



93031321

# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

MAY 14 11 11 AM '93  
SARUELL KILGICH  
RECORDER

STATE OF INDIANA/S.S.NO.  
LAKE COUNTY  
FILED FOR RECORD

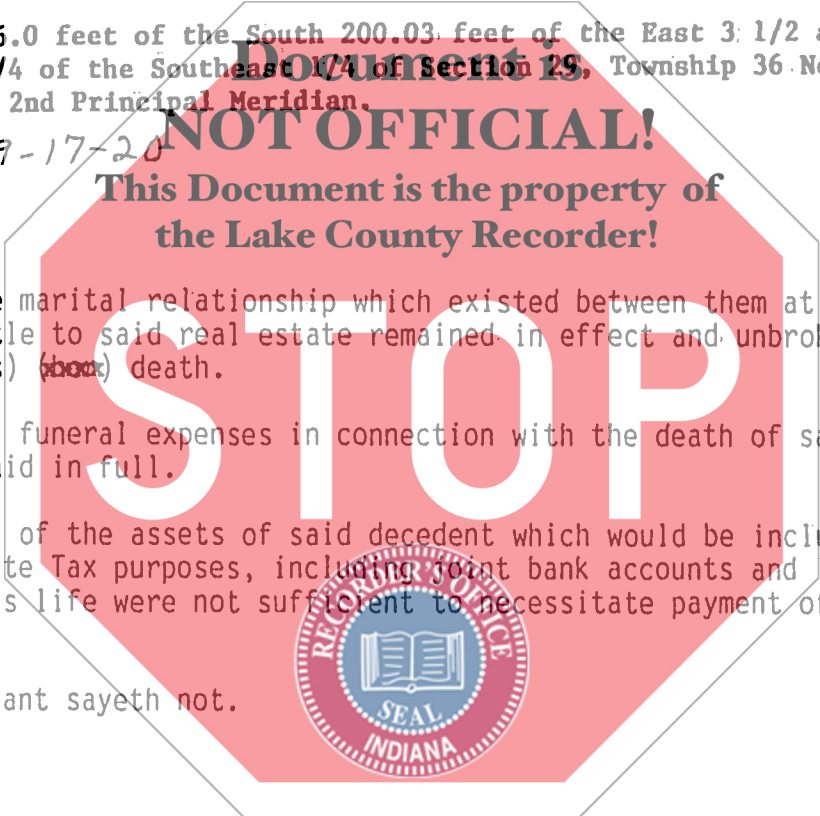
Angeliki D. Kotsinis, being first duly sworn upon oath, deposes and says:

1. That Dimitrios G. Kotsinis died on February 27, 19 87 at Merrillville, Ind.

2. That Dimitrios G. Kotsinis and Angeliki D. Kotsinis were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The North 46.0 feet of the South 200.03 feet of the East 3 1/2 acres of the Northeast 1/4 of the Southeast 1/4 of Section 29, Township 36 North, Range 8 West of the 2nd Principal Meridian.

K# 1-39-17-20



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) ~~book~~ death.

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

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.

Angeliki D. Kotsinis

Angeliki D. Kotsinis

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

### FILED

MAY 13 1993

Jean Henderson  
Jean Henderson Notary Public

My Commission expires: 12-3-93

Anna N. Anton  
AUDITOR LAKE COUNTY

County of Residence:

Lake

This Instrument prepared by Angeliki D. Kotsinis

00183

800  
tc

OCC-  
 TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD

Flow for State Office Use

A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 G \_\_\_\_\_  
 H \_\_\_\_\_  
 I \_\_\_\_\_  
 J \_\_\_\_\_  
 K \_\_\_\_\_  
 L \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 \_\_\_\_\_  
 8 \_\_\_\_\_  
 9 \_\_\_\_\_  
 0 \_\_\_\_\_

EMBALMER'S NAME James Gholston  
 FUNERAL DIRECTORS Robert C. Whitchell  
 LICENSE No. 419  
 FUNERAL DIRECTOR'S LICENSE No. 158

FUNERAL HOME No. 242  
 DECEASED  
 USUAL RESIDENCE OF DECEASED  
 DISPOSITION  
 M.D. OR D.O.  
 CAUSE

TICOR TITLE INSURANCE INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

Local No. 407-87

State No.

DECEASED - NAME 1 <b>Dimitrios G. Kotsinis</b>		SEX 2 <b>Male</b>	DATE OF DEATH 3 <b>February 27, 1987</b>
RACE 4 <b>White</b>	AGE 5 <b>65</b>	DATE OF BIRTH 6 <b>Aug. 10, 1921</b>	COUNTY OF DEATH 7 <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 8 <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION 9 <b>Southlake Methodist Hospital</b>	IF HOSP. OR INST. NUMBER DON. OF TRANSFER 10 <b>Inpatient</b>
STATE OF BIRTH 11 <b>Greece</b>	CITIZEN OF WHAT COUNTRY 12 <b>U.S.A.</b>	MARRIED OR SINGLE 13 <b>Married</b>	SURVIVING SPOUSE 14 <b>Angeliki Magistamatis</b>
SOCIAL SECURITY NUMBER 15 <b>303-62-9996</b>		USUAL OCCUPATION 16 <b>Retired</b>	INDUSTRY 17 <b>U.S. Steel</b>
RESIDENCE - STATE 18 <b>Indiana</b>	COUNTY 19 <b>Lake</b>	CITY, TOWN OR LOCATION 20 <b>Gary</b>	INSIDE CITY LIMITS 21 <b>Yes</b>
RESIDENCE ADDRESS 22 <b>4270 Grant Street</b>		RESIDENCE PHONE NO. 23 <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL, CUBAN, PUERTO RICAN, ETC. 24 <b>NO</b>			
FATHER - NAME 25 <b>George Kotsinis</b>	MOTHER - NAME 26 <b>Evanthia Pappas</b>	MARRIAGE DATE 27	
DECEASED'S RELATIONSHIP 28 <b>Wife</b>		DECEASED'S ADDRESS 29 <b>4270 Grant Street, Gary, Indiana</b>	
DISPOSITION 30 <b>Burial</b>		CEMETERY OR CREMATORY - LIBERAL HOME 31 <b>Ridgelawn Cemetery</b>	LOCATION 32 <b>Gary, IN</b>
DATE 33 <b>February 28, 1987</b>		FUNERAL HOME - NAME AND ADDRESS 34 <b>Stilinovich &amp; Naitrolnik, 7535 Taft Merrillville, IN 46410</b>	STATE 35 <b>IN</b>
NAME OF ATTENDING PHYSICIAN 36 <b>Dr. Pimpa J. Tara, M.D.</b>		DATE SIGNED 37 <b>3/2/87</b>	HOURS OF DEATH 38 <b>5:10 AM</b>
ADDRESS - PHYSICIAN 39 <b>8127 Merrillville Road, Merrillville, Indiana 46410</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE 40 <b>3/2/87</b>	
HEALTH OFFICER - SIGNATURE 41 <i>Charles J. ...</i>		HEALTH OFFICER - NAME 42	
IMMEDIATE CAUSE 43 <b>Mitral Stenosis</b>		MIDDLE CAUSE 44	
CAUSE 45		CAUSE 46	

