

6. That no estate was opened for Richard A. DePirro, and no individual received property from Richard A. DePirro, either by way of Joint Tenancy, Small Estates Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.
7. That the estate of Richard A. DePirro did not necessitate the filing of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH UNTO:



STATE OF INDIANA)
) SS:
 COUNT OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 21st day of December, 2017, personally appeared Richard A. DePirro

My commission expires: _____

Resident of _____ County

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. David M. Blaskovich

Return Recorded Document to:
 David M Blaskovich
 2850 – 45th Street, Suite A
 Highland, IN 46322

This instrument prepared by:
 David Blaskovich, 19757-45
 2850 - 45th Street, Suite A
 Highland, IN 46322 / 219-595-0033



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

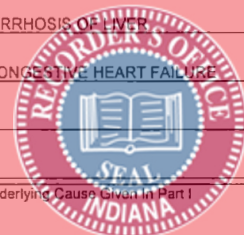
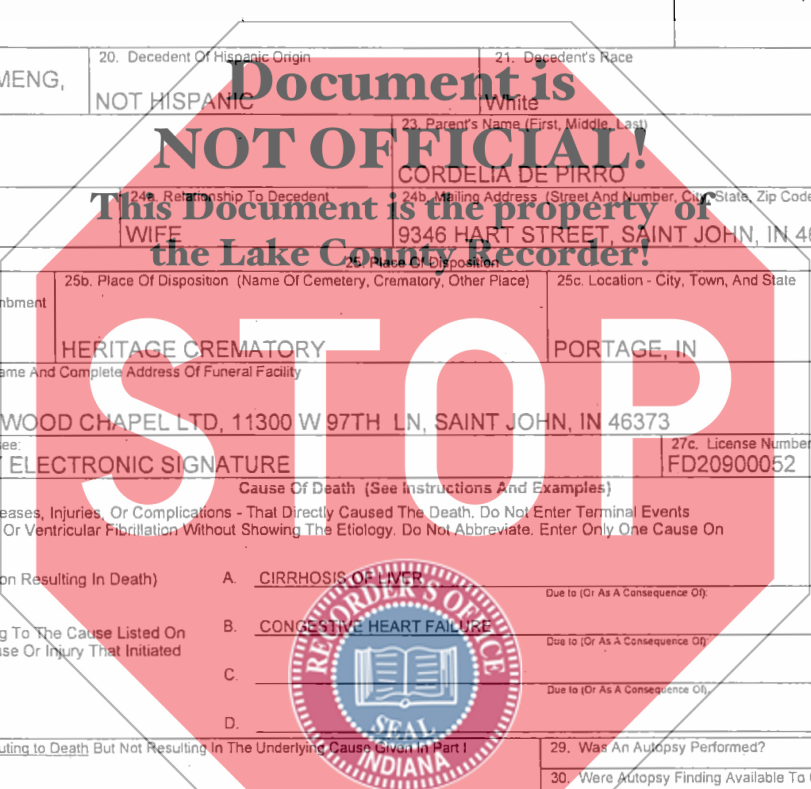
Tracking No. 126928

Local No 002112

EDR No 00000583250

State No 030134

1 Decedent's Legal Name (First, Middle, Last) RICHARD A DE PIRRO				1a Maiden Name (If female)		2 Sex MALE	3 Time Of Death 08:37 PM	4 Date Of Death (Month/Day/Year) 06/14/2017	
5 Social Security Number		6a Age - Yrs 77	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/18/1939		8. Birthplace (City and State or Foreign Country) MELROSE PARK, IL
9 Ever 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				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/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 MUNSTER, IN, 46321					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 KAREN DE PIRRO				15a. Last Name Before First Marriage SCHROETER			16. Decedent's Usual Occupation ART TEACHER		17. Kind Of Business/Industry HIGH SCHOOL
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town SAINT JOHN			18c. Street And Number 9346 HART STREET	18d. Apt. No.
18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) FREDERICK DE PIRRO	
22. Parent's Name (First, Middle, Last) FREDERICK DE PIRRO	23. Parent's Name (First, Middle, Last) CORDELIA DE PIRRO	23a. Parent's Last Name Before First Marriage KELDERHOUSE	24. Informant's Name KAREN DE PIRRO	24a. Relationship To Decedent WIFE	24b. Mailing Address (Street And Number, City, State, Zip Code) 9346 HART STREET, SAINT JOHN, IN 46373	24c. Place Of Disposition HERITAGE CREMATORY	24d. Location - City, Town, And State PORTAGE, IN	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) HERITAGE CREMATORY
25c. Location - City, Town, And State PORTAGE, IN	26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373	27a. Funeral Home License Number: FH19900052	27b. Signature Of Indiana Funeral Service Licensee: DONALD F. SCIACKITANO, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee): FD20900052	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. CIRRHOSIS OF LIVER Due to (Or As A Consequence Of) B. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D. 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	Approximate Interval: Onset To Death MORE THAN ONE YEAR MORE THAN ONE YEAR	28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. END STAGE RENAL FAILURE	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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"/> Not 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) LAKE COUNTY HEALTH DEPARTMENT	37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Location Of Injury - State
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) NOT VAID UNLESS	41. Signature, Of Person Certifying Cause Of Death: KRISHNAKANT RAIKER, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
41. Signature, Of Person Certifying Cause Of Death: KRISHNAKANT RAIKER, BY ELECTRONIC SIGNATURE	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: KRISHNAKANT RAIKER, 9038 B COLUMBIA AVENUE, MUNSTER, IN 46321	44. License Number: 01042561A	45. Date Certified: 06/17/2017	46. Additional Funeral Service Provider: SCHROEDER-LAUER FUNERAL HOME	47. *Akas:	48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): JUN 19 2017	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



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