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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**AFFIDAVIT**

**2015 020527**

2015 APR -8 AM 9:46

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

MICHAEL B. BROWN  
RECORDER

Tax I.D. No. 45-07-08-304-014.000-023

**PAUL J. VIDO AND MARLA R. VIDO**, being first duly sworn upon their oath, depose and say:

1. That **Rudolph J. Vido** died on the 23rd day of January, 2014, at Norton Brownsboro Hospital, in Jefferson County, Kentucky.
2. That at the time of his death, **Rudolph J. Vido, Paul J. Vido and Marla R. Vido** were the co-owners in joint tenancy of the following described real estate:

**LOT 1, EXCEPT THE EAST 2.5 FEET THEREOF, IN BLOCK 4 IN HOMESTEAD GARDENS ADDITION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 72, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND THE EAST HALF OF THE VACATED PUBLIC ALLEY LYING WEST AND ADJOINING SAID LOT.**

3. That no Federal Estate Tax is due as a result of the death of **Rudolph J. Vido**.
4. That these Affiants' relationship to the Decedent was children.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.

FURTHER, Affiants saith naught.

*Paul J. Vido*  
Paul J. Vido

APR 06 2015

*Marla R. Vido*  
Marla R. Vido

**011353**

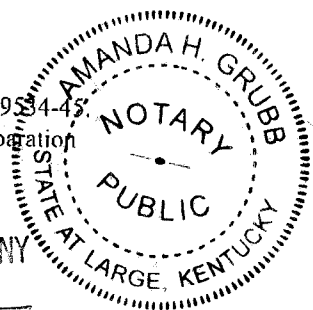
Subscribed and sworn to before me, Notary Public this 23<sup>RD</sup> day of MARCH, 2015.



*John E. Petalas*  
Notary Public

My Commission Expires: 4-15-2017  
County of Residence: Jefferson

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9884-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.



COMMUNITY TITLE COMPANY  
FILE NO 157327

14-  
non cm  
CM  
AM

Original Death Certificate will be presented  
at closing. Any questions please call me  
Paul Vido 502-773-4255

# VERIFICATION

## KENTUCKY CERTIFICATE OF DEATH

Case #: 201402890

Case #: E201401240019

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>RUDOLPH J VIDO</b>			1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE <b>N/A</b>		2. SEX <b>MALE</b>
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Read Aloud) <b>January 23, 2014</b>		4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE LAST BIRTHDAY (Years) <b>86</b>	5b. UNDER 1 YEAR Months: <b>0</b> Days: <b>0</b> Hours: <b>0</b> Minutes: <b>0</b>	6. DATE OF BIRTH (Month/Day/Year) <b>08/13/1927</b>
7. COUNTY OF DEATH <b>JEFFERSON</b>			8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9. FACILITY NAME (If not institution, give street and number) <b>NORTON BROWNSBORO HOSPITAL</b>			10. CITY OR TOWN, STATE, AND ZIP CODE <b>LOUISVILLE, KY 40241</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>HARRISBURG, PENNSYLVANIA</b>		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) <b>PIPEFITTER</b>		15. KIND OF BUSINESS/INDUSTRY <b>INLAND STEEL CO</b>		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17a. RESIDENCE - State <b>INDIANA</b>	17b. COUNTY <b>LAKE</b>	17c. CITY OR TOWN <b>HAMMOND</b>	17d. STREET AND NUMBER <b>1850 170TH PLACE</b>	17e. ZIP CODE <b>46324</b>	17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. DECEDENT'S EDUCATION (Check the highest that describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input checked="" type="checkbox"/> 9th - 12th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associate's Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MDiv, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.M., JD)		19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. DECEDENT'S RACE: (Check one, or more races) to indicate what the decedent comprehended himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)	
21. FATHER'S NAME (First, Middle, Last) <b>STEPHEN VIDO</b>			22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>LENA NAGY</b>		
23a. INFORMANT'S NAME <b>PAUL J VIDO</b>		23b. RELATIONSHIP TO DECEDENT <b>SON</b>		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>15409 BUDZMAN DRIVE, LOUISVILLE, KY 40291</b>	
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>ST. JOHN CEMETERY</b>		26. LOCATION - City, Town, and State <b>HAMMOND, IN</b>	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (or person acting as such) <b>TIMOTHY R. BORDEN</b>		DATE SIGNED (Month/Day/Year) <b>01/24/2014</b>	28. KY LICENSE NUMBER (of licensee) <b>5364</b>	29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>KENTUCKY MORTUARY SERVICE 141 DENNIS DRIVE LEXINGTON, KY 40502</b>	
30. DATE PRONOUNCED DEAD (Month/Day/Year) <b>1-23-2014</b>		31. ACTUAL OR PRESUMED TIME OF DEATH <b>4:55 a.m.</b>		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. PART I. Enter the <b>CAUSE OF DEATH</b> - diseases, injuries, or complications - that caused death. DO NOT abbreviate. Exclude any cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Gram-negative Sepsis/gram-negative bacteremia</b> Due to (OR AS A CONSEQUENCE OF) <b>Acute respiratory failure with hypercapnia</b> Due to (OR AS A CONSEQUENCE OF) <b>Septic shock</b> PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.					
34. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined			35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> No (pregnant within past year) <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
39. DATE OF INJURY (Month/Day/Year)		40. TIME OF INJURY	41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42. PLACE OF INJURY (If not specified, home) <input type="checkbox"/> Transportation (specify mode of transportation) <input type="checkbox"/> Other (Specify)	
43. TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			44. DESCRIBE HOW INJURY OCCURRED:		
45. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to causes and manner stated.			46. DATE CERTIFIED (Month/Day/Year) <b>2/4/14</b>		
SIGNATURE <b>Andel Cagata, M.D.</b>		47. LICENSE NUMBER <b>30478</b>		48. TITLE OF CERTIFIER <b>M.D.</b>	
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>Andel Cagata, M.D. 200 E Chestnut #303 Louisville Ky 40202</b>			51. REGISTRAR'S SIGNATURE <b>Paul J. Royce</b>		
52. DATE FILED (Month/Day/Year) <b>FEB 12 2014</b>					

To Be Completed By: Funeral Director (Must Be Typed)

To Be Completed By: Medical Certifier