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Ticor CP 920037417

ITICOR TITLE INSURANCE

V		$ \geq $
	AFFIDAVIT)03
STATE OF INDIANA)		
) SS: COUNTY OF LAKE)		2003 10580
PHILIH U./ ILHALAK	// Katina Kastouros	, being fi wa t duly
swarn upon oath, deposes a	and says:	
may 2	ostouros a/k/a Peter Kos , 19203 at (c	
Peter Kostouro 2. That Panagiotes Kos	os a/k/a touros and Katin	a Kastouros
were duly and legally mark wife to the following desc		quired title as husband and
Lot 33 in Block 15 in as per plat thereof re Lake County, Indiana.	corded in Plat Book 5 pa	na Harbor in the City of East Chicago ge 18 in the Office of the Recorder of
	ocument is the proper	
the]	Lake County Recorde	r!
	al estate remained in eff	etween them at the time they fect and unbroken until the
4. That all funeral expendave been paid in full.	nses in connection with t	
5. That all of the assets Federal Estate Tax purpose on decedent's life were no Tax.	es, including joint bank	OCT 2 2003 would be includable for account of the stight of the stight of the stight of the state parameters of the stight of t
Further affiant sayeth not	t. FALL SEAL MOIANAMENT	
	j.	ahna hosto was
Subscribed and sworn to be September		c, this <u>30th</u> day of
	Phi	Milia Je musli lip J Tighaysk Jotary Public
My Commission expires:	(PHILIP J. IGNARSKI Notary Public, State of Indiana L. To County
County of Residence:		and the Community of th
	17-1' 17 .	000187
This Instrument programul 5	Katina Kastouros	

TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

*SOCIAL SECURITY NUMBER 311-36-3224 * WAS DECEDENT A US VETERAN? D. FACILITY NAME (If not institute COMMUNITY HO O MARITAL STATUS (Specify) , ARRIED 38 RESIDENCE—STATE INDIANA 30 ZIP CODE 131 INSIDE CIT NO XD 46373 139 ON A FARR XD NO D 8 FATHERS NAME (Frst Middle THEOFANIS OB. INFORMANT'S NAME (Type/	STOUROS 50 AGE—Last (Yeers) 6 80 YEAR LAST SERV US ARMED FORC 1960 20. give street and numb 2SPITAL 11 SURVIVING SPOI (If wife give maide KATINA 13b COUNTY LAKE Y LIMITS Y LIMITS 14 CITIZE YES 42 U KOSTOUROS	DEST HO DES	SO UNDER I YEAR Months Deys SPITAL IN Inpet ER/O CITY, TOWN, OR I S'T', JOH S WAS DECEDENT MEXICAN PUETTO R	Hours N Jent Dutpetient D D Jent Decedent done during STEE LOCATION N OF HISPANIC OF Yes (If yes. sp	96 PLAC DA C CITY TOWN MUNST TS USUAL OCC most of working L WORKE	CE OF BIATH CH 25 CE OF DEAT OTHER OR LOCAT TER CUPATION G Me Do not ER 13d 6 RACE—	, 1935 TH (Check only one S Nursing Home C Residence TION OF DEATH (Give kind of work tuse retired) STREET AND NUME 10096 OI American Indian, white, etc.	GREECE See instructions) Other (Specify) 9d COUNTY OF ILAKE 12b KIND OF BUSIN INLAND SER COTT AVE. 17 DECET (Specify only)	2003 and State or Foreign Country) DEATH NESS/INDUSTRY DENT'S EDUCATION highest grade completed)			
