

3

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF PORTER     )

2002 06 29 09 15  
2002 JUL 26 2002

JEAN E. MONOS, being first duly sworn upon her oath, deposes and says:

1. That she was married to CONSTANTINE N. MONOS on September 2, 1958, who died a resident of Schererville, Lake County, Indiana, on April 24, 2002, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

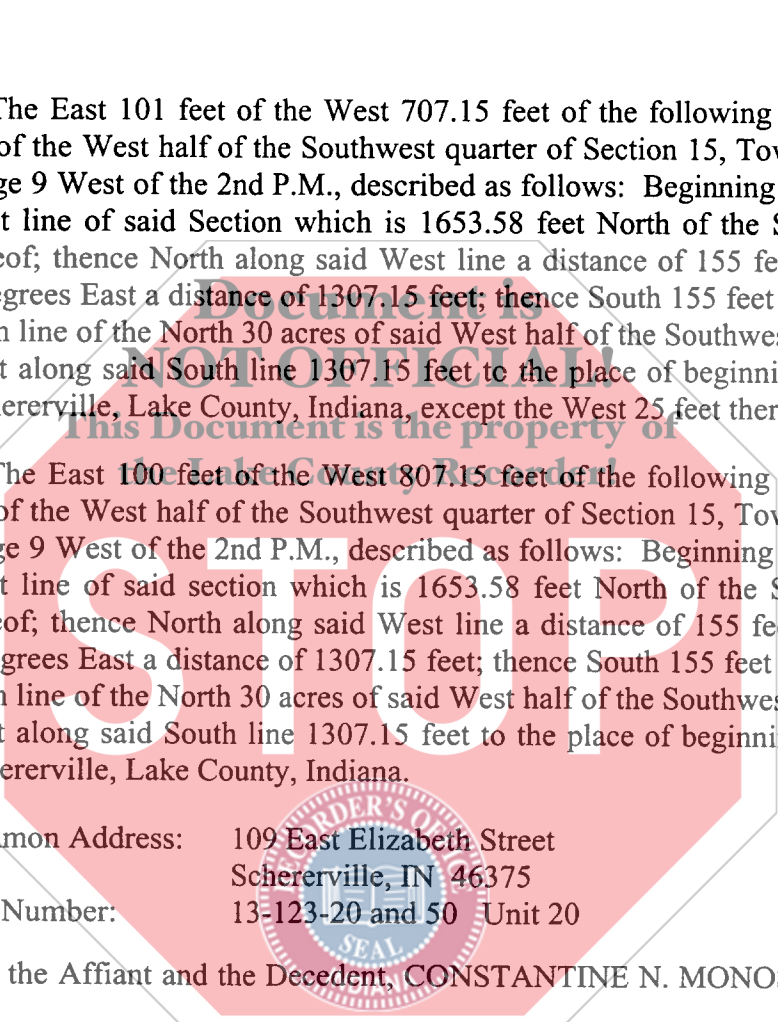
2. That at the time of this death, CONSTANTINE N. MONOS and JEAN E. MONOS, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

Parcel 1: The East 101 feet of the West 707.15 feet of the following described tract: Part of the West half of the Southwest quarter of Section 15, Township 35 North, Range 9 West of the 2nd P.M., described as follows: Beginning at a point on the West line of said Section which is 1653.58 feet North of the Southwest corner thereof; thence North along said West line a distance of 155 feet; thence North 90 degrees East a distance of 1307.15 feet; thence South 155 feet to a point on the South line of the North 30 acres of said West half of the Southwest quarter; thence West along said South line 1307.15 feet to the place of beginning, in the town of Schererville, Lake County, Indiana, except the West 25 feet thereof.

Parcel 2: The East 100 feet of the West 807.15 feet of the following described tract: Part of the West half of the Southwest quarter of Section 15, Township 35 North, Range 9 West of the 2nd P.M., described as follows: Beginning at a point on the West line of said section which is 1653.58 feet North of the Southwest corner thereof; thence North along said West line a distance of 155 feet; thence North 90 degrees East a distance of 1307.15 feet; thence South 155 feet to a point on the South line of the North 30 acres of said West half of the Southwest quarter; thence West along said South line 1307.15 feet to the place of beginning, in the town of Schererville, Lake County, Indiana.

Common Address: 109 East Elizabeth Street  
Schererville, IN 46375  
Key Number: 13-123-20 and 50 Unit 20

3. That the Affiant and the Decedent, CONSTANTINE N. MONOS, and Wife continuously from the time they acquired title to the above-described Real Estate to the time of his death on April 24, 2002.



**FILED**

JUL 26 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001921

H.00  
M.V.  
Cash

4. That the Estate of CONSTANTINE N. MONOS, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

5. The affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the office of the Auditor of Lake County, Indiana.

*Jean E. Monos*  
JEANE. MONOS

STATE OF INDIANA        )  
  ) SS:  
COUNTY OF PORTER     )

Subscribed and sworn to before me, a Notary Public this 26<sup>th</sup> day of July, 2002.

