

SURVIVORSHIP AFFIDAVIT

#5064  
261 HIGHWAY AVE  
HIGHLAND, IN

STATE OF INDIANA  
COUNTY OF LAKE

} S. S.

On this Sept 7, 1995 before me personally appeared \_\_\_\_\_  
(insert date)

Paul S. Panfil

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 Paul S. Panfil and Ethel A. Panfil

4. Said Ethel A. Panfil  
(fill in name of co-tenant who died)

died on July 16, 1995

leaving no will;  
(insert "a" or "no" if will left, attach a copy)

5. The legal description of the premises in question is:  
LOT 6 (EXCEPT THE SOUTH 15 FEET THEREOF) AND THE SOUTH 20 FEET OF LOT 5, BLOCK 2, CLINWAY ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 20, PAGE 30, IN LAKE COUNTY, INDIANA.

Tax # 32-150-5

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: Paul S. Panfil

Address: 6332 Tennessee  
Hammond, Ind  
46323

Subscribed and sworn to before me by the affiant

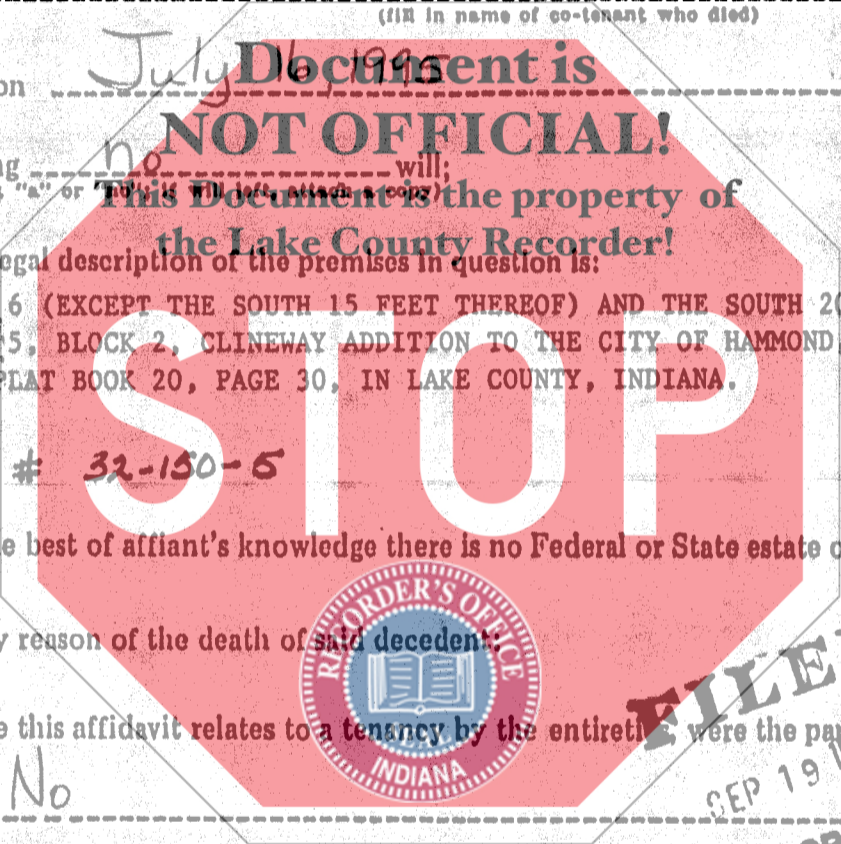
this SEPTMEBER 7, 1995  
(insert date)

Michelle L. Banasiak  
Notary Public

BANASIAK  
My Commission Expires 7-17-98

001225

This instrument prepared by Paul S. Panfil



FILED  
SEP 19 1995  
SAM ORLICH  
AUDITOR LAKE COUNTY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
RECORDER  
95 SEP 20 PM 124

Chicago Title Insurance Company

11/10/95

ATTENTION ESTAFRE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. 95-194

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>ETHEL A. PANFIL</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>2:10 P.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>July 16, 1995</b>	
4. SOCIAL SECURITY NUMBER <b>305-30-9104</b>	5a. AGE—Last Birthday (Year) <b>63</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Yr.) <b>July 22, 1931</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8. PLACE OF DEATH (Check only one. See instructions.)				
9a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA			
9c. FACILITY NAME (If not institution give street and number) <b>St. Catherine Hospital</b>		9d. CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9e. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Paul Panfil</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Bookkeeper</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Accounting</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>6332 Tennessee</b>		
13e. ZIP CODE <b>46323</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 DECEDENT 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input type="checkbox"/> College (1-4 or 5-9) <input type="checkbox"/> <b>12</b>		18. FATHER'S NAME (First, Middle, Last) <b>George Armstrong</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ethel Winifred Vanmeter</b>		20. INFORMANT'S NAME (Type/Print) <b>Paul Panfil</b>			
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6332 Tennessee, Hammond, In. 46323</b>		20b. Relationship <b>Husband</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>July 19, 1995 Elmwood Cemetery</b>		21c. LOCATION—City or Town, State <b>Hammond, Indiana</b>	
22a. EMBALMER'S NAME <b>Johnson</b>		22b. EMBALMER'S LICENSE NO. <b>FD 8900006</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>Virgil Huber</i>		24a. LICENSE NUMBER (of License) <b>FDE 1006049</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Virgil Huber Funeral Home 3002869 7051 Kennedy Av. Hammond, Indiana 4632.</b>		
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>also had</b>		DUE TO OR AS A CONSEQUENCE OF: <b>Hyperthermia (heat stroke)</b>		Approximate Interval Between Onset and Death <b>hours</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		DUE TO OR AS A CONSEQUENCE OF: <b>probable myocardial infarction</b>		<b>yes</b>	
		DUE TO OR AS A CONSEQUENCE OF: <b>coronary artery heart disease</b>		<b>yes</b>	
		DUE TO OR AS A CONSEQUENCE OF: <b>Coronary artery disease</b>		<b>yes</b>	
PART II. Other significant conditions - Conditions contributing to death but not proximately stated in Part I.					
27. WAS DECEDENT 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>N/A</b>		
29a. CERTIFIER (Check only one) <input checked="" 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 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>T.J. Vokes</i>			
29c. MEDICAL LICENSE NO. <b>01036951</b>		29d. DATE SIGNED (Month, Day, Year) <b>7-21-95</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Dr. T.J. Vokes 7905 Calumet, Munster, Indiana</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Terratory Rankovich</i>				32. DATE FILED (Month, Day, Year) <b>7-21-95</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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
		34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. 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. <b>Costy</b>			

Chicago Title Insurance Company

