

STATE OF INDIANA )  
 ) SS.  
COUNTY OF LAKE )

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2002 MAY 31 AM 9:16  
MORRIS W. CARTER  
RECORDER

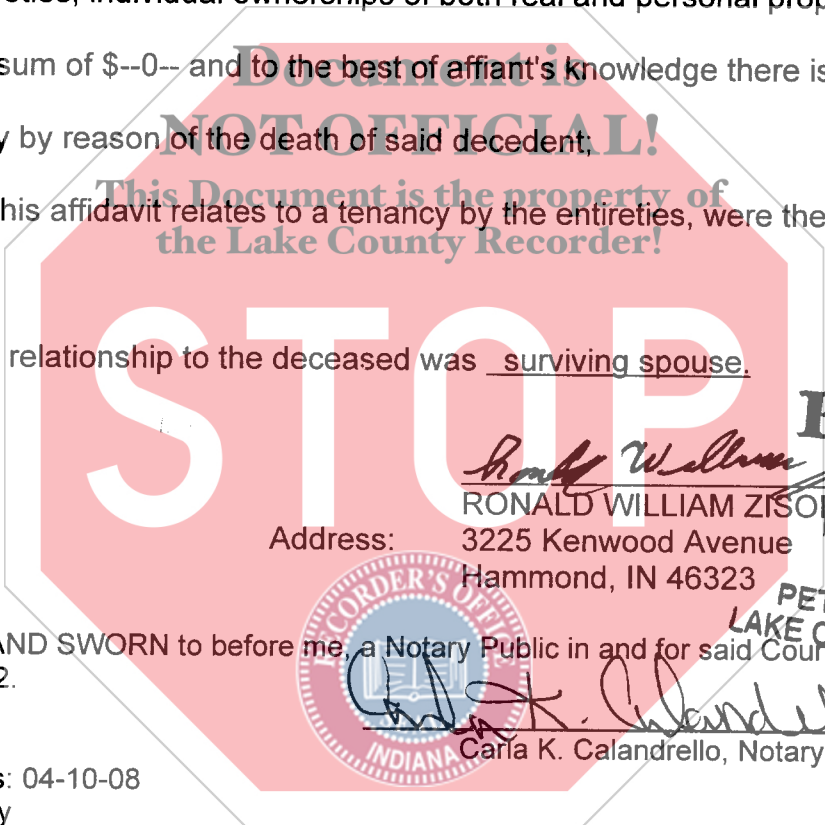
On this 15<sup>th</sup> day of April, 2002, before me personally appeared RONALD WILLIAM ZISOFF to me personally known, who being duly sworn on oath did say that:

2002 050163

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner;  
(state interest of affiant(s): "owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Ronald and Sandra Zisoff, Husband and Wife
4. Said decedent, Sandra Zisoff, died on the 28th day of April, 2001, leaving no Will;
5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$--0-- and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

7. Affiant's relationship to the deceased was surviving spouse.



Ronald William Zisoff  
RONALD WILLIAM ZISOFF  
Address: 3225 Kenwood Avenue  
Hammond, IN 46323

**FILED**  
MAY 28 2002

PETER BENJAMIN  
LAKE COUNTY CLERK

15 SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State, on the 15 day of April, 2002.



Carla K. Calandrello  
Carla K. Calandrello, Notary Public

My Commission Expires: 04-10-08  
Resident of Lake County

This document prepared by: TERRENCE M. RUBINO (Atty. #6220-45)  
RUBINO, CROSMER, SMITH & SERSIC  
202 Joliet St., Ste. 201, Dyer, IN 46311  
(219/322-8222)

002157



12:00  
M.V.  
54314  
5479

ATTENTION ESTATE: Disclosure of the... we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. IN 00602

