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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

TAX# 45-07-29-405-016.000-026

2013 026576

2013 APR 15 AM 10:15

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MICHAEL B. BROWN
RECORDER

ARLENE UGLIETTI, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, JAMES UGLIETTI a/k/a JAMES G. UGLIETTI, died (without leaving a will) (leaving a will) on DECEMBER 3, 2005 AT MUNSTER, LAKE County, INDIANA.
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT ONE HUNDRED TWENTY (120), UNIT FIVE (5), MEADOWS 2ND ADDITION TO THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 45, PAGE 34.

- 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 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 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,

Arlene Uglietti
ARLENE UGLIETTI

Subscribed and sworn to before me, a Notary Public this 29 day of March, 2013.

My commission expires: 5/9/17 Signature *Elizabeth R. Kinzie*

Resident of Lake County Printed ELIZABETH R. KINZIE Notary Public
Lake County My Commission Expires May 9, 2017

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.

*McManama
CM
AM*

FILED

APR 08 2013

11819

COMMUNITY TITLE COMPANY
LENO 133710
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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. 404505

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) James G. Uglietti			2. SEX Male		3a. TIME OF DEATH 9:35A _M		3b. DATE OF DEATH (Month, Day, Yr) December 3, 2005				
4. *SOCIAL SECURITY NUMBER 335-32-5994		5a. AGE—Last Birthday (Years) 64		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) June 18, 1941		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL.	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NA		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 type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) 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) Arlene Krupa			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Data processing			12b. KIND OF BUSINESS/INDUSTRY Computer			
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 9320 Idlewild Dr.				
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> 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) College (1-4 or 5+) 12 2	
18. FATHER'S NAME (First, Middle, Last) Angelo Uglietti						19. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara NA					
20a. INFORMANT'S NAME (Type/Print) Arlene Uglietti				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9320 Idlewild Dr Highland, IN. 46322				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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 7, 2005 Regional Cremation				21c. LOCATION—City or Town, State Munster, IN.			
22a. EMBALMER'S NAME John T. Noble				22b. EMBALMER'S LICENSE NO. 9000031		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR				24b. LICENSE NUMBER (of Licensee) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN. 46321					
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a. <i>Transcatheter cell ca of bladder</i> b. <i>with metastases</i> c. <i>with ascites</i> d. <i>with</i> Approximate Interval Between Onset and Death <i>6 months</i>											
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I						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	
29a. CERTIFIER (Check only one) <input checked="" 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 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>F. Adler</i>						29c. MEDICAL LICENSE NO. *01019251		29d. DATE SIGNED (Month, Day, Year) Dec. 5, 2005			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) F. Adler, M.D. 800 MacArthur Blvd. Munster, IN. 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butler</i>						THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH (DATE FILED) (Month, Day, Year) LAKE COUNTY HEALTH DEPARTMENT January 5, 2006					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED JAN 05 2006			
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.							