

2002 112525 TIGOR TITLE INSURANCE 2007 DEC -6 AM 9:03

MORRIS W. CARTER RECORDER AFFIDAVIT

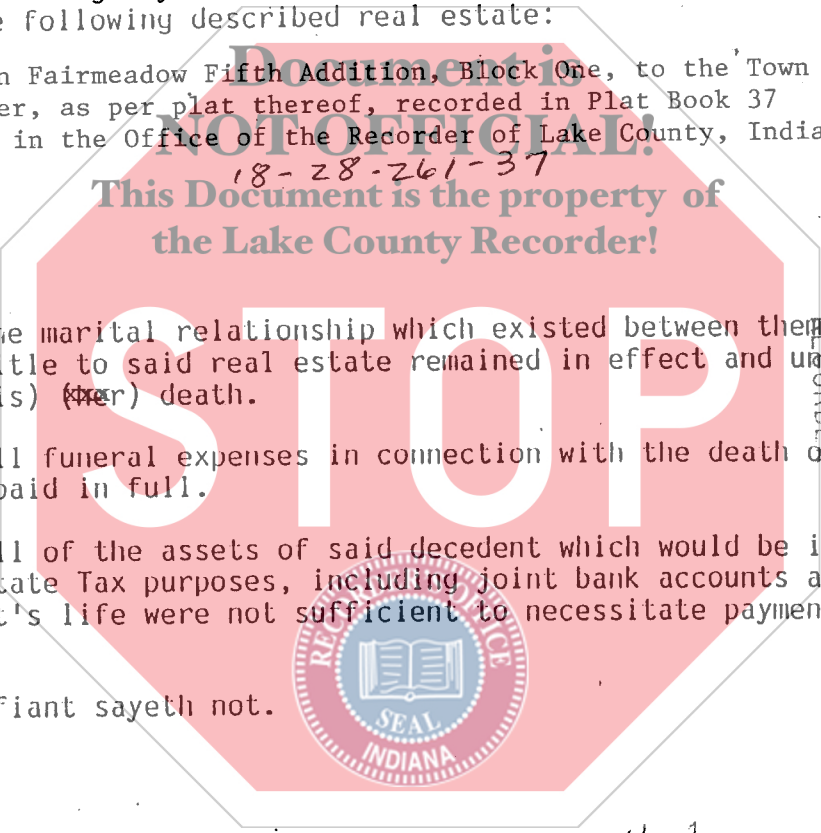
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Helen Christopoulos, being first duly sworn upon oath, deposes and says:

1. That John Christopoulos died on Nov. 11, 1996 at Munster, IN, Lake County.

2. That John Christopoulos and Helen Christopoulos were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 37 in Fairmeadow Fifth Addition, Block One, to the Town of Munster, as per plat thereof, recorded in Plat Book 37 page 79, in the Office of the Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Helen Christopoulos (signature) FILED

Subscribed and sworn to before me, a Notary Public, this 27th day of Nov. 2002.

PETER BENJAMIN LAKE COUNTY AUDITOR (signature)

Corina Castel Ramos Notary Public

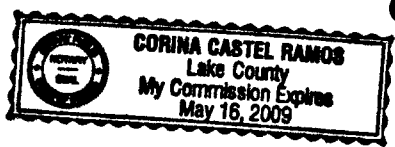
My Commission expires:

5/16/09

County of Residence:

Lake

This Instrument prepared by Helen Christopoulos



000382

(Handwritten initials/signature)

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 3176-96

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

T.I.-S.O.
9200 27142
18-28-261-37

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

1. DECEASED—NAME (First, Middle, Last) JOHN CHRISTOPOULOS		2. SEX MALE	3a. TIME OF DEATH 9:53 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) NOVEMBER 11, 1996	
4. SOCIAL SECURITY NUMBER 312-34-9921	5a. AGE—Last Birthday (Years) 75	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Feb. 2, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Triada, Kozani, Greece		8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" 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) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bricklayer/Mason		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster	13d. STREET AND NUMBER 9604 Crestwood		
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. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+) ---		18. FATHER'S NAME (First, Middle, Last) Chris A. Christopoulos			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara Vlahopoulos		20a. INFORMANT'S NAME (Type/Print) Chris Christopoulos			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2033 38th Pl., Hammond, IN 46324		20c. Relationship Son			
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) November 14, 1996 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary	
22a. EMBALMER'S NAME Kevin W. Kish		22b. EMBALMER'S LICENSE NO. 1021590		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Peter Benjamin</i>		24b. LICENSE NUMBER (of Licensee) 8601763	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio-pulmonary arrest Approximate Interval Between Onset and Death: 45 minutes DUE TO (OR AS A CONSEQUENCE OF) Coronary Artery Disease Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions contributing to death but not previously stated in Part I Lake County Health Commissioner					
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>M. Nabil Shabeeb, M.D.</i>		29c. MEDICAL LICENSE NO. 33392	29d. DATE SIGNED (Month, Day, Year) NOVEMBER 12, 1996		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) NABIL SHABEEB, M.D. 9134 COLUMBIA AVENUE MUNSTER, INDIANA 46311					
31. HEALTH OFFICER'S SIGNATURE <i>M. Nabil Shabeeb, M.D.</i>			32. DATE FILED (Month, Day, Year) 11-14-96		
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 2002
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) PETER BENJAMIN LAKE COUNTY AUDITOR		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000383			