Chicago Title Insurance Company

CP 470478 LD

# SURVIVORSHIP AFFIDAVIT

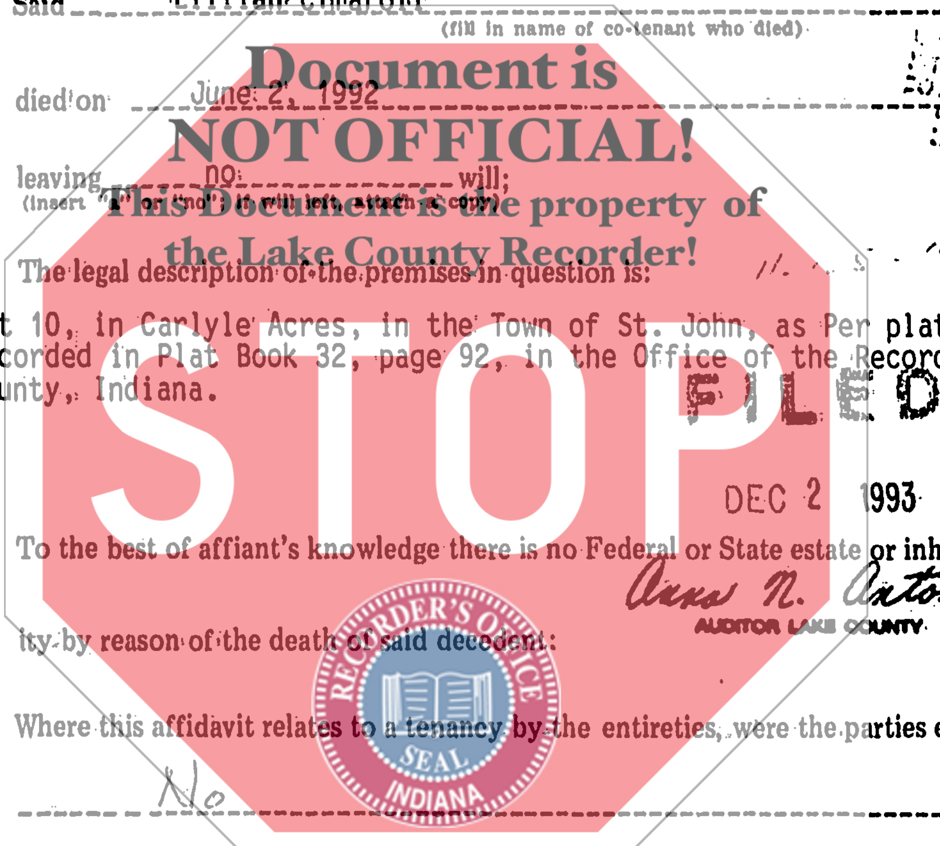
STATE OF INDIANA
COUNTY OF LAKE } S.S:

93083010

On this October 29, 1993 (insert date) before me personally appeared Phillip J. Cimaroli

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner (state interest of affiant in the above premises as "owner," "son of owner," etc.);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Phillip J. Cimaroli and Lillian Cimaroli
4. Said Lillian Cimaroli (fill in name of co-tenant who died) died on June 2, 1992 leaving no will; (insert "a" or "no"; if will left, attach a copy)



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5. The legal description of the premises in question is:

Lot 10, in Carlyle Acres, in the Town of St. John, as Per plat thereof, recorded in Plat Book 32, page 92, in the Office of the Recorder of Lake County, Indiana.

FILED
DEC 2 1993
Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA S.S.NO.
LAKE COUNTY
FILED FOR RECORD
DEC 9 11 45 AM '93

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

);

8. Affiant's relationship to the deceased was Husband

Signature: [signature]
Phillip J. Cimaroli

Address: 8601 Jacobsen Dr.
St. John, IN 46373

Subscribed and sworn to before me by the affiant

this October 29, 1993 (insert date)

[signature]
Notary Public
Stacey Eisenhutt

My Commission Expires January 7, 1994
Resident of Lake County, Indiana

This instrument prepared by Phillip J. Cimaroli

8.00 Ck

30860

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1300-92　　State No. ..........

