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BY THE ENTIRETIES
DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF 2008 022114

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DATE: March 5, 2008
2008 MAR 28 AM ORDER NO.: 920081203

MICHAEL A. BROWN
RECORDER

Jill A. Patterson, M.D., being duly sworn states that she resides at
20428 Ashford Circle, in the City of Mokena, Illinois

That SHE was acquainted with PAUL J SAA JACQUELINE ANITA SADAUSKAS
Deceased, who at the time of death was one of the owners of the land in LAKE County, INDIANA,
described as follows:

LOT 7 BLOCK 11 ELLENDALE 3RD ADDITION TO HIGHLAND, AS PER
PLAT THEREOF, RECORDED IN PLAT BOOK 34 PAGE 94, IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

MARCH 16 2006 JH. 7-16-27-329-7

That the deceased died March 8, 2007 as evidenced by a certified copy of the death certificate attached hereto.
AT THE TIME OF HER DEATH SHE WAS MARRIED TO PAUL J. SADAUSKAS

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death, does not exceed the sum of \$ Two Hundred Thousand (\$200,000.00) dollars.
Affiant makes this affidavit for the purpose of inducing Ticor Title Co. to issue a Title Insurance Policy, describing the above mentioned property, free and clear of any exception to this estate.

Subscribed and sworn to before me this

5th day of March, 2008

[Signature]
Notary Public



[Signature]
(affiant's signature)
Jill A. Patterson



FILED

MAR 26 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

TICOR NO 002881

14w
TI
Rm

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. 0662-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (JACQUELINE ANITA SADAUSKAS), 2. SEX (FEMALE), 3a. TIME OF DEATH (7:48 P M), 3b. DATE OF DEATH (MARCH 16, 2006), 4. SOCIAL SECURITY NUMBER, 5a. AGE (69), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (DECEMBER 3, 1936), 7. BIRTHPLACE (CHICAGO, ILLINOIS), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (HOSPITAL: Inpatient, ER/Outpatient, DOA; OTHER: Nursing Home, Residence), 9b. FACILITY NAME (3105 AMY CT.), 9c. CITY, TOWN, OR LOCATION OF DEATH (HIGHLAND), 9d. COUNTY OF DEATH (LAKE), 10. MARITAL STATUS (MARRIED), 11. SURVIVING SPOUSE (PAUL SADAUSKAS), 12a. DECEDENT'S USUAL OCCUPATION (HOMEMAKER), 12b. KIND OF BUSINESS/INDUSTRY (OWN HOME), 13a. RESIDENCE-STATE (INDIANA), 13b. COUNTY (LAKE), 13c. CITY, TOWN, OR LOCATION (HIGHLAND), 13d. STREET AND NUMBER (3105 AMY CT.), 13e. ZIP CODE (46322), 13f. INSIDE CITY LIMITS (Yes), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (EDWARD PEPIN), 19. MOTHER'S NAME (MARION CHRISTIANO), 20a. INFORMANT'S NAME (PAUL SADAUSKAS), 20b. MAILING ADDRESS (3105 AMY CT. HIGHLAND, INDIANA 46322), 20c. Relationship (HUSBAND), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (MARCH 22, 2006, NORTHWEST INDIANA CREMATION SERVICE, CROWN POINT, INDIANA), 21c. LOCATION-City or Town, State, 22a. EMBALMER'S NAME (MARC MOSQUEDA), 22b. EMBALMER'S LICENSE NO. (FD08800240), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24. SIGNATURE OF FUNERAL DIRECTOR (MARC MOSQUEDA), 24b. LICENSE NUMBER (FD20400030), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (FAGEN-MILLER FUNERAL HOME, 2828 HIGHWAY AVE. HIGHLAND, IN. 46322, FH83003035), 26. PART I. IMMEDIATE CAUSE (Acute and chronic congestive heart failure, hypertensive cardiomyopathy), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (Yes), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (James Bryant MD), 29c. MEDICAL LICENSE NO. (01048374A), 29d. DATE SIGNED (3-18-06), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (James Bryant MD, 105 W. Adams, Chicago, Ill. 60603), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), 32. DATE FILED (March 20, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER