2000 005376

TICOR TITLE NSUPANCE

AFFIDAVIT	
STATE OF INDIANA)) SS:	
COUNTY OF LAKE)	
Anastasia Polite sworn upon oath, deposes and says:	, being first duly
1. That Nicholas L. Polite June 16 , 1996 at Indi	died on ianapolis, Indiana
2. That Nicholas L. Polite and Anastas were duly and legally married at the time they acquire wife to the following described real estate:	ia Polite ired title as husband and
Lots 41, 42 and 43 in Block 36 in Unit 10 of Woodmar, Hammond, as per plat thereof, recorded in Plat Book 1 Office of the Recorder of Lake County, Indiana.	
Key No. 36-416-40. This Document is t	he property of
3. That the marital relationship which existed betwacquired title to said real estate remained in effect date of (his) (Men) death.	ween them at the time they
4. That all funeral expenses in connection with the have been paid in full.	e death of said decedent
5. That all of the assets of said decedent which we rederal Estate Tax purposes, including joint bank as on decedent's life were not sufficient to necessitate.	counts and life insurance
Further affiant sayeth not.	OND.
	mader Sta
Subscribed and sworn to before me, a Notary Public, January, 2000 //19///	this 21st day of
	wans Sligno-
My Commission expires:	antillition.
3-14-07	STANNON SAMILIE
County of Residence: PETED 2000	EXP3/1/2) THE
Lake COUNTY AUDITOR	EXA 3 LLO BLIC AND
This Instrument prepared by Anastasia Polite	William II. E.T.

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Ticor-Scher.

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DENT						DOA	<u> </u>			
DENI	96. FACILITY NAME (If not ins	imation, give stri	aet and number)			9c. CITY, TOW	NN OR LOCA	TION OF DEATH	94. COUNTY O	
	TUME 550 UNIVERSITY BLUD INDPLS Indianapolis MARION								RION	
	TO MARITAL STATUS	11. SURV	VIVING SPOUSE		12a, DECED	NT S USUAL O	CCUPATION	Give kind of work	126. KIND OF BU	SINESS/INDUSTRY
	(Specify) (W wife, give meiden name) Married Anastasia Tsou			itsouris Physician			nang are 130 no	Até Leiked)	Medical	L · · · · ·
	130. RESIDENCE—STATE 13b. COUNTY			13c. CITY, TOWN, OR LOCATION			13d	STREET AND NU		
	Indiana	Lake		Munster	, ,			720 Alta		
		CITY LIMITS	14. CITIZEN OF	<u></u>	ENT OF HISPANIC	OBIGINI	,	American Indian,		CEDENT'S FOLICATION
	□ No.	XXY	WHAT COUNTRY					American incien, Thite, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	46321 139 ON A	FARM?	U.S.A.	Mexican, Pui	rno Aican, etc.)		(Specify	0	Elementary/Secondar	ry (0-12) College (1-4 or 5
	1	□ Yes	0.5.4.	1			White		12	5+
JTC.	18 FATHER'S NAME (First A		- ,	-l	_	19. MOTHE	R'S NAME (FI	st. Middle, Meiden S	Surname)	
NTS	Louis Polet	is			-	Andron	machi	Fatouros	e	and agreement of the second and the
MANT	200. INFORMANT'S NAME (7	vne/Print		20h MA	HING ADDRESS (Street and Numbi	er or Rural Rou	te Number City or	Town State Zip Code)	20c. Relationship
TNAN	Anastasia Po	** *.	+1	ı	O Alta V				•	Wife
	21a. METHOD OF DISPOSITI									
	3555			other place)	LACE OF DISPOSI	HUN (Neme of (cemetery, crem	atory, or	ite LOCATION—Chy	or Lowit, State
MANT			oval Irom State		1000	0154		1	Hammond,	Indiana
	Donation Other (S	pecky)		June 20	, 1996 E	Imvood		ery		
SITION	220. EMBALMERS NAME:			226. EMBALA	IER'S LICENSE NO			LE	TED TO CORONERT	
	David A. Hall			FD010	14480		J PJ X	No 🗆 🗘		
	244. SIGNATURE OF FUNERA	L DIRECTOR	/ /	1 2	IL LICENSE NUM	BER			NSE NUMBER OF FU	
	1 11 1	1-1	10 / 1		(of Licansee)		Virgi	1 Huber	Funeral H	ome 3002869
	1 Daniel	41	ny/	This D	FD010144	80 NU	7051	Kennedy	Av., Hamm	ond, IN 46323
			/. /	400	0 70	Corr			don	
			or complications that cause on		ot enter nonepecific	terms, such se c	cardled of resp	MOVE COL	77	Approximate Interval Batwa