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Entry |
|---|---|
| 1. DECEDENT—NAME (First, Middle, Last) | LILLIAN CIMAROLI |
| 2. SEX | FEMALE |
| 3a. TIME OF DEATH | 9:39 AM |
| 3b. DATE OF DEATH (Month, Day, Yr) | JUNE 2, 1992 |
| 4. SOCIAL SECURITY NUMBER | 353-36-6758 |
| 5a. AGE—Last Birthday (Years) | 46 |
| 5b. UNDER 1 YEAR (Months, Days) | |
| 5c. UNDER 1 DAY (Hours, Minutes) | |
| 6. DATE OF BIRTH (Mo, Day, Yr) | March 19, 1946 |
| 7. BIRTHPLACE (City and State or Foreign Country) | Paw-Paw, Michigan |
| 8a. WAS DECEDENT A U.S. VETERAN? | No |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? | ------ |
| 9a. PLACE OF DEATH (Check only one. See instructions) | HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify) |
| 9b. FACILITY NAME (If not institution, give street and number) | THE COMMUNITY HOSPITAL |
| 9c. CITY, TOWN, OR LOCATION OF DEATH | MUNSTER |
| 9d. COUNTY OF DEATH | LAKE |
| 10. MARITAL STATUS (Specify) | Married |
| 11. SURVIVING SPOUSE (If wife, give maiden name) | Phillip J. Cimaroli |
| 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | File Clerk |
| 12b. KIND OF BUSINESS/INDUSTRY | Hospital |
| 13a. RESIDENCE—STATE | Indiana |
| 13b. COUNTY | Lake |
| 13c. CITY, TOWN, OR LOCATION | St. John |
| 13d. STREET AND NUMBER | 8601 Jacobson Drive |
| 13e. ZIP CODE | 46373 |
| 13f. INSIDE CITY LIMITS | [ ] No [X] Yes |
| 13g. ON A FARM? | [X] No [ ] Yes |
| 14. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | [X] No [ ] Yes |
| 16. RACE—American Indian, Black, White, etc. (Specify) | White |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12) | 12 Yrs |
| College (1-4 or 5+) | |

**PARENTS**

| Field | Entry |
|---|---|
| 18. FATHER'S NAME (First, Middle, Last) | William Lasky |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) | Helen Biro |

**INFORMANT**

| Field | Entry |
|---|---|
| 20a. INFORMANT'S NAME (Type/Print) | Phillip J. Cimaroli |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 8601 Jacobson Dr. St. John, Indiana 46373 |
| 20c. Relationship | Husband |

**DISPOSITION**

| Field | Entry |
|---|---|
| 21a. METHOD OF DISPOSITION | [X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State |
| 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | June 5, 1992 Calvary Cemetery |
| 21c. LOCATION—City or Town, State | Steger, Illinois |
| 22a. EMBALMER'S NAME | James Porras |
| 22b. EMBALMER'S LICENSE NO. | 1045964 |
| 23. WAS DEATH REPORTED TO CORONER? | [X] No [ ] Yes |
| 24a. SIGNATURE OF FUNERAL DIRECTOR | [signature] |
| 24b. LICENSE NUMBER (of Licensee) | 8601763 |
| 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | Burns-Kish Funeral Home #3002819 5840 Hohman Ave (for Panozzo F H Chicago Heights, Ill) Hammond, Ind. |

**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. Cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Myocardial infarct Coronary artery Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
d. Headache

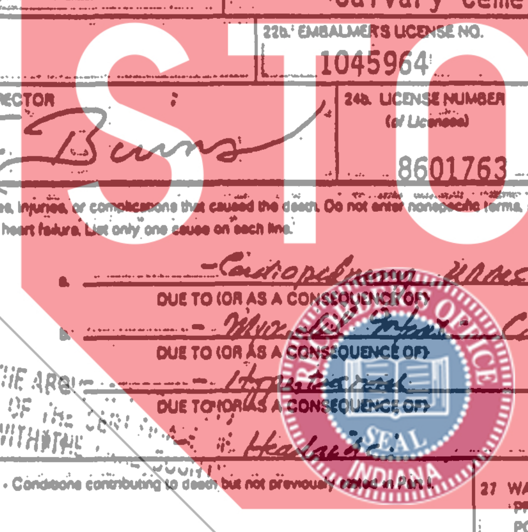
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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)



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THIS IS A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FILED

JUN 03 1992

1992 [signature] AUDITOR LAKE COUNTY

**CERTIFIER**

29a. CERTIFIER (Check only one)
[X] 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 [signature]

29c. MEDICAL LICENSE NO. 2001071

29d. DATE SIGNED (Month, Day, Year) JUNE 2, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
S. JOSIAH CHAN, DO 911-A FRANKLIN PARKWAY MUNSTER, INDIANA 46321

**HEALTH OFFICER**

31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD

32. DATE FILED (Month, Day, Year) June 3, 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.

Carlyle Acres Lt 10 #11/105-10

Amended

30861