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STATE OF INDIANA
LAKE COUNTY
FILED

STATE OF INDIANA)
) 2000 026644
) SS:
COUNTY OF LAKE)

2000 APR 19 AM 9:46
MORTGAGE CENTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

HELEN RAYSESSE f/k/a HELEN ANDREATOS, being of legal age and duly sworn upon her oath, deposes and states as follows:

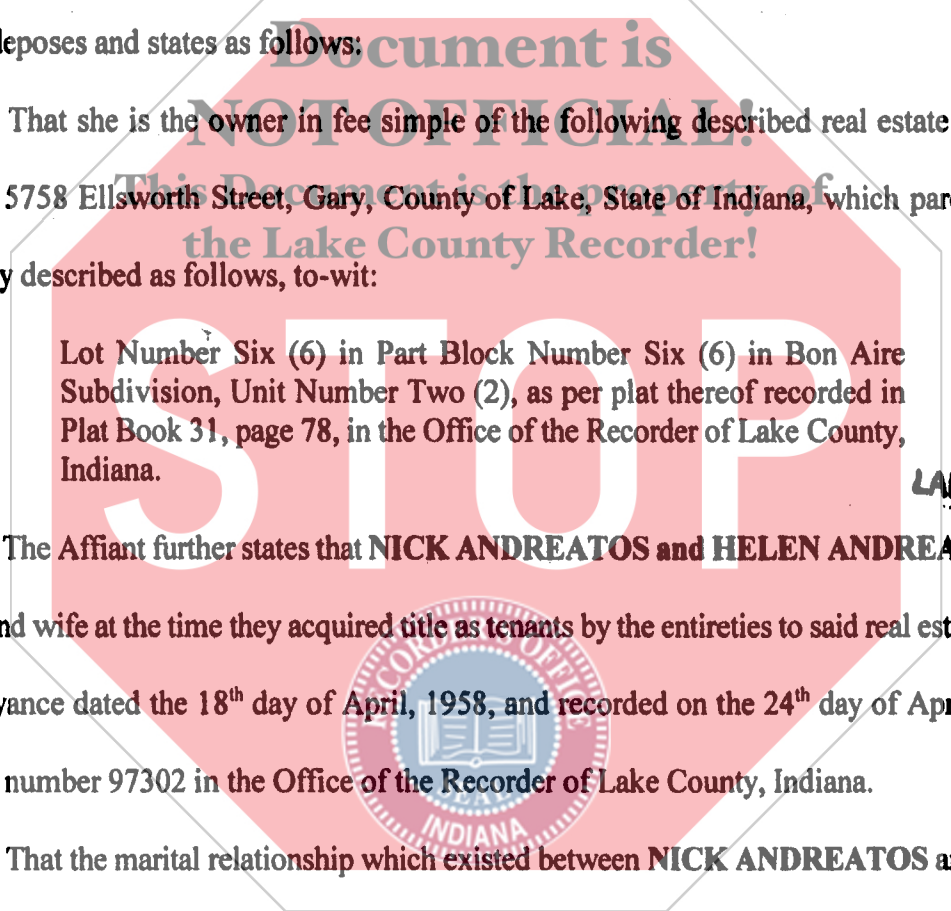
1. That she is the owner in fee simple of the following described real estate commonly known as 5758 Ellsworth Street, Gary, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

Lot Number Six (6) in Part Block Number Six (6) in Bon Aire Subdivision, Unit Number Two (2), as per plat thereof recorded in Plat Book 31, page 78, in the Office of the Recorder of Lake County, Indiana.

2. The Affiant further states that **NICK ANDREATOS** and **HELEN ANDREATOS**, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Deed of Conveyance dated the 18th day of April, 1958, and recorded on the 24th day of April, 1958, as document number 97302 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between **NICK ANDREATOS** and **HELEN ANDREATOS** n/k/a **HELEN RAYSESSE** continued unbroken from the time they so acquired title to the real estate until the death of **NICK ANDREATOS** on the 25th day of October, 1991, at which time this Affiant, acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of marked as Exhibit "A".

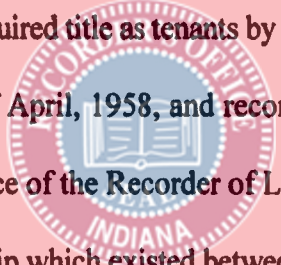
4. That no administration has been held upon the Estate of **NICK ANDREATOS** and none is contemplated, and his estate was not subject to any Federal or State taxes.