OF			1)	*		\ I	A P		K D	Onset and Dec
	IMMEDIATE CAUSE (Final disease or condition	٥.	Hy po	XICE	ncep	halas		A BAA		1004
OF	resulting in death)		111	R AS A CONSEQU				71 -		1 dal -
	Conditions of second second	. •		OR AS A CONSEQU			7 4	INNOF	2000	X
	Conditions, if any, which gave rise to the immediate cause.		D . I	Lent to n	1 0 1	eed		JAN 25	ZUUU	1 day
	stating the underlying	с.		AS A CONSEQU						
	Cause last	d	A 1					ETER BE	NIMALIA	1 ,,,,,
	1									A LATER L
			ne contributing to death b	nul not previously sti	red in Part I.			EIGOUN	APITORY 28h	WERE AUTOPSY FINDINGS
	PART II. Other significant cond	Hone • Condition				27 WAS DECI	EDEN AK	S PERSON		
						POSTPAR		PERFORM	AED7	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						PREGNAN POSTPAR (Yes or no	TUM?	PERFORM	4EO7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	17.	1				POSTPAR'	ON NO	PERFORM	50	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	HT N	1	PHYSICIAN To the b	est of my knowledge	o, death occurred al	POSTPAR'	ON NO	PERFORM	50	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	HTN 29e. CERTIFIER (Check only	XCERTIFYING	G PHYSICIAN To the b			(Yes or re	nd place, and d	PERFORM (Yes or no	AEO7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	29a. CERTIFIER (Check only one).	XCERTIFYING THEALTH OF		exemination and/or t	nvestigation. In my	POSTPAR' (Yes or re- the lime, date, ar opinion, death occ	nd place, and d	PERFORM (Yee or m) July 10 the cause(s) a me, date, and place.	AED7 o) s stated. and due to the cause(s	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	29e. CERTIFIER (Check only one).	XCERTIFYING THEALTH OF CORONER	FICER On the bests of	exemination and/or t	nvestigation. In my	POSTPAR' (Yes or re- the lime, date, ar opinion, death occ	nd place, and discurred at the time, date	PERFORM (Yee or m) July 10 the cause(s) a me, date, and place.	AED? selated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Я	29a. CERTIFIER (Check only one).	XCERTIFYING THEALTH OF CORONER	FICER On the bests of	exemination and/or t	nvestigation. In my	POSTPAR' (Yes or re- the lime, date, ar opinion, death occ	nd plecs, and discurred at the time, date	PEAFORM (Yes or no Note to the cause(s) as me, date, and place, and due EDICAL LICENSE I	AED? a stated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) I as stated. CATE SIGNED (Month, Day, Yes)
Я	29a. CERTIFIER (Check only one). 29b. SIGNATURE AND TITLE A	XCERTIFYING THEALTH OF CORONER TE CERTIFIER	On the basis of examine	exemination and/or I	nvestigation, in my state in the state in th	POSTPAR' (Yes or re- the lime, date, ar opinion, death occ	nd plecs, and discurred at the time, date	PERFORM (Ves or no No ue to the cause(s) s me, date, and place, and place, and due	AED? selated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) I as stated. CATE SIGNED (Month, Day, Yes)
3	29a. CERTIFIER (Check only one). 29b. SIGNATURE AND TITLE A 30. NAME AND ADDRESS OF I	CERTIFYING HEALTH OF CORONER FERSON WHO	On the basis of examine	examination and/or lition and/or investige	nvestigation, in my tition, in my apinion, in my apinion, it is a second of the second	POSTPAR (Yes or no the time, date, an opinion, death occurred a	nd place, and discurred at the time, date	PERFORM (Yes or no) Je to the cause(s) a ne, date, and place, and place and due EDICAL LICENSE I	AED? a stated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) I as stated. CATE SIGNED (Month, Day, Yes)
