



Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

462-317940
STATE OF Indiana 2000 063497
COUNTY OF Lake S.S.

2000 AUG 31 AM 9:51

MORRIS W. CARTER
RECORDER

On this August 28 2000 before me personally appeared Gloria M.
(insert date)

Tosiou

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 Steve A. Tosiou and Gloria M. Tosiou;
- Said Steve A. Tosiou
(fill in name of co-tenant who died)
died on October 5, 1998
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:
See Attached
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

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

PETER BENJAMIN
LAKE COUNTY AUDITOR);

8. Affiant's relationship to the deceased was Spouse

Signature: Gloria M. Tosiou

Address: Gloria M. Tosiou
7025 Knickerbocker
Hennard Ln

Subscribed and sworn to before me by the affiant
this August 28, 2000
(insert date)

Shirley R. Kasper
Notary Public

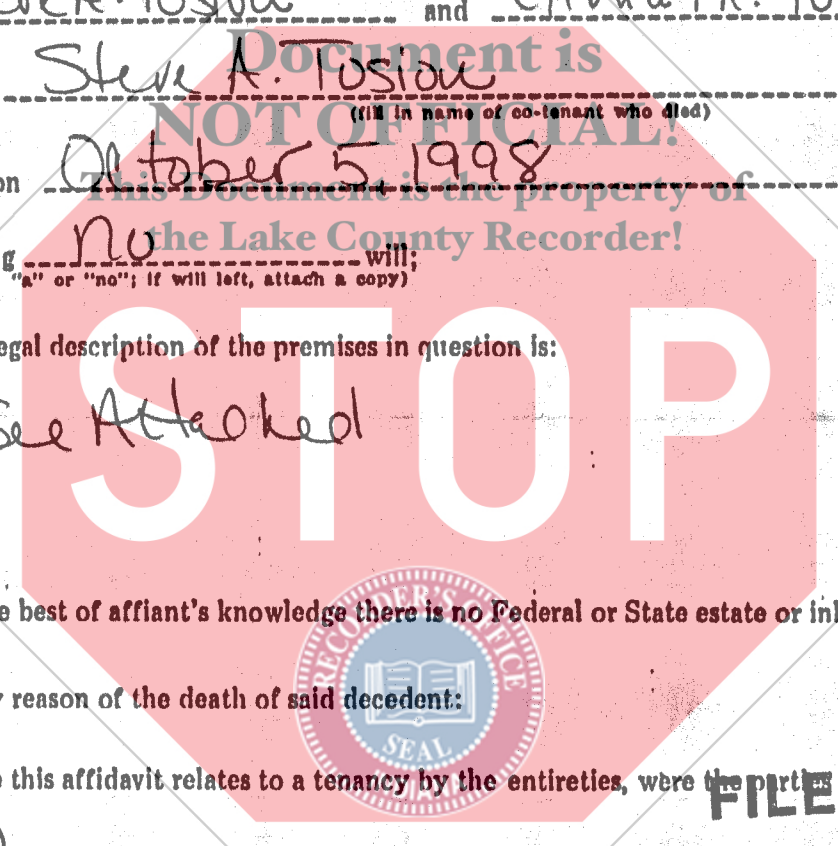
My Commission Expires _____

SHIRLEY R. KASPER
Notary Public, State of Indiana
County of Lake
My Commission Expires Jul 31, 2008
02388

This instrument prepared by Gloria M. Tosiou

14.00
E.P.
CT

Chicago Title Insurance Company



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2196-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

