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TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

95031661

Dorothy M. Georgantas, being first duly sworn upon oath, deposes and says:

1. That George C. Georgantas died on May 22, 19 92 at Methodist Hospital South Campus

2. That Dorothy M. Georgantas and George C. Georgantas were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The West 1/2 of the East 1/2 of the East 1/2 of the East 1/2 of the Southeast 1/4 of the Northwest 1/4; and the West 17.05 feet of the East 181.82 feet of the Southeast 1/4 of the Northwest 1/4, all in Section 21, Township 35 North Range 8 West of the 2nd Principal Meridian, in the Town of Merrillville, Lake County, Indiana.

8-15-120-26
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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.

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.

Dorothy M. Georgantas
Dorothy M. Georgantas

Subscribed and sworn to before me, a Notary Public, this 26th day of May, 19 95.

FILED

JUN 5 1995

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:

1-26-99

**SAM ORLICH
AUDITOR LAKE COUNTY**

County of Residence:

Lake

This Instrument prepared by Dorothy M. Georgantas

000159

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 JUN 6 AM 9:08
RECORDER

800 to

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1166-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) GEORGE G. GEORGANTAS 2 SEX MALE 3a TIME OF DEATH 3:30 P.M. 3b DATE OF DEATH (Month, Day, Yr) May 22, 1992 4 SOCIAL SECURITY NUMBER 343-24-0470 5a AGE—Last Birthday (Years) 65 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo, Day, Yr) Jan. 14, 1927 7 BIRTHPLACE (City and State or Foreign Country) Hellicon Gortyniaz, Greece 8a WAS DECEDENT A U.S. VETERAN? Yes 8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1954 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL [X] Inpatient [] ER/Outpatient [] DOA [] OTHER [] Nursing Home [] Other (Specify) [] Residence []

DECEDENT

9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus 9c CITY, TOWN, OR LOCATION OF DEATH Merrillville 9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Dorothy Skinner 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Contractor 12b KIND OF BUSINESS/INDUSTRY Self-employed

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN, OR LOCATION Merrillville 13d STREET AND NUMBER 730 W. 81st Avenue

13e ZIP CODE 46410 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? [X] 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) 6 College (1-4 or 5+) -

PARENTS

18 FATHER'S NAME (First, Middle, Last) Gust Georgantas 19 MOTHER'S NAME (First, Middle, Maiden Surname) Maroula Kourniote

INFORMANT

20a INFORMANT'S NAME (Type/Print) Dorothy M. Georgantas 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 730 W. 81st Ave., Merrillville, IN 46410 20c Relationship Wife

DISPOSITION

21a METHOD OF DISPOSITION [X] Burial [] Cremation [] Donation [] Other (Specify) [] 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 26, 1992 Chesterton Cemetery 21c LOCATION—City or Town, State Chesterton, Indiana

22a EMBALMER'S NAME John A. Evans 22b EMBALMER'S LICENSE NO. FD01012072 23 WAS DEATH REPORTED TO CORONER? [] No [X] Yes

24a SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of License) FD01012072 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Edmonds & Evans F.H., FH83000875 517 Bdwy., Chesterton, IN 46304

CAUSE OF DEATH

26 PART I. Enter the disease, injury, 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) Extensive skull fractures. DUE TO (OR AS A CONSEQUENCE OF) Intracranial hemorrhages. DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. AT 29 1992

PART II. Other significant conditions; Conditions contributing to death but not previously stated in Part I. 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No 28a WAS AN AUTOPSY PERFORMED? Yes 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes

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. [X] 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. Chief Deputy 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] Deborah Huseman 29c MEDICAL LICENSE NO. N/A 29d DATE SIGNED (Month, Day, Year) May 29, 1992

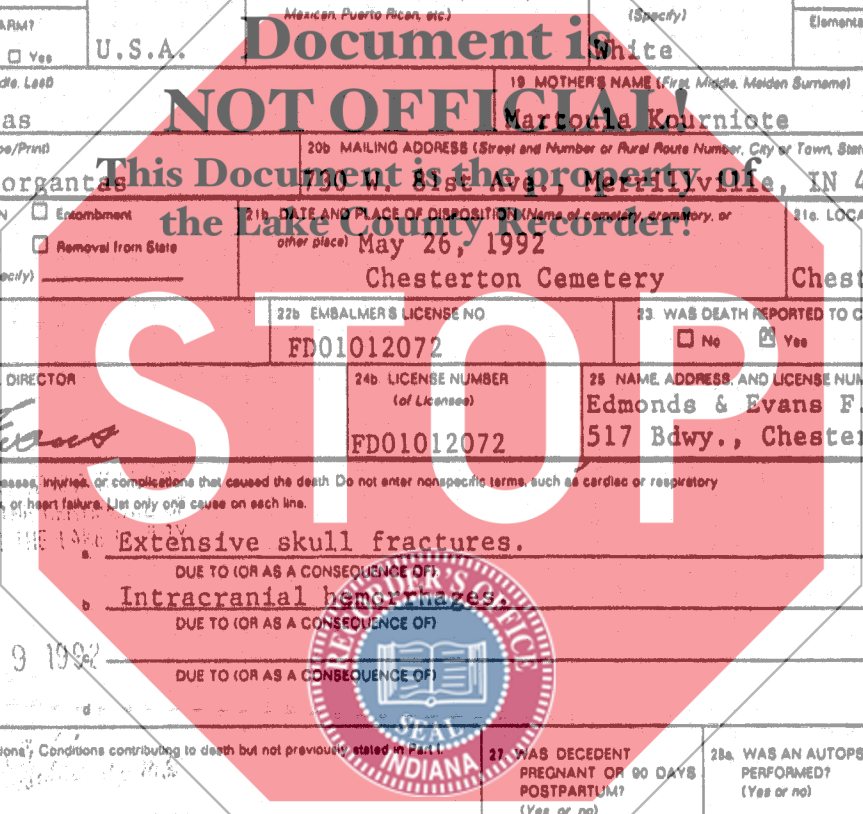
HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Deborah Huseman, Chief Deputy Coroner, 2293 North Main Street, Crown Point, IN 46307 31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month, Day, Year) May 29, 1992

CORONER USE ONLY

33 MANNER OF DEATH [X] Accident [] Natural [] Pending Investigation [] Suicide [] Could not be Determined [] Homicide 34a DATE OF INJURY (Month, Day, Year) May 21, 1992 34b TIME OF INJURY Unknown 34c INJURY AT WORK? (Yes or no) No 34d DESCRIBE HOW INJURY OCCURRED Struck on the head by a tree limb 34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Field - Rear of Residence 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 730 West 81st Avenue Merrillville, Indiana 46410

34g DATE PRONOUNCED DEAD (Month, Day, Year) May 22, 1992 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No



COOY