*SOCIAL SECURITY NUMBER 311-36-3224 **WAS DECEDENT A US VETERAN? **DESTRUCTION **DESTRUCT **COMMUNITY HO **OMARITAL STATUS **(Specify) **ARRIED **3** RESIDENCE—STATE INDIANA 3** ZIP CODE 131 INSIDE CIT- No 221 46373 139 ON A FARM XC No 0 **STATHER'S NAME (First Middle THEOFANIS **OM. INFORMANT'S NAME (Type/)	So AGE—Last (Yeers) 6 8b. YEAR LAST SERV US ARMED FORC 1960 on give street and number 1960 on give street and number 1960 ON GIVE STORM SERV US ARMED FORC 1960 ON GIVE S	DEST HO DES	SPITAL Inpets CITY TOWN OR STA JOH WAS DECEDENT XO NO ON	Hours N Jent Dutpetient D D Jent Decedent done during STEE LOCATION N OF HISPANIC OF Yes (If yes. sp	DAY 6 DAT finutes MARC 9e PLAC C CITY TOWN MUNST F SUSH WORKE	CH 25 CE OF DEA OTHER OR LOCA TER CUPATION G Me Do not ER 13d 6 RACE— Black W	, 1935 TH (Check only one S Nursing Home C Residence TION OF DEATH (Give kind of work t use retired) STREET AND NUME 10096 OI American Indian, white, etc.	GREECE GREECE See instructions) Other (Specify) 9d COUNTY OF ILAKE 12b KIND OF BUSIN INLAND SER COTT AVE. (Specify only)	DEATH STEEL COMP			
311-36-3224 WAS DECEDENT AUS VETERAN? YES D FACILITY NAME (If not institute COMMUNITY HC O MARITAL STATUS (Specify) ARRIED 30 RESIDENCE—STATE INDIANA 30 ZIP CODE 131 INSIDE CITY No NO DE COMMUNITY NO D	8b YEAR LAST SERV US ARMED FORC 1960 on give street and numb OSPITAL 11 SURVIVING SPOI (If wife, give maide KATINA 13b COUNTY LAKE Y LIMITS 14 CITIZE WHAT Yes LASO KOSTOUROS	USE n name) MOROS 13c N OF COUNTRY? S • A •	ER/O	12a DECEDENT done during STEE! LOCATION OF HISPANIC OF Yes (If yes. sp	MARC 90 PLAC 90 PLAC DA C CITY TOWN MUNST TS USUAL OCC most of working L WORKE	OTHER OTHER OR LOCA TER CUPATION g life Do not ER 13d 6 RACE— Black W	TH (Check only one S Nursing Home C Residence TION OF DEATH (Give kind of work truse retired) STREET AND NUME 10096 OI American Indian.	Ge instructions) Other (Specify) 9d COUNTY OF I LAKE 12b KIND OF BUSIN INLAND BER COTT AVE. 17 DECET (Specify only in	NESS/INDUSTRY STEEL COMPA DENT'S EDUCATION highest grade completed			
A US VETERAN? DE FACILITY NAME (If not institute, COMMUNITY HC O MARITAL STATUS (SPECIFY) ARRIED 34 RESIDENCE—STATE INDIANA 35 ZIP CODE 137 INSIDE CITY NO NO 139 ON A FARK XI NO DE 8 FATHERS NAME (Frst. Middle, THEOFANIS OR. INFORMANT'S NAME (Type/	US ARMED FORCE 1960 on give street and numb DSPITAL 11 SURVIVING SPOI (If wife, give maide KATINA 13b COUNTY LAKE YLIMITS YES 42 U YES KOSTOUROS	USE n name) MOROS 13c N OF COUNTRY? S.A.	E CITY, TOWN OR IST JOH	Dutpstient D DC 12a DECEDENT done during STEE LOCATION N OF HISPANIC OF Yes (If yes. sp	DA C CITY TOWN MUNST TS USUAL OCC most of working L WORKE	OTHER OR LOCA TER CUPATION g life Do not ER 13d 6. RACE— Black, W	Nursing Home Residence Res	9d COUNTY OF I LAKE 12b KIND OF BUSIN INLAND BER COTT AVE. 17 DECET	NESS/INDUSTRY STEEL COMPA DENT'S EDUCATION highest grade completed			
COMMUNITY HO O MARITAL STATUS (SPECY) , ARRIED 30 RESIDENCE—STATE INDIANA 30 ZIP CODE 131 INSIDE CITY O NO XXXI A 6373 139 ON A FARM XXI NO O 8 FATHERS NAME (Frst. Middle. THEOFANIS OR. INFORMANT'S NAME (Type/	DSPITAL 11 SURVIVING SPOTE (If wife give maide KATINA) 13b COUNTY LAKE Y LIMITS Yes 42 U Yes KOSTOUROS	N OF COUNTRY?	ST. JOH	128 DECEDENT done during STEE.	MUNST S USUAL OCCUPATION OF WORKE WORKE	CUPATION of life Do not ER 13d	(Give kind of work t use retired) STREET AND NUME 10096 OI American Indian.	LAKE 126 KIND OF BUSIN INLAND SER COTT AVE. 17 DECET (Specify only)	NESS/INDUSTRY STEEL COMPA DENT'S EDUCATION highest grade completed			
