

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF MONROE) SS:

WILLIAM M. BELLESSIS, being first duly sworn upon oath, deposes and says:

That **MARTYNA A. BELLESSIS a/k/a MARTYNA ANNE BELLESSIS**, died leaving a will on December 8, 2005 at Monroe County, Indiana.

That **MARTYNA A. BELLESSIS a/k/a MARTYNA ANNE BELLESSIS** acquired title with **KATHRYNNE A. SARTI, PATRYCE A. SMITH, LAURENCE A. RYDER, DENYSE A. BUCK AND RANDALL A. RYDER**, who survived her in death, as Tenants In Common, in the following described real estate:

SEE ATTACHED EXHIBIT "A"

That the following person (s) are the true and lawful heir(s) of **MARTYNA A. BELLESSIS a/k/a MARTYNA ANNE BELLESSIS**: **Christine Bellessis** (daughter), **Alexander J. Bellessis** (son), **Pete K. Bellessis** (son), **William M. Bellessis** (son)

That all funeral expenses in connection with the death of said decedent have been paid in full.

That all of the assets of said decedent which would be included 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 saith naught.

This Document is the property of the Lake County Recorder!

William M. Bellessis
William M. Bellessis

TERESA A. HANSON
Monroe County
My Commission Expires
March 8, 2015

COMMUNITY TITLE COMPANY
FILE NO L39796

Subscribed and sworn to before me, a Notary Public this 18 day of August, 2008.

My Commission Expires March 8, 2015 Notary Public

County of Residence: MONROE TERESA A. HANSON

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED

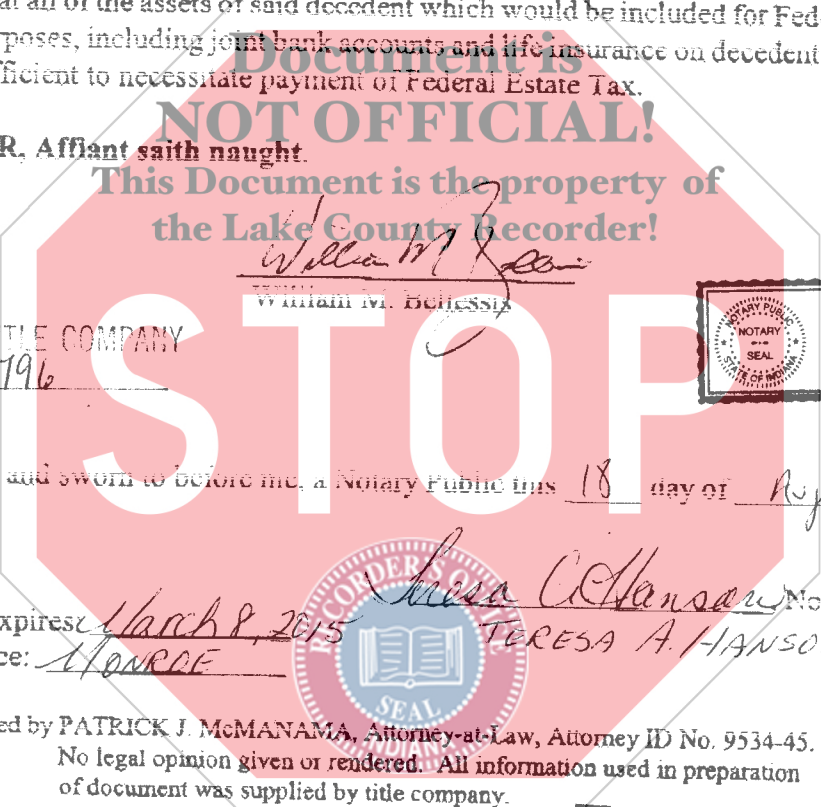
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PEGGY HOLING
LAKE COUNTY AUDITOR

14CM/PB

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* 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.

119 WEST SEVENTH STREET
BLOOMINGTON, IN 47404
812-349-2543

Local No. 2005-985

CERTIFICATE OF DEATH

State No.

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

THIS IS AN EXACT COPY OF THE CERTIFICATE OF DEATH AS IT HAS BEEN FILED AND IS ON RECORD IN THE OFFICE OF THE MONROE COUNTY HEALTH DEPARTMENT. THIS IS NOT TO BE CONSIDERED A VALID CERTIFIED COPY UNLESS SEALED WITH THE OFFICIAL RAISED SEAL OF THE HEALTH DEPARTMENT AND STAMPED WITH THE HEALTH OFFICER'S SIGNATURE.

Thomas W. Naugwo

SIGNATURE

S-E-A-L

DATE: JAN 13 2006

1. DECEASED—NAME (First, Middle, Last) MARTYNA ANNE BELLESSIS				2. SEX FEMALE		3a. TIME OF DEATH 1:05 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) DECEMBER 8, 2005				
4. *SOCIAL SECURITY NUMBER 304-38-9286		5a. AGE—Last Birthday (Years) 66		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo. Day, Yr.) FEBRUARY 18, 1939		7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA		
8a. WAS DECEASENT 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) 4228 CLEARVIEW DRIVE						9c. CITY, TOWN, OR LOCATION OF DEATH BLOOMINGTON			9d. COUNTY OF DEATH MONROE			
10. MARITAL STATUS (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER				12b. KIND OF BUSINESS/INDUSTRY EDUCATION				
13a. RESIDENCE—STATE INDIANA		13b. COUNTY MONROE		13c. CITY, TOWN, OR LOCATION BLOOMINGTON			13d. STREET AND NUMBER 4228 CLEARVIEW DRIVE					
13e. ZIP CODE 47403		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc (Specify) WHITE		17. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		
18. FATHER'S NAME (First, Middle, Last) MARTIN RYDER						19. MOTHER'S NAME (First, Middle, Maiden Surname) ANNE RePINEC						
20a. INFORMANT'S NAME (Type/Print) ALEX BELLESSIS				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 113 WOODSIDE LANE, ROGERS, AR 72756				20c. Relationship SON				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) DECEMBER 14, 2005 MEMORY LANE CEMETERY				21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA				
22a. EMBALMER'S NAME MATTHEW FITZUM				22b. EMBALMER'S LICENSE NO. FD229700015				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Matthew Fitzum</i>				24b. LICENSE NUMBER (of Licensee) FDO1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME EAGEN MILLER FUNERAL HOME 5828 HIGHWAY AVENUE HIGHLAND, INDIANA 46322 FH830030						
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) a. <u>VENTRICULAR ARRHYTHMIA</u> DUE TO (OR AS A CONSEQUENCE OF)										Approximate Interval Between Onset and Death		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last												
b. DUE TO (OR AS A CONSEQUENCE OF)												
c. DUE TO (OR AS A CONSEQUENCE OF)												
d. DUE TO (OR AS A CONSEQUENCE OF)												
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.												
27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) yes				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) yes				
29a. CERTIFIER (Check only one) <input 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.												
29b. SIGNATURE AND TITLE OF CERTIFIER <i>David W. Townsley, Coroner</i>								29c. MEDICAL LICENSE NO.		29d. DATE SIGNED (Month, Day, Year) JANUARY 12, 2006		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DAVID W. TOWNSLEY, 301 N. COLLEGE AVE, BLOOMINGTON, IN 47404												
31. HEALTH OFFICER'S SIGNATURE <i>Thomas W. Naugwo</i>										32. DATE FILED (Month, Day, Year) JAN 13 2006		
33. MANNER OF DEATH <input checked="" 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 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.								