*Richard E. Svetanoff*  
Notary Public

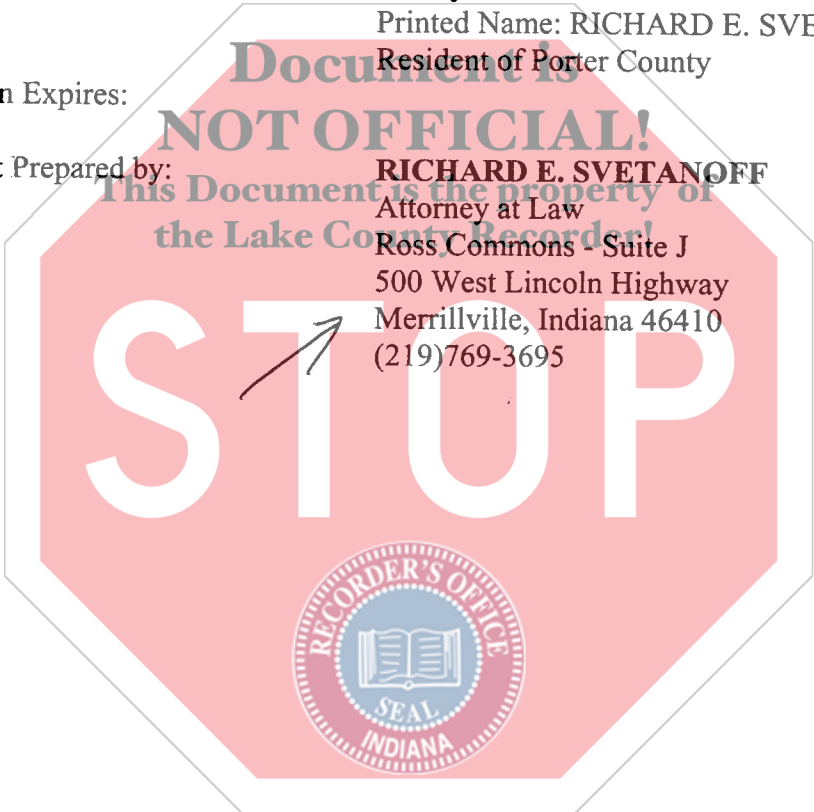
Printed Name: RICHARD E. SVETANOFF  
Resident of Porter County

My Commission Expires:  
10-12-08

This Instrument Prepared by:

Mail to:

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!  
**RICHARD E. SVETANOFF**  
Attorney at Law  
Ross Commons - Suite J  
500 West Lincoln Highway  
Merrillville, Indiana 46410  
(219)769-3695



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. 981-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) <b>CONSTANTINE N. MONOS</b>		2 SEX <b>MALE</b>		3a TIME OF DEATH <b>4:10 P</b>		3b DATE OF DEATH (Month, Day, Yr.) <b>APRIL 24, 2002</b>	
4 *SOCIAL SECURITY NUMBER <b>317-32-6744</b>		5a AGE—Last Birthday (Years) <b>67</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr.) <b>APRIL 7, 1935</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>EAST CHICAGO, INDIANA</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1956</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>109 E. ELIZABETH DR.</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>SCHERERVILLE</b>		9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>JEANNE DOBOS</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SALES</b>		12b KIND OF BUSINESS/INDUSTRY <b>FOOD SERVICE INDUSTRY</b>	
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>		13c CITY, TOWN, OR LOCATION <b>SCHERERVILLE</b>		13d STREET AND NUMBER <b>109 E. ELIZABETH DR.</b>	
13e ZIP CODE <b>46375</b>		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? <b>U.S.A.</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>NICHOLAS MONOS</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>HATTIE KADANSKI</b>			
20a INFORMANT'S NAME (Type/Print) <b>JEANNE MONOS</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>109 E. ELIZABETH DR. SCHERERVILLE, IN. 46375</b>		20c Relationship <b>WIFE</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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>APRIL 29, 2002 ELMWOOD CEMETERY</b>			21c LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>		
22a EMBALMER'S NAME <b>CHARLES WELLS</b>		22b EMBALMER'S LICENSE NO. <b>FDC1042372</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edi Wells</i>		24b LICENSE NUMBER (of Licensee) <b>FDC1008300</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307</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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a <b>Acute MYOCARDIAL INFARCTION</b>							
b _____ DUE TO (OR AS A CONSEQUENCE OF) _____							
c _____ DUE TO (OR AS A CONSEQUENCE OF) _____							
d _____ DUE TO (OR AS A CONSEQUENCE OF) _____							
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)		28a WAS AN AUTOPSY PERFORMED? (Yes or 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>Miguel Gambetta</i>				29c MEDICAL LICENSE NO. <b>01625194</b>		29d DATE SIGNED (Month, Day, Year) <b>APR 29 2002</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Miguel Gambetta - 7217 Indpls Blvd - Hammond, IN</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Peter Benjamin</i>				32 THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL FILED WITH THE HEALTH OFFICER <b>APR 29 2002</b>			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		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) <b>60133</b>	
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			