

7493 Jennings Pl.
Marionville

787559

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JAN 8 1985

Lyle O. Pruitt
AUDITOR LAKE COUNTY

A F F I D A V I T

I, Gregory V. Sarantis, being first duly sworn upon my oath
depose and say:

1. That my mother Thomai Sarantis died November 13, 1984.
2. That at the time of her death she held a life estate in certain real property with the remainder over to the Affiant.
3. That the death certificate issued by the Indiana State Board of Health states my mother's name as "Tomoia (Kostoff) Sarantis".
4. That my mother's true and correct name was "Thomai Sarantis Kostoff" and the person named in the death certificate was in fact the same person as the said Thomai Sarantis Kostoff, my now deceased mother. *Key 39-163-25*

Further Affiant sayeth not.

STATE OF INDIANA/S.S.H.C.
LAKE COUNTY
FILED FOR RECORD
JAN 8 4 02 PM '85
RUDOLPH CLA
RECORDER

Gregory V. Sarantis
GREGORY V. SARANTIS

Subscribed and sworn to before me, a Notary Public, this 8th
day of January, 1985.

MY COMMISSION EXPIRES:
October 16, 1987
COUNTY OF RESIDENCE:
Lake County

Sheldon H. Cohan
SHELDON H. COHAN, NOTARY PUBLIC

000417

550

TYPE OR PRINT
PLAINLY, WITH
UNFAADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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JAN 8 1984

EMBALMER'S NAME: *James Gholston*
FUNERAL DIRECTOR'S SIGNATURE: *Robert W. Wiatrowski*
LICENSE No. 419
FUNERAL DIRECTOR'S LICENSE No. 968
Local No. 2134-84
FUNERAL HOME No. 242

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. *2134-84*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

| | | | |
|--|---|--|--|
| DECEASED—NAME 1 TOMOIA (KOSTOFF) SARANTIS | | SEX Female | DATE OF DEATH—MONTH DAY YEAR November 13, 1984 |
| RACE—(e.g. White, Black, American Indian, etc.) 4 White | AGE—Last Birthday (Yr/Mo/D) 5a 90 | UNDER 1 YEAR 5b _____ | UNDER 1 DAY 5c _____ |
| CITY, TOWN OR LOCATION OF DEATH 6 Merrillville | | HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number 7c 7493 Jennings Pl. | IF HOSP OR INST UNDER OOA OF Enter Am. Institution (Specify) 7d Home |
| STATE OF BIRTH (If not in U.S.A. Name of Country) 8 Greece | CITIZEN OF WHAT COUNTRY 9 Greece | MARRIED NEVER MARRIED WIDOWED DIVORCED SURVIVED 10 Widowed | SURVIVING SPOUSE (If give give maiden name) 11 _____ |
| SOCIAL SECURITY NUMBER 13 314-03-2572 | USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a Homemaker | KIND OF BUSINESS OR INDUSTRY 14b Home | |
| RESIDENCE—STATE 15a Indiana | COUNTY 15b Lake | CITY TOWN OR LOCATION 15c Merrillville | |
| STREET AND NUMBER 15d 7493 Jennings Place | | IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (Specify YES OR NO) 15f Yes |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| FATHER—NAME 16 Christas Rondas | | MOTHER—MAIDEN NAME 17 Paraskiva N/A | |
| INFORMANT—NAME (Type or Print) 18 Gregory Sarantis (Son) | RELATIONSHIP | MAILING ADDRESS 18b 7493 Jennings Pl. Merrillville, Indiana 46410 | CITY OR TOWN STATE |
| RITUAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial | | CEMETERY OR CREMATORY—FUNERAL HOME 19b Ridgelawn Cem. | LOCATION 19c Gary, Indiana |
| DATE (MONTH DAY YEAR) 20a November 16, 1984 | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Stilinovich & Wiatrowski 7535 Taft St. Merr. In. 46410 | |
| To the best of my knowledge, death occurred at the time, place and date on the funeral record 21a (Signature) <i>[Signature]</i> | | DATE SIGNED (Mo. Day Yr.) 21b 11-13-84 | HOUR OF DEATH 21c M |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. John Kollertris | | MAILING ADDRESS—PHYSICIAN 21e 6111 Harrison St. Merrillville, Indiana | |
| HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-14-84 | |
| 23. IMMEDIATE CAUSE (ENTER THE CAUSE PER LINE FOR (a), (b) AND (c)) | | | |
| PART I (a) Cerebral artery disease | | Interval between onset and death | |
| (b) _____ | | Interval between onset and death | |
| (c) _____ | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) (b) (c) | | AUTOPSY (Specify Yes or No) 24 _____ | |

000418

Key 39-163-25

W. J. ... 35426 ...