2.

TICOR TITLE INSURANCE

2009 022580

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED
APR - 6 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2009 APR -8 AM 9:11
MICHAEL A. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

BARRY J. MCCONNELL, being first duly

Sworn upon oath, deposes and says:

1. That MARIA E. MCCONNELL died on January 11, 2003 at 12:13AM

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

LOT 46 IN DEEP RIVER POINTE, PHASE ONE, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80 PAGE 96, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

45-13-09-327-001.000-046

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.

BARRY J. MCCONNELL

Subscribed and sworn to before me, a Notary Public, this 31ST day of MARCH, 2009.

Notary Public: STACI MARIE FINCH

My commission expires: 2/20/16

County of Residence: LAKE

STACI MARIE FINCH
Lake County
My Commission Expires
Feb. 20, 2016

#14
TI
CA

This Instrument prepared by: BARRY J. MCCONNELL

002449

"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

929-2114
TICOR HBT

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.

Local No. 00-72-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): MARIA ELENA McCONNELL

2 SEX: FEMALE

3a TIME OF DEATH: 12:13A M

3b DATE OF DEATH (Month, Day, Yr.): JANUARY 11, 2003

4. *SOCIAL SECURITY NUMBER: [redacted]

5a AGE—Last Birthday (Years): 50

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Mo. Day. Yr.): JUNE 25, 1952

7 BIRTHPLACE (City and State or Foreign Country): SCOTLAND

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 ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ 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): MARRIED

11. SURVIVING SPOUSE (If wife, give maiden name): BARRY McCONNELL

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): ADMINISTRATOR

12b KIND OF BUSINESS/INDUSTRY: SCHOOL

13a RESIDENCE—STATE: INDIANA

13b COUNTY: LAKE

13c CITY, TOWN, OR LOCATION: HOBART

13d STREET AND NUMBER: 9253 NORRIS DRIVE

13e ZIP CODE: 46342

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: U.S.A.

15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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+): 8+

PARENTS

18. FATHER'S NAME (First, Middle, Last): CRESENZO FORTE

19. MOTHER'S NAME (First, Middle, Maiden Surname): ELIZABETH DODDS

INFORMANT

20a. INFORMANT'S NAME (Type/Print): BARRY McCONNELL

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9253 NORRIS DRIVE, HOBART, IND. 46342

20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JANUARY 15, 2003 CLARENDON HILLS CEMETERY

21c. LOCATION—City or Town, State: DARIEN, ILLINOIS

22a. EMBALMER'S NAME: DEAN G. WAGNER

22b. EMBALMER'S LICENSE NO.: 8800057

23. WAS DEATH REPORTED TO CORONER? ☐ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: John A Bruno

24b. LICENSE NUMBER (of Licensee): 1007231

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Solan-Pruzin Funeral Home Fh83002893 7109 Calumet Ave., Hammond, IN. 46324 for Modell Funeral Home 12641 W. 143rd St. Homer Glen, IL. 60441

CAUSE OF DEATH

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. CEREBROVASCULAR ACCIDENT (MULTIPLE) — DAYS
DUE TO (OR AS A CONSEQUENCE OF):
b. NON INFECTIOUS ENDOCARDITIS — WEEKS
DUE TO (OR AS A CONSEQUENCE OF):
c. _____
DUE TO (OR AS A CONSEQUENCE OF):
d. _____

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: GASTRIC CARCINOMA STOMACH'S

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): NA

CERTIFIER

29a. CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c. MEDICAL LICENSE NO.: 0040140

29d. DATE SIGNED (Month, Day, Yr.): 1-13-03

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 9250 COLUMBIA AVE A-2 MUNSTER, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.

32. DATE FILED (Month, Day, Yr.): JANUARY 13, [illegible]

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

SDH 06-004, State Form 10110 (R5/1-99)