

3



TICOR TITLE INSURANCE

AFFIDAVIT

2007 047116

STATE OF INDIANA)
COUNTY OF LAKE) SS:

ELEANORE SOPKO, being first duly
sworn upon oath, deposes and says:

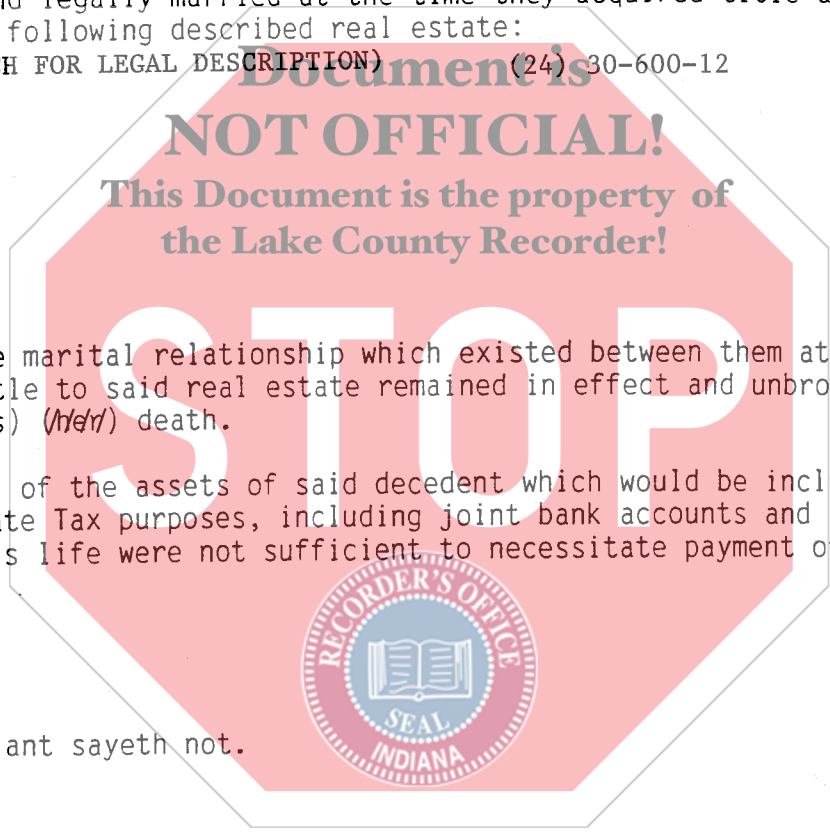
1. That ALEX SOPKO died on
November 2,, 1990 at Hammond, IN.

2. That ELEANORE SOPKO and ALEX SOPKO
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:
(SEE ATTACH FOR LEGAL DESCRIPTION) (24) 30-600-12

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 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.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDER
2007 JUN 11 AM 9:05

Eleanore Sopko
ELEANORE SOPKO

Subscribed and sworn to before me, a Notary Public, this 04TH day of
JUNE, ~~19~~ 2007



Susan Miedema
SUSAN MIEDEMA Notary Public

My Commission expires:

County of Residence:
LAKE

This Instrument prepared by ELEANORE SOPKO

FILED

JUN - 7 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1950

007576

TICOR TITLE - HIGHLAND

0700470BT
BURNETT TITLE

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov 6, 1990 *Franklin S. Jermuda M.D.*
Date Issued Hammond Health Commissioner

Local No. 948

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) Alex Sopko		2. SEX Male	3a. TIME OF DEATH 9:10 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) November 2, 1990
4. SOCIAL SECURITY NUMBER 312-09-8327	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) July 24, 1918
7. BIRTHPLACE (City and State or Foreign Country) Saberton, West Virginia	8a. 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			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1942	9b. FACILITY NAME (If not institution, give street and number) St. Margaret Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Eleanore Arias	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roller-Tandem Mill		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Company
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 2808 E. 140th Street
13e. ZIP CODE 46312	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 DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Secondary College (1-4 or 5+) *****		18. FATHER'S NAME (First, Middle, Last) Andrew Sopko		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable		20a. INFORMANT'S NAME (Type/Print) Eleanore Sopko		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2808 E. 140th St., East Chicago, Indiana 46312		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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 6, 1990 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, Indiana
22a. EMBALMERS NAME Raymond Prusiecki		22b. EMBALMER'S LICENSE NO. FDO 1039517		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Raymond Prusiecki</i>		24b. LICENSE NUMBER (of Licensee) FDO 1039517		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Prusiecki Funeral Home, FDH 3001562 Box J, East Chicago, Ind. 46312
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. SEPTICEMIA DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset and Death 2 WEEKS
		b. ESOPHAGEOBRONCHIAL FISTULA DUE TO (OR AS A CONSEQUENCE OF):		2 MONTHS
		c. CARCINOMA OF ESOPHIGUS DUE TO (OR AS A CONSEQUENCE OF):		7 MONTHS
		d.		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. ANEMIA HYPERCALCEMIA ADRIAL FIBRILLATION		27. WAS DECEASED 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) *****
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>Franklin S. Jermuda, M.D.</i>		29c. MEDICAL LICENSE NO. 29974
29d. DATE SIGNED (Month, Day, Year) Nov. 11-4-90		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. M. M. Shah 9127 S. Western Chicago, Illinois 60620		
31. HEALTH OFFICER'S SIGNATURE <i>Franklin S. Jermuda M.D.</i>		32. DATE FILED (Month, Day, Year) NOV 06 1990		
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.		

EXHIBIT A

LEGAL DESCRIPTION

PART OF LOT 12, BLOCK 16, INDIANA HORROR HOMES COMPANY'S EXTENSION TO SUNNYSIDE ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 109, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, BEING THAT PART OF SAID LOT 12 LYING NORTHWESTERLY OF THE CENTER LINE OF AN EXISTING PARTY WALL AND ITS PROLONGATION SAID CENTER LINE OF EXISTING PARTY WALL AND ITS PROLONGATION BEING 39.47 FEET NORTHWESTERLY OF THE SOUTHWEST CORNER OF SAID LOT AS MEASURED ALONG THE SOUTHWESTERLY LINE OF SAID LOT, AND 90.84 FEET NORTH OF THE SOUTHEAST CORNER OF SAID LOT AS MEASURED ALONG THE EAST LINE OF SAID LOT,