COMMUNITY HO O MARITAL STATUS (SPECY) , ARRIED 30 RESIDENCE—STATE INDIANA 30 ZIP CODE 131 INSIDE CITY O NO XXXI A 6373 139 ON A FARM XXI NO O 8 FATHERS NAME (Frst. Middle. THEOFANIS OR. INFORMANT'S NAME (Type/	DSPITAL 11 SURVIVING SPOTE (If wife give maide KATINA) 13b COUNTY LAKE Y LIMITS Yes 42 U Yes KOSTOUROS	N OF COUNTRY?	ST. JOH	12a DECEDENT done during STEE) LOCATION N OF HISPANIC OF Yes (If yes. sp	MUNST TS USUAL OCC I most of working L WORKE	CUPATION g life Do not ER 13d 6. RACE—Black, W	(Give kind of work truse retired) STREET AND NUME 10096 OI American Indian.	LAKE 126 KIND OF BUSIN INLAND SER COTT AVE. 17 DECET (Specify only)	NESS/INDUSTRY STEEL COMPA DENT'S EDUCATION highest grade completed			
Specify ARRIED 38 RESIDENCE—STATE INDIANA 30 ZIP CODE 13/ INSIDE CIT No XII 46373 13g ON A FARN XI NO INFORMANT'S NAME (Fyst Middle.) THEOFANIS 08 INFORMANT'S NAME (Type/	(If wife, give maide KATINA) 13b COUNTY LAKE Y LIMITS 14 CITIZE Yes WHAT Yes U. KOSTOUROS	N OF COUNTRY?	ST. JOH	STEE) LOCATION N OF HISPANIC OF Yes (If yes, sp	L WORKE	13d 6. RACE— Black, W	STREET AND NUMB 10096 OI American Indian,	INLAND SER COTT AVE. 17 DECEE (Specify only)	DENT'S EDUCATION highest grade completed			
30 RESIDENCE—STATE INDIANA 30 ZIP CODE 131 INSIDE CIT 1 NO XII 46373 139 ON A FARM XI NO 10 8 FATHER'S NAME (Frst Middle, THEOFANIS 00 INFORMANT'S NAME (Type/	LAKE Y LIMITS 14 CITIZE Yes WHAT A? Yes U. KOSTOUROS	N OF COUNTRY?	ST. JOH	LOCATION N OF HISPANIC OF Yes (If yes. sp	RIGIN? 1	6 RACE—. Black V	10096 OI American Indian, White, etc.	COTT AVE . 17 DECEE (Specify only)	DENT'S EDUCATION highest grade completed)			
INDIANA 3e ZIP CODE 131 INSIDE CITY No XD 46373 13g ON A FARM XD NO DE THEOFANIS 0e. INFORMANT'S NAME (Type/)	Y LIMITS 14 CITIZE YES WHAT WHAT WHAT Last) KOSTOUROS	S.A.	WAS DECEDENT	OF HISPANIC OF Yes (If yes, sp	RIGIN? 1 ecrfy Cuban.	Black, V	American Indian, Vhite, etc.	17 DECEE (Specify only i	DENT'S EDUCATION highest grade completed)			
46373 I39 ON A FARK XI NO II 8 FATHER'S NAME (First, Middle, THEOFANIS 00. INFORMANT'S NAME (Type/	Yes WHAT A? U. Yes Last) KOSTOUROS	S.A.	XD No D	Yes (If yes, sp	RIGIN? 1 ecify Cuban.	Black, V	Vhite, etc.	(Specify only	highest grade completed)			
46373 13g ON A FARM THEOFANIS 13g ON A FARM FATHER'S NAME (First, Middle, THEOFANIS 13g ON A FARM THEOFANIS	Ves U. KOSTOUROS	S.A.			, l	(Specify			(0-12) College (1-4 or 5 f			
8 FATHER'S NAME (First, Middle, THEOFANIS 08. INFORMANT'S NAME (Type/)	KOSTOUROS	i				WHI'	Ι,	Elementery/Secondary (12				
	2-4	X NO Ves 8 FATHER'S NAME (First, Middle, Lest) THEOFANIS KOSTOUROS					19 MOTHERS NAME (First Middle Maiden Surname) VASILIKE KONDILES					
						treet and Number or Rural Route Number. City or Town. State. Zip Code) 1. AVE. ST.JOHN, IN. 46373 WIFE						
