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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA
COUNTY OF LAKE

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) SS:
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MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, Kenneth A. Somenzi, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Alfred Somenzi (aka Alfred A. Somenzi) and Mary Somenzi (aka Mary J. Somenzi) were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE WEST 45.44 FEET OF THE WEST 88.0 FEET OF LOT 8 IN KENNEDY AVENUE ADDITION TO THE TOWN OF HIGHLAND AS SHOWN IN PLAT BOOK 25, PAGE 28 IN LAKE COUNTY, INDIANA.

Commonly known as 2635 39th Place, Highland, IN 46322

Key # 45-07-28-176-021.000-026

3. Alfred Somenzi (aka Alfred A. Somenzi) and Mary Somenzi (aka Mary J. Somenzi), acquired title as tenants by the entireties to said real estate by deed of conveyance on the 12th day of October, 1995, and recorded in the Office of the Lake County Recorder on October 16, 1995, as Document Number 95062293.

4. Alfred Somenzi and Mary Somenzi held title to said real estate until the death of Mary Somenzi on October 31, 2008, at which time Alfred Somenzi acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Mary Somenzi (aka Mary J. Somenzi).

5. The gross value of the estate of the decedent's estate as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Kenneth A. Somenzi
Kenneth A. Somenzi, Affiant

COMMUNITY TITLE COMPANY
FILE NO 135365 LAKE CO.

FILED

JAN 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

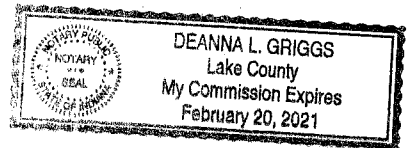
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Kenneth A. Somenzi, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

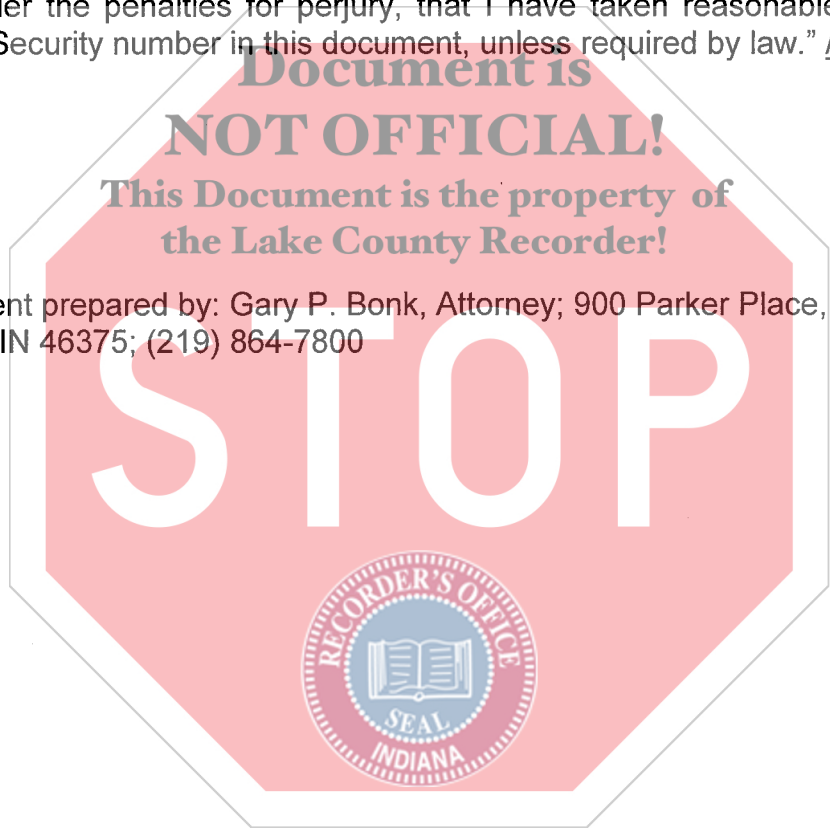
Signed and sealed this 31 day of December, 2013.

My commission expires:



Signature: 

"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." /s/Gary P. Bonk



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3922-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) MARY J. SOMENZI			2. Sex F			3. Time Of Death 9:05 PM		4. Date Of Death (Month/Day/Year) OCTOBER 31, 2008		
5. Social Security Number [REDACTED]			6. Under 1 Year Months		7. Date Of Birth (Month/Day/Year) December 27, 1918		8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA			
9. Burial In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			11. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46318					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. Burial Place (City And State) ALFRED A. SOMENZI			16. If Unknown (Give Maiden Last Name) N/A			17. Decedent's Usual Occupation MAINTENANCE		18. Kind Of Business/Industry STEEL		
19. Residence—State INDIANA			20. County LAKE		21. City Or Town HIGHLAND			22. Street And Number 2835 39TH PLACE		
23. Apt. No. N/A		24. Zip Code 46322		25. Other City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
26. Decedent's Education High school graduate or GED completed			27. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			28. Decedent's Race White				
29. Father's Name (First, Middle, Last) ANDREW BUROSH			30. Mother's Name (First, Middle, Last) MARY BUROSH			31. Mother's Maiden Last Name UNKNOWN				
32. Informant's Name ALFRED A. SOMENZI			33. Relationship To Decedent HUSBAND			34. Home Address (Street And Number, City, State, Zip Code) 2835 39TH PLACE HIGHLAND, INDIANA 46322				
35. Method Of Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			36. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CATHOLIC GENEZIEVES			37. Location—City, Town, And State HAMMOND, INDIANA				
38. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			39. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 6038 KLEINMAN RD, HIGHLAND, INDIANA 46322			40. Funeral Home License Number FH10300021				
41. Signature Of Indiana Funeral Service Licensee C.A. Kruper			42. License Number Of Licensee FD01014811							
CAUSE OF DEATH (See Instructions And Examples)										
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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. Coro Pulmonary HEART			Due To (Or As A Consequence Of)		Approximate Interval: Onset To Death		
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. CAD			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. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I.					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Was Autopsy Findings Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
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)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury—State			39. City Or Town		40. Street & Number		41. Apt. No.		42. Zip Code	
39. Describe How Injury Occurred					43. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
44. Signature Of Person Certifying Cause Of Death Murray Stasick, M.D.			45. Name, Address And Zip Code Of Person Certifying Cause Of Death 7330 Indianapolis Blvd, Hammond, IN 46324			46. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		47. License Number 01016030A		48. Date Certified 11-3-08
49. Additional Funeral Service Provider: COMMUNITY TITLE COMPANY					50. Signatures of Local Health Officer: Susan W. Best, D.O.					
					51. For Registrar Only—Date Filed (Month/Day/Year) November 3, 2008					