

3

4501 Todd Ave  
E.C. 463B

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE   )

**FILED**

MAR 18 1993

*Ann N. Anton*  
AUDITOR LAKE COUNTY

93017263

**AFFIDAVIT OF SURVIVORSHIP**

→ MARY PALEOLOGOS, being duly sworn upon her oath, deposes and says as follows:

1. The affiant, Mary Paleologos, resides at 4501 Todd Avenue, East Chicago, Lake County, Indiana, and is the adult daughter of James K. Paleologos and Katina Paleologos.

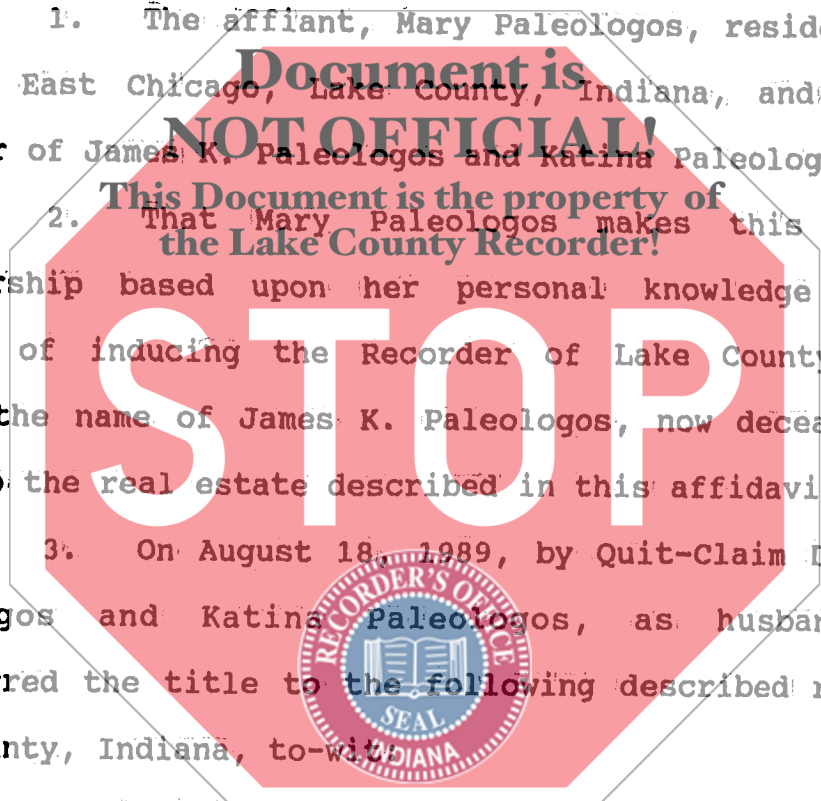
2. That Mary Paleologos makes this Affidavit of Survivorship based upon her personal knowledge and for the purpose of inducing the Recorder of Lake County, Indiana to remove the name of James K. Paleologos, now deceased, from the title to the real estate described in this affidavit.

3. On August 18, 1989, by Quit-Claim Deed, James K. Paleologos and Katina Paleologos, as husband and wife, transferred the title to the following described real estate in Lake County, Indiana, to-wit:

The West 90 feet of Lot 1 in a Subdivision of the S.E. 1/4 of Sec. 29, T.17N., R.9 West of the 2nd P.M. in the City of East Chicago, as per plat thereof, recorded in Plat Book 3, page 57, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 4501 Todd Avenue, East Chicago, Indiana - Tax Key #30-90-1

to James K. Paleologos and Katina Paleologos, husband and wife, and, Mary Paleologos, as joint tenants with right of survivorship, which deed was recorded on September 6, 1989, in



STATE OF INDIANA, S.S. NO. FILED FOR RECORD IN RECORDER'S OFFICE MAR 18 12 18 PM '93

00961

1000

the Office of the Recorder of Lake County, Indiana, as Document No. 056134.

4. That James K. Paleologos and Katina Paleologos were married for many years prior to the Quit-Claim Deed in 1989, referred to above, and remained married to each other until the death of James K. Paleologos on February 25, 1992.

5. That James K. Paleologos, died intestate on February 25, 1992, a resident of Lake County, Indiana; no estate proceedings have been commenced, nor are any contemplated because of his death, and, to the best of affiant's knowledge, no estate or death taxes are due because of his death; a certified copy of his Death Certificate is attached hereto.

FURTHER AFFIANT SAYETH NOT.

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!  
**STOP**

*Mary Paleologos*  
Mary Paleologos



Subscribed and sworn to before me, a Notary Public in and for said county and state this 19 day of October, 1992.