18. METHOD OF DISPOSITION	Entombment	216	DATE AND PLACE	E OF DISPOSITIO	N (Name of cen	netery. crem	atory, or 210	: LOCATION—City or	r Town, State			
Buriel Cremation Donation Other (Specif		ite				GAR	DENS	SCHERERVI	LLE, INDIANA			
20 EMBALMER'S NAME eli vujko					t is		AS DEATH REPORTE					
4. SIGNATUBE OF FUNERAL DI	RECTOR	NO.	T 0246 L	ICENSE NUMBER (of Licensee) DOI 0083			N RIDGE F	UNERAL HO	ME 88800070			
arrest, shock, or		L-1	ike Cou	inty R	ecord		Rejora Malifa Malifa are	JAKE ÇODBETI: JAKE ÇODBETI:	Approximate Interval Betwee Onset and Deat			
isease or condition esulting in death)	·	DUE TO (OR A	AS A CONSEQUENC	CE OF)			WWA U.A.	·	3 unles			
Conditions if any, which gave use to the immediate cause, tating the underlying ause last	c d	Viselo	soliph	lastie	Sy.	ndie	mi	The state of the s	148			
ART II. Other significant conditions	- Conditions contributi	ng to death but n	not previously stated i	in Part I. 27	PREGNANT	OR 90 DAY		D? A\	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? (Yes or no)			
(Check only	EALTH OFFICER On	the basis of exam	mination and/or inves	stigation, in my opin	nian, death occur	rred at the ti	me, date, and pie, an	stand La	ner as stated			
				EAL		29c. M	MEDICAL LICENSE	CT 2 320	FIGNED (Month, Day, Yea			
NAME AND ADDRESS OF PER	SON WHO COMPLET	ED CAUSE OF	DEATH (ITEM 26) (T	ype/Prini) 20 ANU	100 13	Bivd			IGLICH VIDIOR5†c			
1 HEALTH OFFICER'S SIGNATUR	RE .	Susa	an w	But	D.O.			Albu DAT	FE FILED (Month, Day, Year)			
3 MANNER OF DEATH			34b TIME OF INJURY	i i		7 34	4d DESCRIBE HOW	INJURY OCCURRED	//			
Natural Pending Investigation Accident 34e F						34f LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	Donation Other (Special Control of the Control of t	Donation	Donation Other (Specify) 2a EMBALMERS NAME	Donation Other (Specify) CHAPET 28 EMBALMERS NAME CERTIFYING PHYSICIAN To the best of my knowledge of conditions and of investigation 29 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge of conditions and particles 29 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge of conditions of contributing to death but not previously stated 29 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge of conditions of contributing to death but not previously stated 29 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge of conditions of contributing to death but not previously stated 29 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge of conditions of contributing to death but not previously stated 20 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (ITEM	Donation Other (Specify) CHAPET LAWN-M 28 EMBALMERS NAME eli Vujko 225 EMBALMERS LICENSE NO FD01008300 39 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause on each line. 30 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause on each line. 30 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause on each line. 31 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause on each line. 32 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause of each line. 33 PART Enter the diseases injuries, or complication that caused the death Do