

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 061449

2000 AUG 24 AM 9:49

MORRIS W. GARTER
RECORDER

Chicago Title Insurance Company

Chicago Title Insurance Company

C62-3357 LD

SURVIVORSHIP AFFIDAVIT

On this 8-18-00 before me personally appeared Harold F. Zepher
(insert date)

Zepher

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Anthony J. Zepher and Harold F. Zepher;
- Said Anthony
(fill in name of co-tenant who died)
- died on 9-16-1998
leaving No will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
The East 28 feet of the West 66.50 feet, by parallel lines of Lot 6 in Broadfield Townhomes Addition in Block 1, Subdivision of Tract D Broadfield Center, to the Town of Maxwellville, as per plat thereof, recorded in Plat Book 67, page 65, in the Office of the Recorder of Lake County, Indiana.

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

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

FILED
AUG 23 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

01814

13.00
Ac
C.T.

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 _____

Signature: Helen Zefflio by P.A. Marilyn Spisak

Printed Name Helen F Zefflio by HEL POA MARILYN SPISAK

Address: 603 E. 92nd Pl.

MBLL ID 4040

Document is NOT OFFICIAL
This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this 8-18-00
(Insert date)

Star Lugar
Notary Public

Printed Name Star Lugar

My County of Residence is: Lake

In the State of _____

My Commission Expires _____

Star Lugar
Notary Public, State of Indiana
Lake County
My Commission Exp. 6/25/07

This Instrument prepared by Helen F Zefflio

NOTARY PUBLIC
STATE OF INDIANA

11810

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to use its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Serial No. 2061-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

REPRINT IN PERMANENT INK

1. DECEASED - NAME (First, Middle, Last) Anthony J. Zeffiro		2. SEX Male	3a. TIME OF DEATH 9:30A	3b. DATE OF DEATH (Month, Day, Year) September 16, 1998	
4. PERSONAL IDENTITY NUMBER 339-09-5938	5a. AGE - Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days Sept. 24, 1918	5c. UNDER 1 DAY Hours Minutes Sept. 24, 1918	6. DATE OF BIRTH (Month, Day, Year) Sept. 24, 1918	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEASED A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9. PLACE OF DEATH (Check only one box) HOSPITAL <input checked="" type="checkbox"/> St. Anthony Hospital OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
10. FACILITY NAME (If not residential care street and number) St. Anthony Hospital		11. CITY, TOWN OR LOCATION OF DEATH Crown Point	12. COUNTY OF DEATH Lake		
13. MARRITAL STATUS (Specify) Married	14. SURVIVING SPOUSE (If male give maiden name) Helen Sturk	15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) Diegsetter	16. KIND OF BUSINESS/INDUSTRY Electro Motive Co		
17a. RESIDENCE - STATE Ind	17b. COUNTY Lake	17c. CITY, TOWN OR LOCATION Merrillville	17d. STREET AND NUMBER 603 E. 92nd Place		
18a. ZIP CODE 46410	18b. INSIDE CITY LIMITS (Specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	19. CITIZEN OF WHAT COUNTRY? USA	20. WAS DECEASED OF HISPANIC ORIGIN? (Specify) <input type="checkbox"/> No <input type="checkbox"/> Yes	21. RACE - American Indian, Black, White, etc. (Specify) White	
22. EDUCATION (Specify only highest grade completed) 12		23. FATHER'S NAME (First, Middle, Last) Carlo Zeffiro			
24. MOTHER'S NAME (First, Middle, Last) Maria Minotti		25. INFORMANT'S NAME (Last, First) Helen Zeffiro			
26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 603 E. 92nd. Pl. Merrillville 46415		27. Relationship Wife			
28. METHOD OF DISPOSITION (Specify) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Sept. 19, 1998 Chapel Lawn Mem. Gardens	30. LOCATION - City or Town, State Schereville, Ind.		
31. EMBALMER'S NAME James F. Betkowski		32. EMBALMER'S LICENSE NO. FD09200077	33. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
34. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		35. LICENSE NUMBER FD09200077	36. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Baran & Son FHD#83007267 1235-119th St. Whiting Ind. 46381		
PART I. Enter the disease, injury, or combination that caused the death. Do not enter non-specific 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) Respiratory failure		Approximate Interval Between Onset and Death 1-2 weeks			
CONTINUING CAUSE (Any condition that contributed to the immediate cause during the underlying cause but not the immediate cause) Right lung malignancy					
CONTINUING CAUSE (Any condition that contributed to the immediate cause during the underlying cause but not the immediate cause) Chronic obstructive pulmonary disease					
CONTINUING CAUSE (Any condition that contributed to the immediate cause during the underlying cause but not the immediate cause) Right pleural effusion					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Coronary artery disease					
37. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		38. WAS AN AUTOPEY PERFORMED? (Yes or no) NO		39. WERE AUTOPEY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
40. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, which occurred at the time, date and place, and due to the cause(s) of death. <input type="checkbox"/> HEALTH OFFICER On the basis of observation and/or investigation in my district, death occurred at the time, date and place, and due to the cause(s) of death. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, as my coroner, death occurred at the time, date and place, and due to the cause(s) of death and manner as stated.					
41. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander Kardolovskiy MD</i> ST. ANTHONY'S HOSPITAL		42. MEDICAL LICENSE NO. 0104-3788	43. DATE SIGNED (Month, Day, Year) 9-17-98		
44. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 23 (If none, leave blank) BORIS SABALOVSKY, M.D. 297 W. FRANCISCAN LN, CROWN POINT, IN 463					
45. ALTY OFFICER'S SIGNATURE <i>Alexander Kardolovskiy MD</i>					
46. DATE FILED (Month, Day, Year) September 17					
47. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		48. DATE OF INJURY (Month, Day, Year)	49. TIME OF DEATH	50. INJURY AT WORK? (Yes or no)	51. DESCRIBE HOW INJURY OCCURRED HEALTH CARE
52. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		53. LOCATION (Street and Number or Rural Route Number, City, Town, State) SEP 17 1998			
54. DATE PRONOUNCED DEAD (Month, Day, Year)		55. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc. LAKE COUNTY HEALTH DEPT			

SDH06-004 State Form 10110 (R4/3-93) Death/FPD 1