**MY COMMISSION EXPIRES:**

JESSICA D POPOVICH  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXP JULY 21, 1996

*Jessica D. Popovich*  
Notary Public  
Resident of Lake County

Prepared by: Richard J. Lesniak, Attorney At Law  
1802 E. Columbus Drive  
East Chicago, IN 46312

# INDIANA STATE BOARD OF HEALTH

## CERTIFICATE OF DEATH

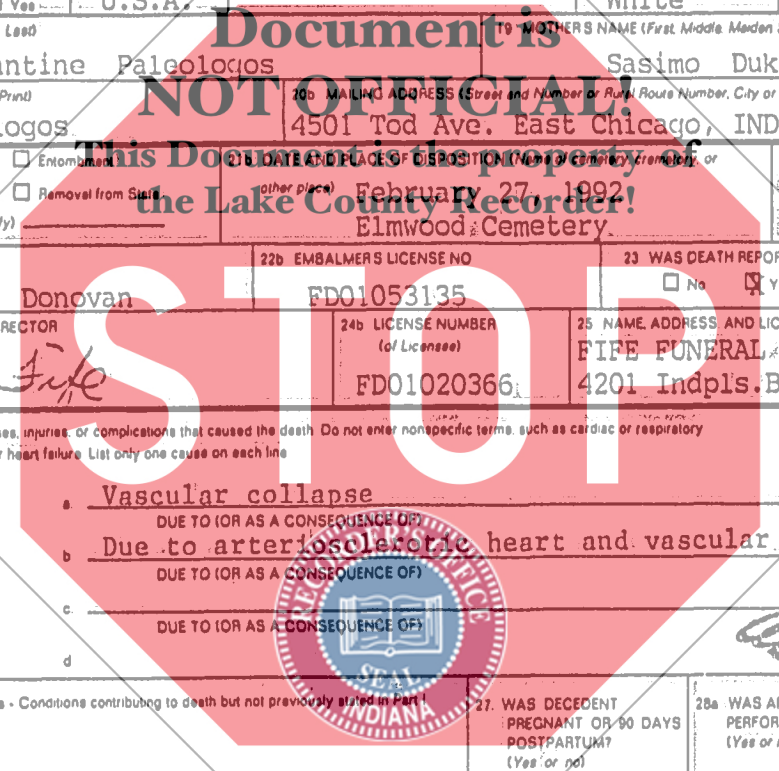
Local No. .... 92 .....

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK-INK

1 DECEASED—NAME (First Middle Last) <b>James K. (Palios) Paleologos</b>				2 SEX <b>Male</b>	3a TIME OF DEATH <b>11:39 am</b>	3b DATE OF DEATH (Month Day Yr) <b>February 25, 1992</b>	
4 SOCIAL SECURITY NUMBER <b>306-03-5139</b>		5a AGE—Last Birthday (Years) <b>97</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Dec. 12, 1894</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Avoros, Greece</b>	
8a WAS DECEASET A US VETERAN? <b>No</b>		8b YEAR LAST SERVED IN US ARMED FORCES? <b>-</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>St. Catherine Hospital</b>			9c CITY TOWN OR LOCATION OF DEATH <b>East Chicago</b>		9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Catherine Manetas</b>		12a DECEASET'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Laborer</b>		12b KIND OF BUSINESS/INDUSTRY <b>Inland Steel Company</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>East Chicago</b>		13d STREET AND NUMBER <b>4501 Tod Avenue</b>		
13e ZIP CODE <b>46312</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEASET OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc (Specify) <b>White</b>	17 DECEASET'S EDUCATION (Specify only highest grade completed) a Elementary/Secondary (0-12) <b>12</b> b College (1-4 or 5 +) <b>-</b>	
18 FATHER'S NAME (First Middle Last) <b>Constantine Paleologos</b>				19 MOTHER'S NAME (First Middle Maiden Surname) <b>Sasimo Dukas</b>			
20a INFORMANT'S NAME (Type/Print) <b>Mary Paleologos</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4501 Tod Ave. East Chicago, IND 46312</b>		20c Relationship <b>Daughter</b>		
21a METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>February 27, 1992 Elmwood Cemetery</b>			21c LOCATION—City or Town, State <b>Hammond, Indiana</b>		
22a EMBALMER'S NAME <b>Woodrow W. Donovan</b>			22b EMBALMER'S LICENSE NO. <b>FD01053135</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>			24b LICENSE NUMBER (of License) <b>FD01020366</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd. East Chicago, IND</b>			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. Vascular collapse</b> DUE TO (OR AS A CONSEQUENCE OF) <b>b. Due to arteriosclerotic heart and vascular disease</b> DUE TO (OR AS A CONSEQUENCE OF)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last <b>c. DUE TO (OR AS A CONSEQUENCE OF)</b> <b>d.</b>						Approximate Interval Between Onset and Death <b>Unknown</b>	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				27. WAS DECEASET PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>				29c MEDICAL LICENSE NO. <b>16120</b>		29d DATE SIGNED (Month, Day, Year) <b>March 3, 1992</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Daniel D. Thomas, M.D. - 2293 North Main St. Crown Point, IND 46307</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Samuel R. Ruskovich</i>					32. DATE FILED (Month, Day, Year) <b>3-5-92</b>		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY/ (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED		
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>February 25, 1992</b>			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>00962</b>				

3/18/93 JF  
 30-90-1, Andrew Pt. S.E. S. 29. T. 37. R. 99 West 90 ft.



RECEIVED  
 MARCH 12 1992  
 DEPT. OF HEALTH  
 INDIANAPOLIS, IND.