

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 057754

2010 OCT -6 AM 9:07

MICHAEL S. CAJMAN
RECORDER

PLEASE RECORD & RETURN TO:
National Advantage Settlement SVC
329 Forest Grove Rd, Ste 201
Coraopolis, PA 15108



TALTTAID - 10813

AFFIDAVIT OF FACTS - CONTINUOUS MARRIAGE

STATE OF INDIANA

§
§
§

COUNTY OF LAKE

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is **Judith Zervins**, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, **Andris Zervins**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Instrument No. **2005-89492**, among the land Records of **Lake County**, to wit:

"3. That my spouse and I were married prior to **09/30/05**, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, **07/28/08**.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

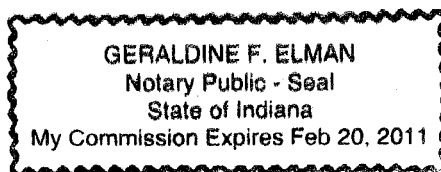
Judith Zervins (SEAL)

_____ (SEAL)

Executed, subscribed and sworn to before me the day and year above written.

Geraldine F. Elman
Notary Public

My Commission expires: 02-20-2011



#14
CK# 21708
E CA

10cc's + Vet



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2669-08

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
State No. ...
MALE 12:50 AM
JULY 28, 2008

1. Decedent's Legal Name (First, Middle, Last) ANDRIS ZERVINS				1a. Maiden Last Name (If Female) N/A		2. Sex MALE		3. Time Of Death 12:50 AM		4. Date Of Death (Month/Day/Year) JULY 28, 2008		
5. Social Security Number 77		6a. Age - Yrs 77		6b. Under 1 Year 2008		6c. Under 1 Month 055		6d. Under 1 Day 195		6e. Under 1 Hour 2008 AUG - 5 AM 9:36		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) ST. ANTHONY MEDICAL CENTER												
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA 46307						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name JUDITH A. ZERVINS				15a. (If Wife) Give Maiden Last Name ZBELL		16. Decedent's Usual Occupation VETERINARIAN			17. Kind Of Business/Industry VETERINARY			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 10621 PIKE ST												
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
19. Decedent's Education 30+YEARS				20. Decedent Of Hispanic Origin NO				21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) VIKTORS ZERVINS						23. Mother's Name (First, Middle, Last) AUSTRA ZERVINS			23a. Mother's Maiden Last Name CAVARS			
24. Informant's Name JUDITH A. ZERVINS				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10621 PIKE ST CROWN POINT, IN 46307						
25. Place Of Disposition												
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NORTHWEST INDIANA CREMATION SERVICES				25c. Location - City, Town, And State CROWN POINT, INDIANA 46307					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME 10101 BROADWAY CROWN POINT, IN 46307							27a. Funeral Home License Number: FH 83002445			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E Burns</i>						27c. License Number (Of Licensee): FD 20700059						
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing A Line. Add Additional Lines If Necessary.												
Cause Of Death (See Instructions And Examples)												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. elss												
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. on												
C. _____												
D. _____												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
31. Did Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOME			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town		38b. Street & Number			38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>Trent G Orfanos</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. TRENT G. ORFANOS 1205 S. MAIN ST. SUITE 101 CROWN POINT, IN								44. License Number 01027841		45. Date Certified 7-29-08		
46. Additional Funeral Service Provider:								47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W Burt D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): July 30, 2008						