

State of Indiana)

County of Lake)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Estate of Fred A. Paganelli,)

2007 0473 00)
Deceased.

2007 JUN 11 AM 11:41

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

Kathleen Sherwinski, being first duly sworn on her oath deposes and says as follows:

1. That she is the daughter of Fred A. Paganelli, who died on December 27, 2006, testate.
2. That Fred A. Paganelli was married once and only once and then to Ann Paganelli, who predeceased him.
3. That as a result of their marriage three children were born and none adopted as follows:

A. Kathleen Sherwinski, who is living and is an adult.

B. Marcia Bertucci, who predeceased her father. Marcia was married once and only once and then to Daniel Bertucci. As a result of their marriage two children were born and none adopted as follows:

- 1) Michael Bertucci who is living and is an adult.
- 2) David Bertucci, who predeceased, Fred A. Paganelli. David was never married and never had or adopted any children.

C. That Marcia Bertucci, never had or adopted any other children.

D. Richard Paganelli, who predeceased his father. Richard was married once and only once and then to PATRICIA Paganelli. As a result of their marriage, two children were born and none adopted, as follows:

- 1) Anthony Paganelli, who is living and is an adult.
- 2) Candace Schilling, who is living and is an adult.

E. That Richard Paganelli, never had or adopted any other children.

F. That Fred A. Paganelli never had or adopted any other children.

4. That this affidavit is made for the purpose of establishing the heirship of Fred A. Paganelli, and the ownership of the real estate set forth on the next page hereof.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 11 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

007719

17-
20
88692

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Unit 2-D in Building 1 of Meadow Lake Condominium, a Horizontal Property Regime, as created by Declaration of Condominium recorded March 5, 1997 as Document Nos. 97014095 and 97014096, and as amended by First Amendment to the Declaration recorded October 23, 1997 as Document Nos. 97072163 and 97072164, and as amended by Second Amendment to the Declaration recorded December 4, 1997 as Document Nos. 97082898 and 97082899 and as further amended by Third Amendment recorded January 14, 1999 as Document No. 99003269, and any and all amendments thereto, as per plat thereof, recorded in Plat Book 82 Page 31, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common areas appertaining thereto.

Permanent Index Number:

Property ID: 12-14-264-9

Property ID:

Property Address:

108 Swan Drive #2D
Dyer, IN 46311



5. That the decedent, Fred A. Paganelli left an unprobated Last Will and Testament wherein all of his named devisees and legatees included all of his heirs and in addition thereto he named Brian Sherwinski, Lisa Sherwinski and Melanie Sherwinski to share in his estate. Accordingly, the heirs, legatees and devisees of Fred A. Paganelli are:

Kathy Sherwinski, daughter
Michael Bertucci, grandson
F. Anthony Paganelli, grandson *a/k/a F. ANTHONY PAGANELLI*
Candace Schilling, granddaughter *a/k/a Candice Schilling*
Lisa Sherwinski, — granddaughter
Melanie Sherwinski, granddaughter
Brian Sherwinski, grandson

6. That the aforesaid are the owners of the decedent's real estate located at 108 Swan Drive, Dyer, Indiana, the legal description of which is attached hereto as Exhibit "A".

and further affiant sayeth not.

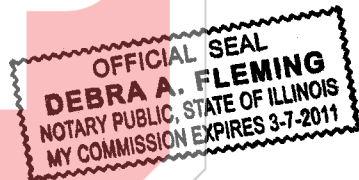
Document is
NOT ORIGINAL

Kathleen Sherwinski
Kathleen Sherwinski

This Document is the property of
the Lake County Recorder!

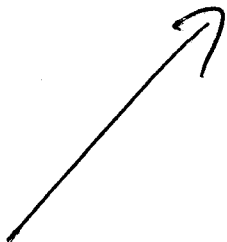
Subscribed and sworn to before me
this 22nd day of May, 2007, by
Kathleen Sherwinski.

Debra A. Fleming
Notary Public



Prepared by +
Return to:

Lee Newell
131 Pulaski Rd.
Calumet City, IL
60409



* 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. 3108-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) FRED A. PAGANELLI				2. SEX Male		3a. TIME OF DEATH 11:17 AM		3b. DATE OF DEATH (Month, Day, Yr.) December 27, 2006	
4. SOCIAL SECURITY NUMBER 315-10-7819		5a. AGE—Last Birthday (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) October 30, 1921		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1943		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) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SALES MANAGER			12b. KIND OF BUSINESS/INDUSTRY NIPSCO		
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION DYER			13d. STREET AND NUMBER 108 SWAN DRIVE		
13e. ZIP CODE 46311	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) CORRADO PAGANELLI					19. MOTHER'S NAME (First, Middle, Maiden Surname) PIA CIPRIANI				
20a. INFORMANT'S NAME (Type/Print) KATHLEEN A. SHERWINSKI				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2241 COWAN STREET, SCHERERVILLE, IN 46375				20c. Relationship DAUGHTER	
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) Dec 30, 2006 ST. JOHN-ST. JOSEPH CEMETERY			21c. LOCATION—City or Town, State HAMMOND IN			
22a. EMBALMER'S NAME JOSE G. CORONA				22b. EMBALMER'S LICENSE NO. FDO8601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>				24b. LICENSE NUMBER (or License) FDO8601373		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH10600033 7042 Kennedy Avenue, Hammond, IN 46323			
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. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death)									
a. <u>Pneumonia</u>									
DUE TO (OR AS A CONSEQUENCE OF):									
b. <u>Chronic Obstructive lung disease</u>									
DUE TO (OR AS A CONSEQUENCE OF):									
c. _____									
DUE TO (OR AS A CONSEQUENCE OF):									
d. _____									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I									
<u>ischemic cardiomyopathy</u>									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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>Leonard Phelan, MD</i>						29c. MEDICAL LICENSE NO. 01027402		29d. DATE SIGNED (Month, Day, Year) 12/28/2006	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CONRADO P. CASTOR, M.D. 911 FRAN-LIN PARKWAY, MUNSTER, IN 46321									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But, D.O.</i>							32. DATE FILED (Month, Day, Year) December 28, 2006		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE INJURY/ILLNESS AND COMPLETE THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. DEC 28 2006			
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.						