

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 075087

2000 OCT 16 AM 10:32

FA# F32951

LEGAL DESCRIPTION:

Lot 145 in Chapel Manor Unit No. 4B, as per plat thereof, recorded in Plat Book 36, page 62, in the Office of the Recorder of Lake County, Indiana.

MORRIS W. CARTER  
RECORDER



First American Title  
Insurance Company

PROPERTY ADDRESS:

7755 Delaware Pl, Merrillville, IN 46410

**ESTATE AFFIDAVIT**

**JAMES DROSSOS**

, Affiant, states that:

1. **ANASTACIA DROSSOS**, deceased, died on the 17 day of MARCH, 2000;

2. Affiant is:  the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died:  leaving a will which has been probated;  
 leaving a will which has not been probated;  
 leaving no will;

4. The deceased and Affiant were married on the \_\_\_\_\_ day of \_\_\_\_\_; and were never divorced.  
(This item applies only to the surviving spouse.)

5.  All expenses of the last illness and funeral of the deceased have been paid;

6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the decedent and his/her estate have been paid;

7.  There have been no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

10-06-00  
Date

[Signature]  
Signature of Affiant

JAMES DROSSOS  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 6 day of OCTOBER, 2000

[Signature]  
Signature of Notary

[Signature]  
Printed Name of Notary  
My Commission expires:  
My County of Residence is:

THIS INSTRUMENT WAS PREPARED BY: James Drossos  
200006438922

**HOLD FOR FIRST AMERICAN TITLE**

**DRUANNE M. BOCEK**  
NOTARY PUBLIC STATE OF INDIANA  
Resident of Lake County  
My Commission Expires August 28, 2008

01256

12.00  
EP.  
FA

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 0734-00

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

REPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

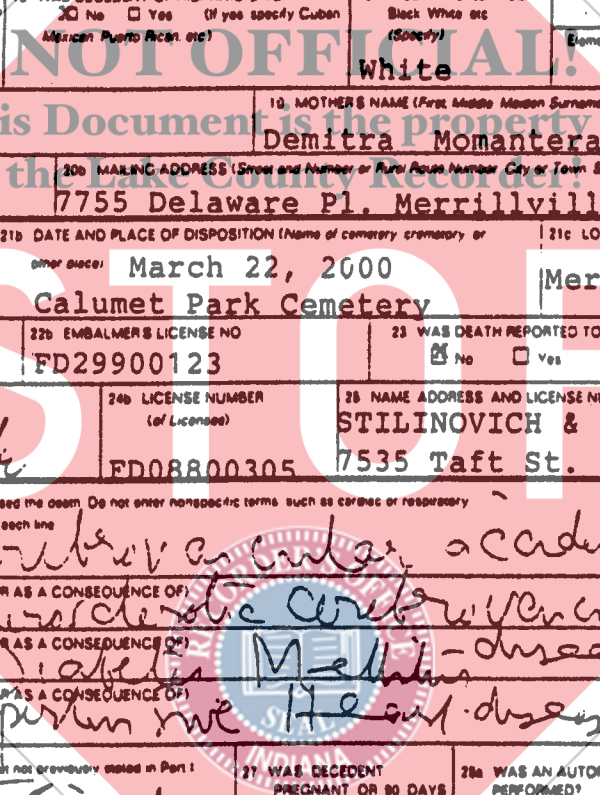
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>ANASTACIA DROSSOS</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>6:32 A.M.</b>	3b DATE OF DEATH (Month Day Year) <b>MARCH 19, 2000</b>	
4 SOCIAL SECURITY NUMBER <b>312-18-7428</b>		5a AGE—Last Birthday (Years) <b>78</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) <b>March 3, 1922</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>			
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input 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) <b>Methodist Hospital-Southlake Campus</b>		9c CITY TOWN OR LOCATION OF DEATH <b>Merrillville</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Christ Drossos</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Office Clerk</b>		12b KIND OF BUSINESS/INDUSTRY <b>Steel</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>7755 Delaware Place</b>		
13e ZIP CODE <b>46410</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) <b>James Chakos</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Demitra Momanteras</b>		20a INFORMANT'S NAME (Type/Print) <b>Mary Ann Drossos</b>			
20b MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State and Zip Code) <b>7755 Delaware Pl. Merrillville, IN 46410</b>		20c Relationship <b>Daughter</b>			
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) <b>March 22, 2000 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, IN</b>	
22a EMBALMER'S NAME <b>Henry Gray</b>		22b EMBALMER'S LICENSE NO. <b>FD29900123</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Leonid Bezzubov</i>		24b LICENSE NUMBER (of Licensee) <b>FD08800305</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>STILINOVICH &amp; WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410</b>		
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. <b>Cerebral aneurysm, accident - cerebral aneurysm</b>				Approximate interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>arterio-sclerotic cerebral aneurysm</b>					
Conditions if any which gave rise to the immediate cause stating the underlying cause last: <b>Diabetes Mellitus - disease</b>					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I: <b>Degenerative arthritis</b>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		
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) as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander Williams MD</i>		29c MEDICAL LICENSE NO. <b>IN 25043</b>	29d DATE FILED (Month Day Year) <b>OCT 16 2000</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>K. Potti, M.D. 8300 Broadway Merrillville, IN 46410 219-800-3641</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>					
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 DESCRIPTION OF INJURY
34a PLACE OF INJURY—At home (from street, factory, office, building, etc.) (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State and Zip Code) <b>01257 APR 14 2000</b>			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian <i>Alexander Williams MD</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>			



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APR 14 2000