

2

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Edward Karpinski, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Mary G. Karpinski, aka Mary Grace Karpinski died (without leaving a will) (leaving a will) on May 5, 2007 at 709 North Hamilton St., Gary, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The South 2 feet and 6 inches of Lot 23 and all of Lots 24, 25 and 26 in Block "B" in Gary Beach Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 24, in the Office of the Recorder of Lake County, Indiana. 25-43-79-23, 25, 26

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 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.

STOP

Edward L. Karpinski
Edward Karpinski

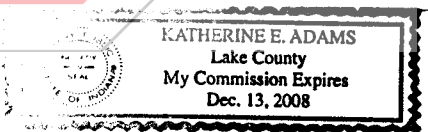
Subscribed and sworn to before me, a Notary Public, this 30th day of November, 2007.



Kath. Adams
Notary Public

My Commission expires:

12.13.08



County of Residence:

LAKE

This Instrument prepared by Edward Karpinski

024104

"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

TICOR TITLE INSURANCE

927-6256

2007 09604
This Document is the property of the Lake County Recorder
NOT OFFICIAL!

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TI
CA

* ATTENTION STATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

500
1 West
6

Local No. 07 0255

CERTIFICATE OF DEATH

State No. 6

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

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED-NAME (First Middle Last) MARY G. KARPINSKI				2 SEX Female	3a TIME OF DEATH 8:47AM	3b DATE OF DEATH (Month Day Yr) May 5, 2007
	4 SOCIAL SECURITY NUMBER 308-36-0052	5a AGE - Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) September 8, 1936	7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
DECEDENT	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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
	9b FACILITY NAME (If not institution, give street and number) 709 North Hamilton St.			9c CITY TOWN OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake	
PARENTS	10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Edward L. Karpinski	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS INDUSTRY Home		
	13a RESIDENCE - STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 709 North Hamilton St.		
INFORMANT	13e ZIP CODE 46403	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10	
	18 FATHER'S NAME (First, Middle, Last) Joseph Rizzo				19 MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Penzato		
DISPOSITION	20a INFORMANT'S NAME (Type/Print) Edward L. Karpinski			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 709 N. Hamilton St., Gary, IN 46403		20c Relationship Husband	
	21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) May 8, 2007 Calvary Crematory			21c LOCATION - City or Town State Portage, Indiana	
CAUSE OF DEATH	22a EMBALMER'S NAME James J. Krause		22b EMBALMER'S LICENSE NO. FD01006463		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	24a SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b LICENSE NUMBER (of Licensee) FD29700036		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368		
CAUSE OF DEATH	25 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) DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)						Approximate Interval Between Onset and Death 3 Mo
	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) 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) 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 checked="" 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						
CERTIFIER	29b SIGNATURE AND TITLE OF CERTIFIER <i>Lyle Murrin MD</i>			29c MEDICAL LICENSE NO. 01031582		29d DATE SIGNED (Month Day Year) 5-7-07	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lyle Murrin MD, 1190 N. State Road 49, Porter, IN 46304						
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month Day Year) MAY 07 2007
	33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.				