## BY THE EUTRETIES

DECEASED JOHN T	ENANCYAFFIDAVIT
STATE OF ILLINOIS	ILED FOR RECORD  DATE: March 5, 2008
COUNTY OF 2008 022114 200	HAR 28 AH SORDER NO.: 920081203
	ICHAEL A. BROWN
Jill A. Patterson, M.D.	RECORDED and sworm states that she resides at
20428 Ashford Circle ,in	
That SHE was acquainted with PAUL )	SAD JACQUELINE ANITA SADAUSKA
Deceased, who at the time of death was one of the ow described as follows:	nors of the land in LAKE County, Illinois,
20001100 m 10100110.	MOIANA
LOT 7 BLOCK 11 ELLENDALE 3RD AD PLAT THEREOF, RECORDED IN PLAT	
OFFICE OF THE RECORDER OF LAKE	
	7 11 229.7
MARCIL 16 2006 XX	
That the deceased died March 8, 200,7as evidenced	by a certified copy of the death certificate attached hereto
ATTHE TIME OF HEX DEATH SHE IN	MARRIED TO PAUL J. SAD AUSKAS
That the deceased died:	10 1 NOT 3 OUR 10 alm
Leaving no Last Will and Testament. FI	ICIAL!
should be filed with the Class of the State of the	which is attached hereto. The original of the unproven will
The state of the Floorie D	IVISION OF the Circuit Court of
the Circuit Court of	filed in the Unproven Will Box of the Probate Division of
	County, luinois on or about
That the total value of the estate of the deceased, inclu-	ding both real and personal property owned by the decease
describing the above mentioned property, free and clea	dollar  dollar
Subscribed and swom to before me this	
5t dayof March 2008	
May 1/2000	
Notary Public	(affiant's signature)
OFFICIAL SEAL	Jill A. Patterson
JOHN J MAZZORANA	The Diff A. Patterson

MAR 26 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 8-1203

TICOR HO

Rm

002881

JOHN J MAZZORANA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/13/09

7	ig .	
ATTENTION !	ESTATE: The Se	ocial Security # i
⇒ing requested	d bỳ this state a	gency in order to
irsue its stati	utofy responsibil	ity. Disclosure i
pluntary, and th	iere Will be∕ no pe	natty for rejusal.
anal Ma	U60	11-11
ocai ino		C. Y. Y. K
	THE RECO	IRDS IN THIS SERI

