

084034

Michael J. Trounauzian
71 1000 E 80th Pl #645A
Thru

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

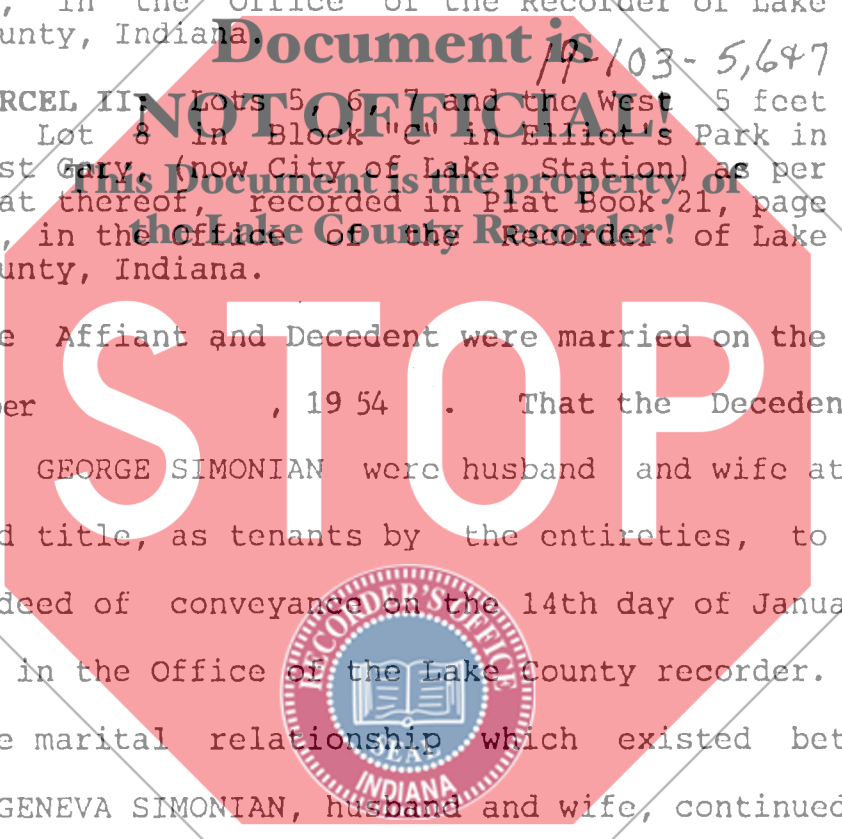
Comes now GEORGE SIMONIAN, being duly sworn upon his oath and states as follows:

That GEORGE SIMONIAN, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: 17-46-1,3+4

PARCEL I: Lots 1, 2, 3 and 4 in Block 1 in F.D. Barnes' Gary Addition to Hobart, as per plat thereof, recorded in Plat Book 10, page 27, in the Office of the Recorder of Lake County, Indiana.

PARCEL II: Lots 5, 6, 7 and the West 5 feet of Lot 8 in Block "C" in Elliot's Park in East Gary, (now City of Lake Station) as per plat thereof, recorded in Plat Book 21, page 36, in the Office of the Recorder of Lake County, Indiana.

STATE OF INDIANA / S.S. HQ.
LAKE COUNTY
RECORDER
FEB 12 10 34 AM '90
ROBERT WOOD



That the Affiant and Decedent were married on the 18th day of September, 1954. That the Decedent, GENEVA SIMONIAN and GEORGE SIMONIAN were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance on the 14th day of January, 1980, and recorded in the Office of the Lake County recorder.

That the marital relationship which existed between this affiant and GENEVA SIMONIAN, husband and wife, continued unbroken from the time they so acquired title to said real estate until the death of GENEVA SIMONIAN, his wife, on the 29th day of April, 1989, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the Decedent, GENEVA SIMONIAN, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal

FILED

JAN. 31 1990 HPK

Anna M. Anton
AUDITOR LAKE COUNTY

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Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax or required the filing of Federal Estate Tax Return.

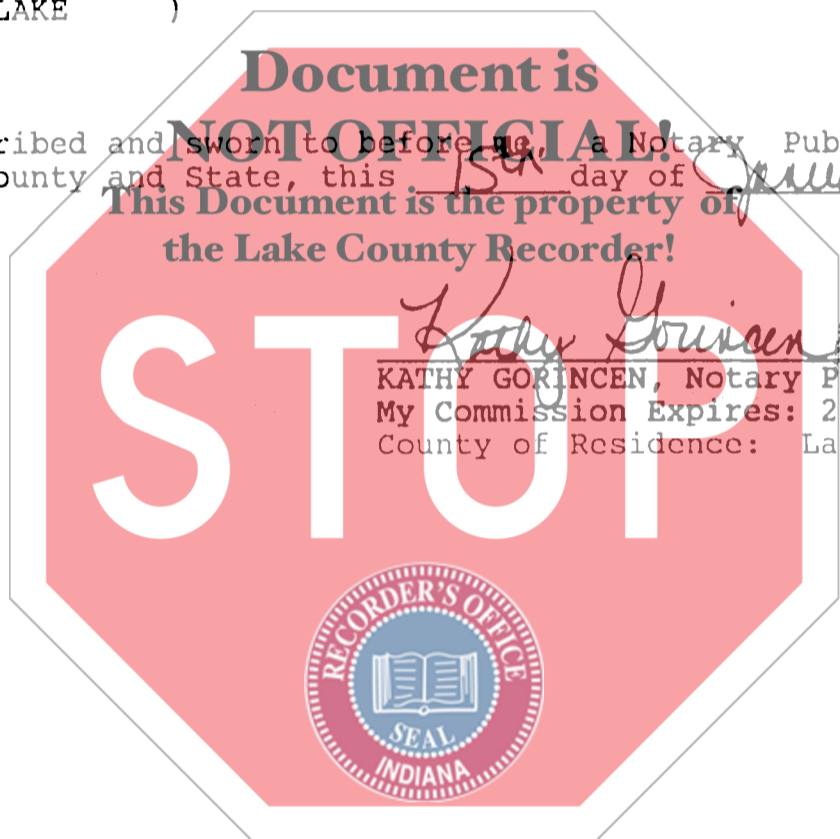
That the decedent's estate was not subject to Indiana Inheritance Taxes.

