2

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

LAKE COUNTY
FILED FOR RECORD

2004 043842

MORTG

K# 25-41-213-47

SURVIVORSHIP AFFIDAVIT

COMES NOW VIRGINIA KAMANAROFF, and first being duly sworn upon oath says as follows:

(1.) That I am the surviving, unmarried widow of PETER D. KAMANAROFF, and I have personal knowledge of the facts set forth in this affidavit.

(2.) That PETER D, KAMANAROFF died on July 1, 2001, a resident of Lake County, Indiana, and a true and correct copy of her Certificate of Death is attached as Exhibit "A".

(3.) That I, VIRGINIA KAMANAROFF and PETER D. KAMANAROFF, were lawfully married on March 26, 1942, and remained continuously married until PETER D. KAMANAROFF'S death.

(4.) That since the date of PETER D. KAMANAROFF'S death I have not remarried.

(5.) That at the time of PETER D. KAMANAROFF'S death VIRGINIA KAMANAROFF and PETER D. KAMANAROFF, as husband and wife, owned the following-described real estate in Lake County, Indiana:

Lots 47 and 48 in Block 5, Broadway Realty and Investment Company's Addition to Gary, as per plat thereof recorded in Plat Book 9, page 31, in the Office of the Recorder of Lake County, Indiana, and commonly known as 4601-4605 Broadway, Gary, Indiana.

(6.) That further affiant sayeth naught.

Virginia Kamanaroff
Virginia Kamanaroff

BEFORE ME, a Notary Public in and for said County and State, personally appeared VIRGINIA KAMANAROFF, who acknowledged her execution of the foregoing as a free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 21 day May, 2004.

James T. Walker, Notary Public
Resident of Lake County

My Commission Expires:

June 22, 2009

Prepared by: James T. Walker, Attorney at Law, 99 East 86th Avenue, Suite E, Merrillville, IN 46410

Return to: James T. Walker, 99 East 86th Ave., Suite E, Merrillville, IN 46410

FILED

MAY 26 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002136

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.

cal No. 1498:01

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

PE/PRINT IN RMANENT LACK INK

CEDENT

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
PETER D. KAMANAROFF	MALE	3:10 PM	JULY 1, 2001

4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.)	7 BIRTHPLACE (City and State or Foreign Country)
306-09-7516	87			June 22,1914	Bulgaria

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)
NO	N/A	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
Methodist Hospital-Southlake Campus	Merrillville	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Virginia Panagiotis	Owner	Restaurant

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Merrillville	7279 McKinley Circle Apt 205

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46410	☐ No ☒ Yes	XX No ☐ Yes	USA	XX No ☐ Yes	White	8	

RENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Paul Kamanaroff	Pena N/A

ORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Virginia Panagiotis	7279 McKinley Circle Apt 205 46410 Merrillville, IN	Wife

POSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	July 6, 2001 Calumet Park Cemetery	Merrillville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO.	23 WAS DEATH REPORTED TO CORONER?
Robert Holland	FD29700058	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Robert T. Holland	FD29700058	STILINOVICH & WIATROLIKFH8300445 7535 Taft St. Merrillville, IN 4641

USE OF ATH

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 Pneumonia DUE TO (OR AS A CONSEQUENCE OF)

Conditions if any which gave rise to the immediate cause, stating the underlying cause last

b DUE TO (OR AS A CONSEQUENCE OF)

c DUE TO (OR AS A CONSEQUENCE OF)

d

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Coronary Artery Disease

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)
NO	NO	NO

RTIFIER

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ 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

☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Sharon	01035172	7/2/01

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

S. Harig, M.D. 8895 Broadway Merrillville, IN 46410 219-738-2081

ALTH FICER

31 HEALTH OFFICER'S SIGNATURE Susan W Burt D.O.

32 DATE FILED (Month, Day, Year) JUL 9 2001

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				THIS CERTIFICATE IS NOT VALID UNLESS IT BEARS THE RAISED SEAL OF THE VITAL RECORDS OFFICE. ONLY A COMPLETE COPY OF THE CERTIFICATE SHOULD BE ACCEPTED. DO NOT ACCEPT A DEATH CERTIFICATE IF IT IS NOT ON SECURITY PAPER WITH THE RAISED SEAL.

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)

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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