FILED

APR 28 2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

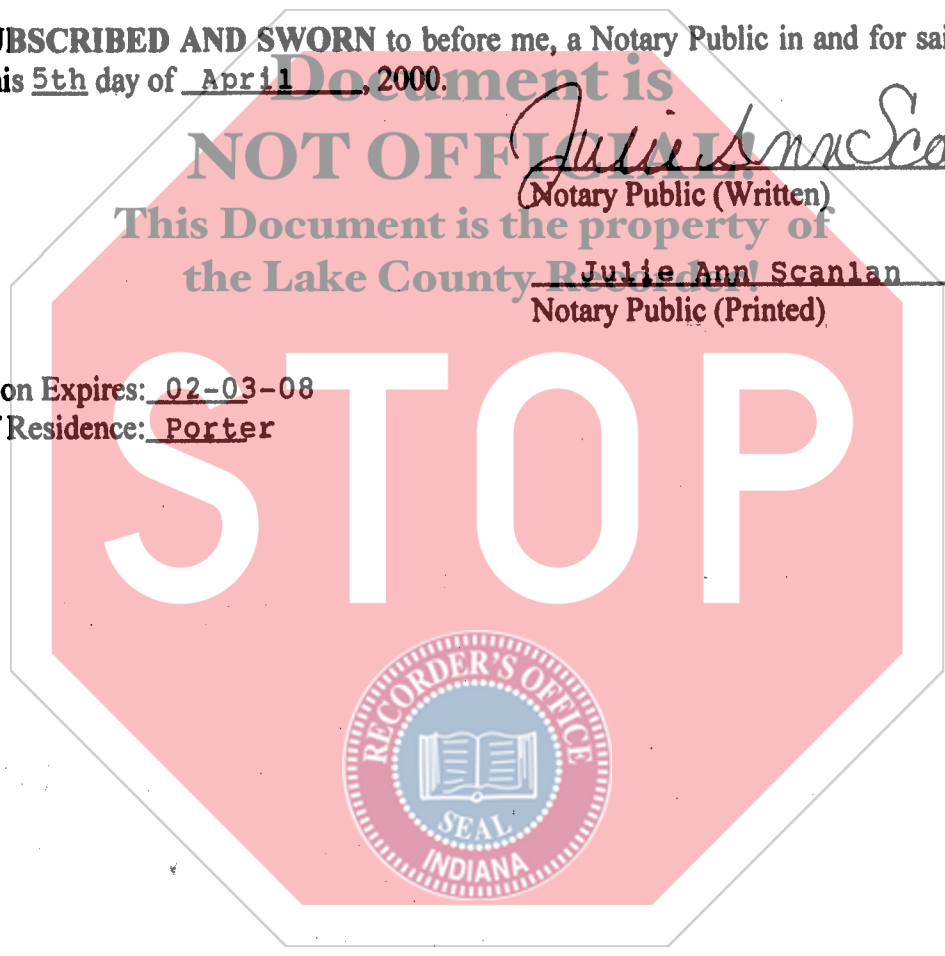


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5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the Office of the Auditor of Lake County, Indiana.

Helen Raysses
HELEN RAYSSES f/k/a HELEN ANDREATOS

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this 5th day of April, 2000.



Commission Expires: 02-03-08
County of Residence: Porter

This instrument prepared by: Frank J. Koprčina, Attorney at Law, BRANDEWIE & KOPRCINA, P.C., 105 E. 61st Avenue, Ste E., Merrillville, Indiana 46410, (219) 985-9999.

**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

Local No. 2201-91

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) Nick K. Andreatos		2. SEX Male	3a. TIME OF DEATH 2:40p M	3b. DATE OF DEATH (Month, Day, Yr) October 25, 1991
4. SOCIAL SECURITY NUMBER 101-24-3753		5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) August 27, 1920		7. BIRTHPLACE (City and State or Foreign Country) Greece		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
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) Helen Patellis	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ironworker		12b. KIND OF BUSINESS/INDUSTRY Local #395
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	
13d. STREET AND NUMBER 5758 Ellsworth		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+) 		
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) White
18. FATHER'S NAME (First, Middle, Last) Constatine Andreatos		19. MOTHER'S NAME (First, Middle, Maiden Surname) Kate Solatsi		
20a. INFORMANT'S NAME (Type/Print) Helen Andreatos		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5758 Ellsworth Merrillville IN 46410		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 28, 1991 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME David Semplinski		22b. EMBALMER'S LICENSE NO. FDO8600686	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolik</i>		24b. LICENSE NUMBER (of Licensee) FDO1001293	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolik FH3004455 7535 Taft St. Merrillville, IN. 464	
26. PART I. Enter the disease, injury, or condition that caused the death. Do not use non-specific terms, such as cardiac or respiratory arrest, shock, or trauma. If death was due to a disease, injury, or condition, specify the name of the disease, injury, or condition. If death was due to a trauma, specify the nature of the trauma. If death was due to a trauma, specify the nature of the trauma. If death was due to a trauma, specify the nature of the trauma.				
IMMEDIATE CAUSE (final disease or condition resulting in death) Multiple myeloma DUE TO (OR AS A CONSEQUENCE OF) OCT 30 1991				
PART II. Other significant conditions. <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) 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) NO	
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>P. T. ... MD</i>		29c. MEDICAL LICENSE NO. 01031667
29d. DATE SIGNED (Month, Day, Year) October 29, 1991		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Pimpa J. Tara, D. 8127 Merrillville RD. Merrillville, IN. 46410		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) October 30, 1991
33. MANNER OF DEATH <input checked="" 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		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.		