not enter nonspecific to arrest shock, or heart failure List only one cause of pach line. 34 PLACE OF INJURY 34b TIME OF 34c INJURY 34b TIME OF 34c INJURY 34b TIME OF 34c INJURY 34c	Donation Other (Specify) CHAPEL LAWN MEMORIAI 28 EMBALMERS NAME CILI VUJKO PD01008300 39 PART Enter the diseases injuries or complication that caused the death Do not enter nonspecific terms such as care rest shock or heart failure. List only one cause on each line. MEDIATE CAUSE (Final sease or conditions above to the immediate cause at the death Do not enter nonspecific terms such as care and meaning metal to the immediate cause at the death Do not enter nonspecific terms such as care and meaning metal to the immediate cause at the final sease or conditions at any which gave as to the immediate cause at the final sease or conditions are such as a Consequence of the immediate cause at the policy of the conditions are such as a Consequence of the immediate cause at the sease of conditions contributing to death but not previously stated in Part I 22 WAS DECED PREFINAL (Yes or no) 30 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge death accourses at the time date, and (Check only one) HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the condition of the	Donation Other (Specify) CHAPEL LAWN MEMORIAL GAR The EMBALMERS NAME eli vujko 22b EMBALMERS LICENSE NO 23 W The SIGNATUBE OF FUNERAL DIRECTOR 24b LICENSE NUMBER 15 NAME AT To of Light Signature of Completion that caused the death Do not enter nonspecific terms such at cardiacrov-resp arrest shock or flear failure. List only one cause on seeh line The provious of the signature of completion that caused the death Do not enter nonspecific terms such at cardiacrov-resp arrest shock or flear failure. List only one cause on seeh line The provious of the signature of conditions of the cardiacrov-resp arrest shock or flear failure. List only one cause on seeh line DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp arrest shock only one cause of the cardiacrov-resp arrest shock only DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp arrest shock only DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp arrest shock only DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp arrest shock only DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp arrest shock only DUE TO (OR AS A CONSEQUENCE OF) ART II Other significant conditions of the cardiacrov-resp are the	Donation Other (Specify) CHAPEL LAWN MEMORIAL GARDENS CHAPEL LAWN MEMORIAL GARDENS CHAPEL LAWN MEMORIAL GARDENS 23 WAS DEATH REPORTE CHAPEL LAWN MEMORIAL GARDENS 24 WAS DEATH REPORTE 25 NAME ADDRESS AND LICEN FD01008300 To CF GF	CHAPEL LAWN MEMORIAL GARDENS SCHEREVI TO Dominion Other (Specify) CHAPEL LAWN MEMORIAL GARDENS SCHEREVI TO EMBALMERS NAME CHAPEL LAWN MEMORIAL GARDENS SCHEREVI TO CHAPEL LAWN MEMORIAL GARDENS TO CHAPEL HAVE CHAPELED AND LAWN MEMORIAL GARDENS TO CHAPELE LAWN MEMORIAL GARDENS TO CHAPELS AND LICENSE NUMBER OF FUND TO CHAPELS AND LICENSE NUM			

SDH06-004 State Form 10110 (R5/1-99)