George Simonian

GEORGE SIMONIAN

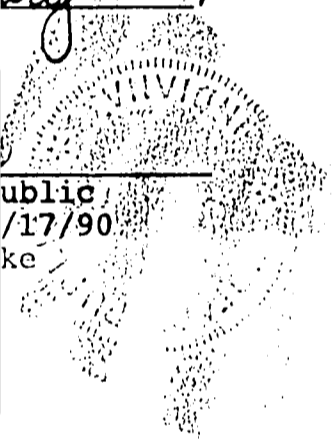
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 15th day of January, 1990.



Kathy Gorincen

KATHY GORINCEN, Notary Public
My Commission Expires: 2/17/90
County of Residence: Lake



DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 49.2B		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A. DECEASED B. C. D. E. 1. 2. 3. 4. 5. N. P. CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. GENEVA SIMONIAN			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 29 1989				
	COUNTY OF DEATH 4. Lake		AGE-LAST BIRTHDAY (YRS) Mo. 36 Da. 36	UNDER 1 YEAR Mo. 5b. Da. 5c.	UNDER 1 DAY HOURS 5d. MIN. 5e.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 3, 1932			
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Zion		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. American International Hospital			IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. (IM. INPATIENT) (SPECIFY) 6c. Inpatient			
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Gary, Indiana		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. George Simonian			WAS DECEASED EVER IN ARMED SERVICES? (YES/NO) 9. No		
	SOCIAL SECURITY NUMBER 10. 307 65 3168		USUAL OCCUPATION 11a. Owner	KIND OF BUSINESS OR INDUSTRY 11b. Restaurant		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary School (0-12) 12. 12 College (14 or 5+) 12. College			
	RESIDENCE (STREET AND NUMBER) 13a. 709 W. 66th Place			CITY, TOWN, OR ROAD DISTRICT NO. 13b. Merrillville		INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Lake		
	STATE 13e. Indiana	ZIP CODE 13f. 46410	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) 14b. X NO <input type="checkbox"/> YES SPECIFY:					
	FATHER-NAME FIRST MIDDLE LAST 15. Sam Kachaturoff			MOTHER-NAME FIRST MIDDLE LAST 16. Horom Stephania					
	INFORMANT'S NAME (TYPE OR PRINT) 17a. George Simonian			RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 709 W. 66th Pl., Merrillville, IN 46410				
	18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only the cause (1) with the immediate cause (final disease or condition resulting in death) (b) due to, or as a consequence of (c) due to, or as a consequence of the underlying cause last.								APPROXIMATE INTERVAL BETWEEN DEATH AND DATE
Immediate Cause (Final disease or condition resulting in death) (a) Remotely failure pneumonia (b) due to, or as a consequence of (c) due to, or as a consequence of									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I								AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES () NO ()				
(1) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. Oct 4/29/89				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 11:45 P.M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.								DATE SIGNED (MONTH, DAY, YEAR) 22b. 5/1/89	
SIGNATURE (TYPE OR PRINT) 22a. Alfanso A. Mellijor, M.D.				NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 5911 27th Street, Zion, Illinois 60099				ILLINOIS LICENSE NUMBER 22d. 36 062224	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.								NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Calumet Park		LOCATION 24c. Merrillville, Indiana	CITY OR TOWN STATE 24d. May 3 89		DATE (MONTH, DAY, YEAR)			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. CONGDON & COMPANY Funeral Directors, Ltd, 3012 Sheridan Rd, Zion, IL 60099									
FUNERAL DIRECTOR'S SIGNATURE 25b. Loren L Congdon				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7854					
LOCAL REGISTRAR'S SIGNATURE 26a. Wm. F. Durkin				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 1, 1989					

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named in item (1), and that this record was established and filed in my office, in accordance with provisions of the Illinois Statutes relating to the registration of deaths.

DATE MAY - 1 1989 SIGNED Louis A. Naples
 AT Zion, Illinois OFFICIAL TITLE Local Sub-Registrar