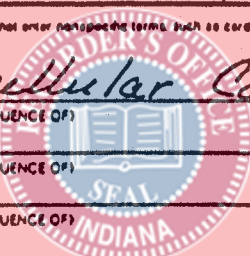
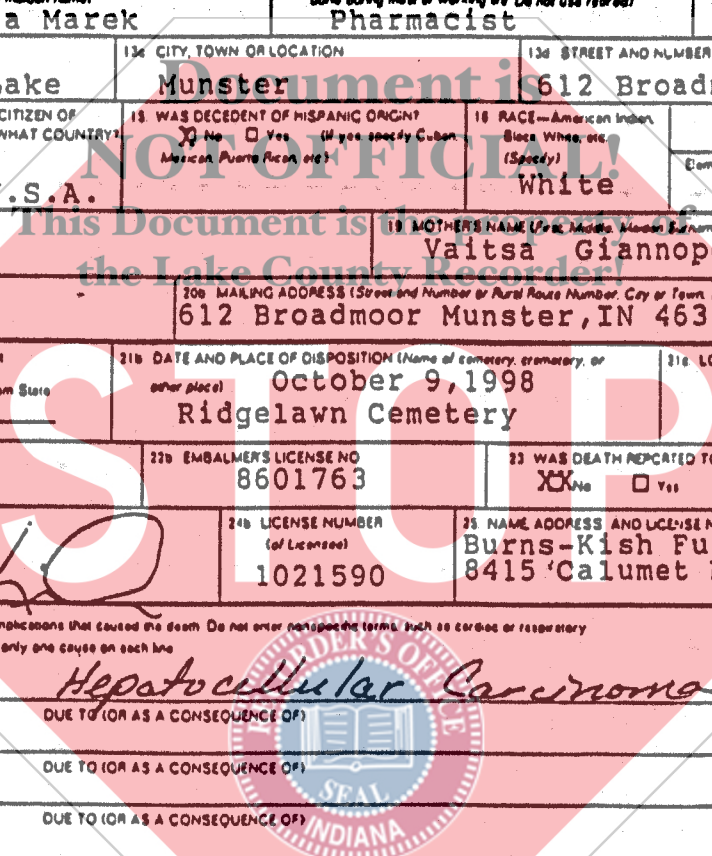
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Steve A. Tosiou		2. SEX Male	3a. TIME OF DEATH 4:10P	3b. DATE OF DEATH (Month, Day, Year) October 5, 1998	
4. SOCIAL SECURITY NUMBER 315-28-8221	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) June 21, 1933	
7. BIRTHPLACE (City and State or Foreign Country) Greece	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1955	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9a. FACILITY NAME (If not institution, give street and number) 612 Broadmoor		9b. CITY, TOWN, OR LOCATION OF DEATH Munster		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Gloria Marek	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pharmacist		12b. KIND OF BUSINESS/INDUSTRY Pharmacy	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster	13d. STREET AND NUMBER 612 Broadmoor		
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) Alez Tosiou		17. MOTHER'S NAME (First, Middle, Maiden Surname) Vaitsa Giannopoulos			
18. INFORMANT'S NAME (Type, Print) Gloria Tosiou		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 612 Broadmoor Munster, IN 46321		20. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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 9, 1998 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary, IN	
22a. EMBALMER'S NAME Brian T. Burns		22b. EMBALMER'S LICENSE NO. 8601763	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 1021590	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321		
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) Hepatocellular Carcinoma				3 months	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last					
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) 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) --		
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>[Signature]</i>		29c. MEDICAL LICENSE NO. X 101041301	29d. DATE SIGNED (Month, Day, Year) October 6, 1998		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 30) (Type, Print) Cheryl Morgan-Enrig, M.D. 1641 45th Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> M.D. DATE FILED (Month, Day, Year) October 7, 1998					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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. THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. OCT 07 1998
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, site (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, or bicyclist) <i>[Signature]</i> M.D. LAKE COUNTY HEALTH COMMISSIONER			



LEGAL DESCRIPTION

Parcel 1: Lot 54 in Ridgeland Park 2nd Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 32 page 39, in the Office of the Recorder of Lake County, Indiana.

~~Parcel 2: The North 60 feet of Lot 7 in Vane Howard's Subdivision of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 28 page 73, in the Office of the Recorder of Lake County, Indiana.~~