Local No. 989-01

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

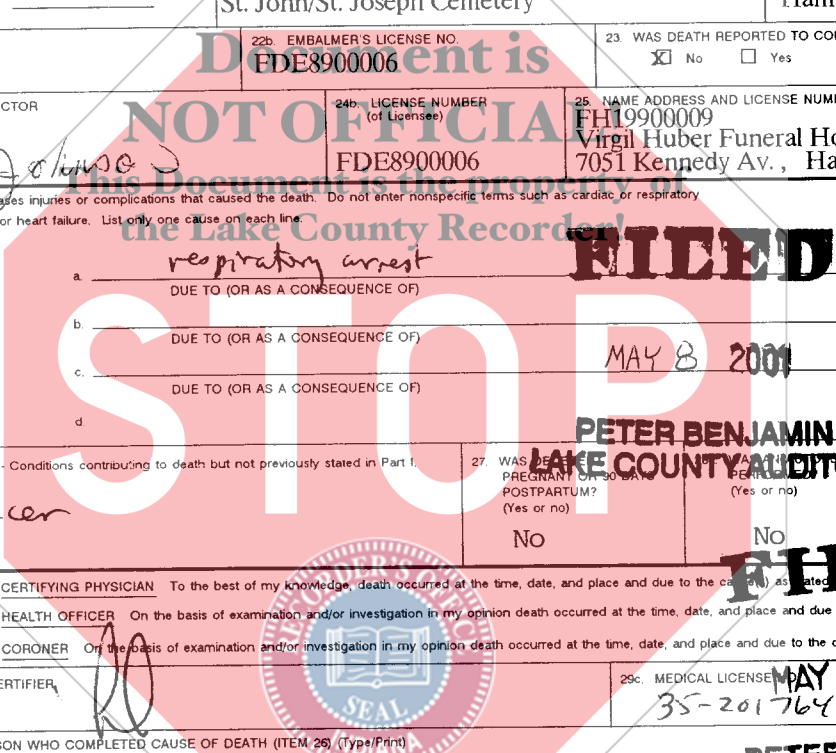
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Sandra Kay Zisoff), 2. SEX (Female), 3a. TIME OF DEATH (1:03PM), 3b. DATE OF DEATH (April 28, 2001), 4. SOCIAL SECURITY NUMBER (304-48-1946), 5. AGE (54), 6. DATE OF BIRTH (July 29, 1946), 7. BIRTHPLACE (Hammond, IN), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES (N/A), 9a. PLACE OF DEATH (Community Hospital), 9b. FACILITY NAME (Community Hospital), 9c. CITY TOWN OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Ronald Zisoff), 12a. DECEDENT'S USUAL OCCUPATION (Cafeteria Manager), 12b. KIND OF BUSINESS INDUSTRY (Food Service), 13a. RESIDENCE - STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY TOWN OR LOCATION (Hammond), 13d. STREET AND NUMBER (3225 Kenwood Street), 13e. ZIP CODE (46323), 13f. INSIDE CITY LIMITS (Yes), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (11), 18. FATHER'S NAME (Finy Comforti), 19. MOTHER'S NAME (Norma Jean Roberts), 20a. INFORMANT'S NAME (Ronald Zisoff), 20b. MAILING ADDRESS (3225 Kenwood Street, Hammond, IN 46323), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (May 2, 2001, St. John/St. Joseph Cemetery), 21c. LOCATION - City or Town State (Hammond, Indiana), 22a. EMBALMER'S NAME (George J. Johnson), 22b. EMBALMER'S LICENSE NO. (FDE8900006), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (George J. Johnson), 24b. LICENSE NUMBER (FDE8900006), 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Virgil Huber Funeral Home, 7051 Kennedy Av., Hammond, IN 46323), 26. PART I: IMMEDIATE CAUSE (respiratory arrest), 26. PART II: Other significant conditions (oral cancer), 27. WAS DECEDENT PREGNANT OR 30 DAYS POSTPARTUM? (No), 28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Susan W. Best, D.O.), 29b. SIGNATURE AND TITLE OF CERTIFIER (Susan W. Best, D.O.), 29c. MEDICAL LICENSE NO. (35-2017649), 29d. DATE SIGNED (MAY 28 2002), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Leonard V. Covello M.D., 900 Ridge Rd, Ste. E, Munster, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), 32. DATE FILED (MAY 28 2002), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)



FILED

MAY 8 2001

PETER BENJAMIN LAKE COUNTY AUDITOR

FILED

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH... HEALTH DEPT

unit # 26 Key # 33-223-50 Eastgate Sub lot 50 Block 2