	290. CERTIFIER (Check only one). 290. SIGNATURE AND TITLE A 200. NAME AND ADDRESS OF I RACHAGL BOU	CERTIFYING HEALTH OF CORONER CERTIFIER PERSON WHO WES M.	On the basis of examine	exemination and/or I	nvestigation, in my tition, in my apinion, in my apinion, it is a second of the second	POSTPAR' (Yes or re- the lime, date, ar opinion, death occ	nd place, and discurred at the time, date	PERFORM (Yes or no) Je to the cause(s) a ne, date, and place, and place and due EDICAL LICENSE I	AED? a stated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) I se stated. Somer as stated. ATE SIGNED (Month, Day, Yes
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	290. CERTIFIER (Check only one). 290. SIGNATURE AND TITLE A 200. NAME AND ADDRESS OF I RACHAGL BOU	CERTIFYING HEALTH OF CORONER F CERTIFIER PERSON WHO VES M.	On the basis of examine	examination and/or lition and/or investige	tion in my opinion (Type/Print) (BLVD 1	POSTPAR (Yes or no the time, date, an opinion, death occurred a	nd place, and discurred as the time, date 29q. M	PERFORM (Yes or no) No. to the cause(s) a ne. date, and place, and due EDICAL LICENSE I	AED? a stated. and due to the cause(s) to the cause(s) and mi	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) I se stated. Somer as stated. ATE SIGNED (Month, Day, Yes
	290. CERTIFIER (Chech only one). 29b. SIGNATURE AND TITLE A 21b. HEALTH OFFICER'S SIGNATURE 31. HEALTH OFFICER'S SIGNATURE	CERTIFYING HEALTH OF CORONER F CERTIFIER PERSON WHO VES M.	On the basis of examine COMPLETED CAUSE O . J. 550 W.1	examination and/or investigation and/or investigation and/or investigation and inves	tion, in my opinion. If (Type/Print) BLVD / BLVD / DF 34c, IN	POSTPAR (Yes or no the time date, ar repinion, death occurred a	nd place, and discurred as the time, date 29q. M	PERFORM (Yes or no) No. to the cause(s) a ne. date, and place, and due EDICAL LICENSE I	a stated. and due to the cause(s) to the cause(s) and min NO. 29d, C	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) I se stated. Somer as stated. ATE SIGNED (Month, Day, Yes
	290. CERTIFIER (Check only one). 290. SIGNATURE AND TITLE A 290. SIGNATURE AND TITLE A 30. NAME AND ADDRESS OF I RACHAEL BOU 31. HEALTH OFFICER'S SIGNAT 33. MANNER OF DEATH Natural Pending	CERTIFYING HEALTH OF CORONER CERTIFIER PERSON WHO VES M.	On the basis of samme COMPLETED CAUSE O .D. 550 WI WAGA J40 DATE OF NJURY	P DEATH (ITEM 28 N IVERS IT)	tion, in my opinion. If (Type/Print) BLVD / BLVD / DF 34c, IN	POSTPAR (Yes or no the time date, ar repinion, death occurred a	nd place, and discurred as the time, date 29q. M	PERFORM (Yes or no) No. to the cause(s) a ne. date, and place, and due EDICAL LICENSE I	a stated. and due to the cause(s) to the cause(s) and min NO. 29d, C	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) I se stated. Somer as stated. ATE SIGNED (Month, Day, Yes
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	290. CERTIFIER (Check only one). 290. SIGNATURE AND TITLE A 290. SIGNATURE AND TITLE A 30. NAME AND ADDRESS OF I RACHAEL BOU 31. HEALTH OFFICER'S SIGNAT 33. MANNER OF DEATH Natural Pending	CERTIFYING HEALTH OF CORONER FERSON WHO WES M URE	On the basis of samme COMPLETED CAUSE O .D. 550 WI WAGA J40 DATE OF NJURY	ozemination and/or into and/or into and/or investigation and/or investig	tion, in my opinion. O (Type/Print) BLVD / BLVD / OF 34c, IN	POSTPAR (Yes or no the time, date, an repinion, death occurred a NOPUS JURY AT WORK (# or no)	o) No place, and discurred at the time, date 290. M 110.	PERFORM (Yes or no	a stated. and due to the cause(s) to the cause(a) and min NO. 29d, C Tu INJURY OCCURRED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) I as stated. PATE SIGNED (Month, Day, Yes) I STEEL (Month, Cay, Yesr) I STEEL (Month, Cay, Yesr)
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