Country)	21d. Date of Disposition mm dd yyyy
<b>BRONX, NEW YORK</b>	<b>11-03-2006</b>

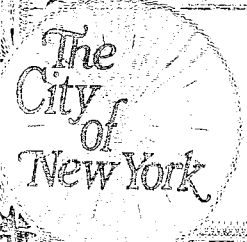
22a. Funeral Establishment	22b. Address (Street and Number City & State ZIP Code)
<b>MCNULTY FUNERAL HOME, INC.</b>	<b>3006 MIDDLETOWN RD., BRONX NEW YORK 10461</b>

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)



VP 15 (Rev. 01-03)



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided or made.

Steven P. Scheraga  
 Steven P. Scheraga, Ph.D. City Registrar

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 DATE **OCT-30, 2006** DOCUMENT No. **156-06-045332**



No: 620071246

## LEGAL DESCRIPTION

Lot 2, in Patterson's 1st Addition, to the Town of Griffith, as per plat thereof, recorded in Plat Book 33 page 80, in the Office of the Recorder of Lake County, Indiana.

