STATE OF INDIANA
LAKE COUNTY
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PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

AFFIDAVIT

Comes now KALLY TSANGARIS, who being first duly sworn upon her oath, deposes and says as follows:

1. That her husband, NATHAN MICHAEL TSANGARIS, died on the 25th day of July, 1995, in the City of Merrillville, County of Lake, State of Indiana.

2. That at the time of his death, he and your affiant were living together as husband and wife.

3. That prior to the death of NATHAN MICHAEL TSANGARIS, he and your Affiant held a Mortgage from NIKKI AMPELAS in the amount of $5,000.00, which mortgage was dated January 26, 1994 and recorded February 15, 1994, in the Office of the Recorder of Lake County, Indiana, as Document No: 94011913, on the following described parcel of real estate: K#50-142-5 (Acre)

North one-half of Lot 5, Block 2, Liverpool Home Gardens, as per plat thereof, recorded in Plat Book 23, Page 45, in the Office of the Recorder of Lake County, Indiana, more commonly known as 2770 Oklahoma Street, Lake Station, Indiana, 46405.

4. That said mortgage has been satisfied in full.

Further your Affiant sayeth not.

Kally Tsangaris
KALLY TSANGARIS

Subscribed and sworn to before me this 3rd day of March, 2000.

Betty Jean Gesin
Betty Jean Gesin, Notary Public

Resident of Lake County.
My Commission Expires: March 6, 2000

prepared by:
Kally Tsangaris

92000078

63764

D. 00 & R. T.

TICOR TITLE INSURANCE
2686 Willowcreek Road
Portage, IN 46368

THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

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POSITION

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1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
NATHAN	MIKE	TSANGARIS	M	10:05 P M	JULY 25,1995

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
265-20-9336	68			Aug.31,1926	Orlando Florida

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
Yes	1946	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
PORTER MEMORIAL HOSPITAL	VALPARAISO	PORTER

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
MARRIED	KALLY MOUGROS	CERTIFIED PUBLIC ACCOUNTANT	OWNER CPA FIRM

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	CROWN POINT	9420 HAYES

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46307	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	Elementary/Secondary (0-12): 12	College (1-4 or 5 +): 4

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
MICHAEL TSANGARIS	IRENE GALIMITAKIS

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
KALLY TSANGARIS	9420 Hayes St., Crown Point, IN 46307	WIFE

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	JULY 28,1995 CALUMET PARK CEMETERY	MERRILLVILLE INDIANA

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
RUSSELL A KRAFT JR	29300105	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Russell A. Kraft Jr.	29300105	Burns Funeral Home,10101 Broadway Crown Point,In 46307 fDH83002445

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. Acute Cerebral Hemorrhage	
Conditions if any which gave rise to the immediate cause stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) b.	
	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF) d.	

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PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28 WAS AUTOPSY PERFORMED? (Yes or no)	29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
MYOCARDIAL INFARCTION	NO	NO	N/A

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
- ☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Tim Whetsel MD	35123	7/28/95

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. Timothy Whetsel, LaPorte Ave., Valparaiso, IN

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Gary A. Babcock M.D.	July 28 1995

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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

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