194552
Wells

Ticor/cp/Bm

TICOR TITLE INSURANCE

STATE OF INDIANA/S S.NO.
LAKE COUNTY
FILED FOR RECORD
APR 16 11 10 AM '93
SAMUEL ORLICH
RECORDER

N

93024082

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Theresa M. Wells, being first duly sworn upon oath, deposes and says:

1. That Mary Pantagides died on February 20, 1992 at Gary, Indiana, and was a joint tenant with right of survivorship with Robert J. Wells and Theresa M. Wells.

~~2. That and were duly and legally married at the time they acquired title as husband and wife~~ to the following described real estate:
Part of the North 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 25, Township 36 North, Range 9 West of the 2nd Principal Meridian, described as: Commencing at an iron Pipe at the intersection of the North line of said tract with the center line of Ross Road which is 191.4 feet West of the Northeast corner of said tract; thence West along said North line 365.99 feet to an iron pipe; thence South 128 feet to an iron pipe; thence East 389.63 feet to an iron pipe in the center line of said Ross Road; thence Northwesterly along the center line of said Ross Road 129.73 feet to the place of beginning, excepting the West 75*

~~3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.~~

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

39-57-21

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*feet thereof, in Lake County, Indiana.

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STOP
RECORDER'S OFFICE SEAL INDIANA

Theresa M. Wells (signature)
Theresa M. Wells

Subscribed and sworn to before me, a Notary Public, this 30th day of March, 19 93.

FILED
APR 14 1993
Anna N. Antoni (signature)
AUDITOR LAKE COUNTY

Gloria Miller (signature)
Gloria Miller Notary Public

My Commission expires:
10-24-96

County of Residence:
Lake

This Instrument prepared by Theresa M. Wells

00458

800
4-8

Local No. C 408-92

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Mary Pantagides
2 SEX: Female
3a TIME OF DEATH: 9:30am
3b DATE OF DEATH (Month Day Yr): February 20, 1992
4 SOCIAL SECURITY NUMBER: 119 03 5849
5a AGE—Last Birthday (Years): 83
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo Day Yr): June 24, 1909
7 BIRTHPLACE (City and State or Foreign Country): New York N.Y.
8a WAS DECEDENT A US VETERAN? NO
8b YEAR LAST SERVED IN US ARMED FORCES?
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 3920 Rodd Rd.
9c CITY TOWN OR LOCATION OF DEATH: Calumet Twp IN
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Calume t Twp
13d STREET AND NUMBER: 3920 Ross Rd.
13e ZIP CODE: 46408
13f INSIDE CITY LIMITS: ☒ No ☐ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc)
16 RACE—American Indian Black White etc (Specify): WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

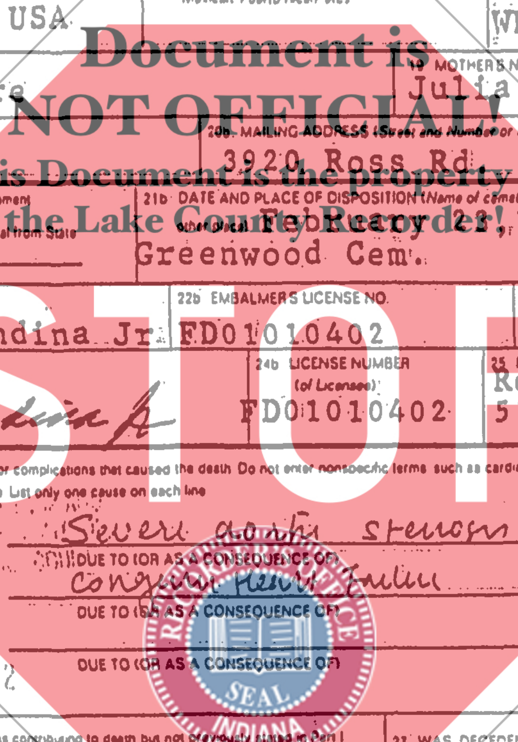
18 FATHER'S NAME (First Middle Last): Peter Novembre
19 MOTHER'S NAME (First Middle Maiden Surname): Julia (Unknown)

INFORMANT

20a INFORMANT'S NAME (Type/Print): Theresa Wells
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3920 Ross Rd. Calumet Twp IN 46408
20c Relationship: Daughter

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 21, 1992 Greenwood Cem.
21c LOCATION—City or Town, State: Tuckerton, New Jers
22a EMBALMER'S NAME: Anthony S. Rendina Jr
22b EMBALMER'S LICENSE NO.: FD01010402
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Anthony S Rendina Jr
24b LICENSE NUMBER (of Licensee): FD01010402
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rendina F.Home FH83007819 5100 Cleveland St.Gary,IN. 46408



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CAUSE OF DEATH

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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Severe aortic stenosis — 11 years
DUE TO (OR AS A CONSEQUENCE OF)
b. Congestive heart failure — 1 year
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

MAR 04 1992

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

[signature]

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a WAS AN AUTOPSY PERFORMED? (Yes or no): no
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): (no)

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
☐ 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
☐ 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: A. Gandhi
29c MEDICAL LICENSE NO: 01029887
29d DATE SIGNED (Month Day Year): 2-20-92
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 9122 Columbia Ave. Munster, IN. 46321 A. "Gandhi M.D.

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] MD
32 DATE FILED (Month Day Year): February 21, 1992

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc:

SBHC6-004 State Form 10110 (R2/3-89) DEA CERT PC

COPY