irsue its statutof	by this state agency in order ony responsibility. Disclosure re will be no benalty for rejus	reis INDIAN	IA STA	ATE DEPA	ARTME	INT OF	FHE	.ALTH			
ocal No	0662-0	.Co	CE	RTIFICAT	re of r	JEATH	1	State	No		
	THE RECORDS IN THIS SE		TIAL PER IC	<i>i</i> 16-1-19-3							
YPE/PRINT IN	JACQUELINE A		AUSKAS	<u></u> -		2. SEX FEMAL	I.E	3a. TIME OF DEAT		OF DEATH (Month)	• •
ERMANENT	`	5a. AGE—Last B	Birthday 5	Sb. UNDER 1 YEAR	<del></del>	R 1 DAY 6. DA		BIRTH (Mo, Day, Yr)		,	or Foreign Country)
LACK INK		65		Months Days	Hours			R 3, 1936		30, ILLI	INOIS
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVE U.S. ARMED FORCE	ES?	OSPITAL: Inpati	rient	9a. PL	1	DEATH (Check only one		•	
	NO	N/A			Outpatient D E			Residence	Uther (opec	<i>y</i> )	
ECEDENT	96. FACILITY NAME (If not institute 3105 AMY CT.		n			į.		OCATION OF DEATH	9d. COUN	NTY OF DEATH	
	10. MARITAL STATUS	11. SURVIVING SPOUS	QF		Ti2a DECEDE		HLAND OCCUPATION		TISH KIND C	LAKE  DF BUSINESS/INC	'CI ICTDV
	MARRIED	(If wife, give meiden i PAUL SADAU	name)	- <u>-</u> -		ing most of work HOMEMAK		ION (Give kind of work to not use retired)		DF BUSINESS/INC LHOME	DUSTRY
	13a. RESIDENCE-STATE	136. COUNTY		c. CITY, TOWN, OR				13d. STREET AND NU		_ПОш	15 "
	INDIANA  130. ZIP CODE 131. INSIDE CIT	LAKE	10		HLAND		3105 A				
	□ No . 5	Yes WHAT CO	OF 15.	5. WAS DECEDENT	Yes (If yes, s	ORIGIN? specify Cuban,	. Black	CE—American Indian, ck. White, etc.		. DECEDENT'S El ify only highest gr	
	46322 13g. ON A FARI	lii c a		Mexican, Puerto R	lican, etc.)	ļ	1 .	icity)	Elementary/Second 12	ondary (0-12)	College (1-4 or 5 + )
\RENTS	18. FATHER'S NAME (First, Middle,	He, Lasti	<u></u>			19. MOTHER	<u> </u>	(First, Middle, Meiden S			<u></u>
	EDWARD	PEPIN		1			ARION				
FORMANT	PAUL SADAUSKA	•						Route Number, City or INDIANA	Town. State. Zip Co. 46322	<b>!</b>	Relationship SBAND
	21a. METHOD OF DISPOSITION	☐ Entombment		DATE AND PLACE	E OF DISPOSITI	TION (Name of ce	cemetery, cr	Cremetory, or	403ZZ 21c. LOCATION—		
	☐ Buriel ☐ Cremation ☐ Donation ☐ Other (Specif	Removal from State			MARCH 22			N. CURVII OR DE LA COLOR DE LA			
SPOSITION	22a. EMBALMER'S NAME:	- Iyi		JRIHWEST 226 EMBALMER'S				N SERVICE		POINT,	INDIANA
SPUSITION	MARC MOSQUEDA	JA /		226. EMBALMER'S FD0880024		- 4 7	eu.	WAS DEATH REPORT		R?	
	246. SIGNATURE OF FUNERAL DIS	JIRECTOR	UI	24b. LI	ICENSE NUMBE	ERIA	25 NAME	ADORESS AND LICE		F FUNERAL HON	ME -02002025
	puch !	Mobiles	Docu		(of Licensee) 2040003	gope		HIGHWAY A			
	26. PART I. Enter the disease arrest, shock, or	eses, Injuries, or complication or heart failure. List only one	s that caused	the death. Do not ent	4						Approximate Interval Between
	IMMEDIATE CAUSE (Final	Acut	eand	ch/onia	con	restiv	veh	east fo	ilure	1-1	Onset and Deeth
AUSE OF	disease or condition resulting in death)	Di	DUE TO (OR AS	SA CONSEQUENCE	CE OF):	J			1177		1
	Conditions, if any, which gave	b	UE TO (OR A	A CONSEQUENCE	E OF:	diom	1201	packy		- ~	hnown
	rise to the immediate cause, stating the underlying cause last	с		S A CONSEQUENCE		-					
1	Cause less	d.									
	PART II. Other significant conditions	s - Conditions contributing	to death but no	at previously stated in	n Part I. 21	7. WAS DECED		28s. WAS AN		28b. WERE AUT	TOPSY FINDINGS
	1			THE STATE OF THE S	Ш	PREGNANT	TUM?	DAYS PERFORM	AED?	AVAILABLE COMPLETIO	E PRIOR TO ON OF CAUSE
L				THE ROLL	SOF	(Yes or no)		Yes	1	OF DEATH?	? (Yes or no)
1		CERTIFYING PHYSICIAN				he time, date, and	nd place, and				
	one)  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.  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.										
	296. SIGNATURE AND TITLE OF CI		examination	ind/or investigation, in	n my opinion, use	ath occurred at		date, and place, and due			
RTIFIER	mu	2	tom-	NDIA	NA		1/	10483		d. DATE STULL. 2	ED (Month, Day, Year)
.3	30. NAME AND ADDRESS OF PERS	ISON WHO COMPLETED	CAUSE OF DE	1 -	1				<u> </u>		-00
ACIO	31. HEALTH OFFICER'S SIGNATURE	RE S	t m	10	<u>5 W.</u>	Ada	MJ	Chic			7 ( D 5
FICER	Sciscon in  33. MANNER OF DEATH		<sup>2</sup> D.O	<b>).</b>			<del></del>	AM	lard.	40 y	MO.
ľ	. <u>.</u>	34s. DATE OF (Month, C	)F INJURY Day, Year)	34b. TIME OF INJURY		JURY AT WORK	(7	344 DESCRIBE HOW	THE FROME IS I	Editor State Sta	in the second second
1	Netural Pending Investigation							DOPY OF ISSE CENTRICATEDY LESS THE TELL AND THE LAKE COUNTY OF ALL SHOPE THE SET.			
	Suicide Could not be	34e. PLACE C building,	OF INJURY—A etc. (Specify)	At home, farm, street.	. factory, office	34	4f. LOCAT	TION (Street and Number	er or Rural Route h	Number, City or 1	Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, pessenger, pedestrien, etc.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1