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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 055424

2000 AUG -4 AM 10:01

MORRIS W. CARTER

Chicago Title Insurance Company

C62-2994 ZD

SURVIVORSHIP AFFIDAVIT

Chicago Title Insurance Company

On this July 31, 2000 before me personally appeared Boris Christoff
(insert date)

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 entiretles by Boris Christoff and Luba Christoff;

4. Said Luba Christoff
(fill in name of co-tenant who died)

died on June 1, 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 33 in Block B, Meadowland Estates, Unit 1, in the Town of Merrillville as per Plat thereof, recorded in Plat Book 30, page 74, in the Office of the Recorder of Lake County, Indiana.

36-15-240-33

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
AUG 3 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

If yes, then estimated taxes due are $

The taxes due are ☒ paid or ☐ unpaid.

0n308

13 00 PC

CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

.....

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was Husband

Signature: Boris Christoff

Printed Name Boris Christoff

Address: .....

.....

Subscribed and sworn to before me by the affiant

this July 31, 2000
(insert date)

.....
Notary Public

LORI L. SHELBY
Notary Public, State of Indiana
County of Porter
My Commission Expires Nov. 11, 2007

Printed Name .....

My County of Residence is: Porter

In the State of Indiana

My Commission Expires .....

This instrument prepared by Boris Christoff

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities s voluntary and there will be no penalty for efusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1309-95

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Luba	Christoff	Female	2:55P M	June 1, 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)
313-07-7405				Sept. 25,1914	Chicago, IL.

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	None	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
Colonial Nursing Home	Crown Point	Lake

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	Boris Christoff	Book Keeper	Dept. Store

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
IN.	Lake	Merrillville	5556 Adams Street

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)	
46410	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Angelo Stefanoff	Nuna N/A

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Boris Christoff	5556 Adams St. Merrillville,IN 46410	Husband

DISPOSITION

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) _____	June 5, 1995 St. Marys Eastern Orthodox Cemetery	Gary, IN.

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
David Semplinski	FD08600686	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH3004455
Robert Wiatrolik	FD01001293	Stilinovich & Wiatrolik 7535 Taft St. Merrillville, IN. 46410

CAUSE OF DEATH

26. PART I THIS CERTIFIES THAT I HAVE VIEWED THE BODY OF THE DECEASED AND THAT DEATH OCCURRED AT THE TIME AND DATE AND FROM THE CAUSE(S) STATED. Enter the chain of events—diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
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.	

JUN 09 1995

LAKE COUNTY HEALTH COMMISSIONER

PART II Other significant conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

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.

☐ 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)
	C 1038216	6/5/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Alberto Sanchez 2114 45th Ave. Highland, IN 924-7437

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
	June 9, 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.

SDH06-0014 State Form 10110 (R4/3-93) Deathcer/PD 1