

STATE OF INDIANA . . .)
) SS:
COUNTY OF LAKE)

766907

AFFIDAVIT OF SURVIVORSHIP

LaVina M. Giarraputo, being first duly sworn upon her oath,
deposes and says as follows:

1. That this affidavit is made with reference to the following
described real estate, to-wit:

Key 24-141-1 to 6

Lots 1 to 6, both inclusive, Hanover Plat "B," as shown
in Plat Book 28, page 59, in Lake County, Indiana.

2. That your affiant is the widow of the deceased and
familiar with the affairs of the said Simon M. Giarraputo the
death of such deceased.

STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD
JUL 29 11 37 AM '84
WILLIAM STEVENSON
RECORDER

3. That the said Simon M. Giarraputo died on March 15, 1984
a resident of Cedar Lake, Lake County, Indiana, and his residence
at the time of his death was 10833 W. 133rd Avenue, Cedar Lake,
Indiana.

4. That the decedent died without leaving a will and the
decedent's estate, including the above-described real estate was
not subject to Federal Estate Tax.

5. That the said Simon M. Giarraputo and LaVina M. Giarraputo
were husband and wife at the time they acquired the title to the
above-described real estate and remained so until the death of the
said Simon M. Giarraputo.

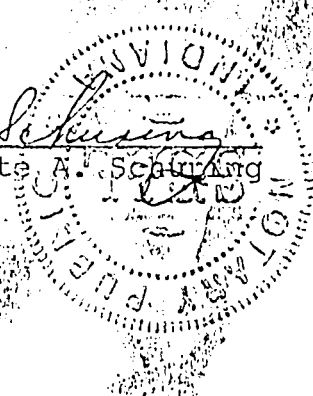
Further Your Affiant Saith Not.

LaVina M. Giarraputo
LA VINA M. GIARRAPUTO

Subscribed and sworn to before me, a Notary Public on this

25TH day of July, 1984.

Marguerite A. Schuring
Notary Public: Marguerite A. Schuring



My Commission Expires:
June 11, 1987

Lake County Resident

FILED

JUL 30 1984

Prepared by: David J. Sims
Attorney at Law
P.O. Box 88
11108 W. 133rd Avenue
Cedar Lake, IN 46303

David J. Sims
AUDITOR LAKE COUNTY

001404

MAL to: ↗

550

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

756962

Local No. 533-84

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

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Manover Plate
State # 24-144-01 thru 49
40th Ave. New

EMBALMER'S NAME: William E. Burdan
 FUNERAL DIRECTOR'S SIGNATURE: *William E. Burdan*
 LICENSE No. # 25-1-100107 LAKE COUNTY
 FUNERAL HOME: 21884
 ADDITION LAKE COUNTY

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED & DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M. COUNTY HEALTH OR LOCAL HEALTH OFFICER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED--NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1. Simon Mario Giarraputo					Male	March 15, 1984	
RACE--(If g. White, Black, American Indian, etc.)		AGE--Last Birthday (Year)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Year)	
4. White		5a. 59		5b. MOS	5c. DAYS	6. Sept. 4, 1924	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION--Name if not in either give street and number			7a. COUNTY OF DEATH		
7b. Crown Point		7c. St. Anthony's Medical Center			7d. Inpatient		
STATE OF BIRTH (If not in U.S. A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	SURVIVING SPOUSE (If wife give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Illinois		9. U.S.A.		10. Married	11. Lavina Knowski		12. No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13. 344-12-0471		14a. Produce Manager			14b. Restaurant		
RESIDENCE--STATE		COUNTY		CITY, TOWN OR LOCATION			
15a. Indiana		15b. Lake		15c. Cedar Lake			
STREET AND NUMBER		15. RESIDENCE ON A FARM?		16. INSURETY LIMITS (Specify Yes or No)		STATE OF INDIANA LAKE COUNTY	
15d. 10833 West 133rd		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
18. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER--NAME		FIRST	MIDDLE	LAST	MOTHER--MAIDEN NAME		FIRST
16. Salvatore J. Giarraputo					17. Mary Sabella		
INFORMANT--NAME (If you or parent)		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN)			
18. Lavina Giarraputo, Wife		18b. 10833 West 133rd Ave. Cedar Lake Indiana 46303					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY-- FUNERAL HOME		LOCATION (CITY OR TOWN STATE)			
19a. Burial		19b. Holy Name Parish Cemetery		19c. Cedar Lake, Indiana			
DATE (MONTH DAY, YEAR)		FUNERAL HOME--NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE)					
20a. March 19th, 1984		20b. Burdan Funeral Home, 12901 Wicker Ave., Ind. 46303					
21a. SIGNATURE		DATE SIGNED (Mo. Day Year)		HOUR OF DEATH			
21a. <i>Lucio A. Yee Jr. M.D.</i>		21b. 3-20-84		21c. 2:37 p.m.			
MAILING ADDRESS--PHYSICIAN							
21a. 12110 GRANT ST. CROWN POINT IN. 46307							
HEALTH OFFICER--SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
22a. <i>Deane D. Johnson M.D.</i>		22b. 3-21-84					
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death					
PART I (a) CARDIOGENIC SHOCK		4 hours					
(b) MYOCARDIAL INFARCTION		2 hours					
(c) Massive upper GI bleeding due to ulcer		3 hours					
PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not related to cause given in PART I (a), (b) AND (c)		AUTOPSY (Specify Yes or No)		24. NO			

752000

4.00