

LAKE COUNTY  
FILED FOR RECORD

2004 JUN 11 11:55 AM

NOTARY PUBLIC

2004 047035

**AFFIDAVIT OF SURVIVORSHIP**

Nick Neagu, of adult age, being first duly sworn, upon deposes and says:

That, Nick Neagu is the <sup>husband</sup> wife of Betty Neagu, deceased, who died on August 28, 2001 a resident of Lake County,.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, Indiana, to wit:

Lots 21 and 22 in Block 1 as shown on the recorded plat of Sexton Addition to East Gary, in the City of Lake Station, recorded in Plat Book 14, page 17, in the Office of the Recorder of Lake County, Indiana.

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Mitchell A. Cooper recorded as Document Number 98012268 in the Office of the Recorder of Lake County, Indiana.

That Nick Neagu and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That said decedent left no will.

That affiant knows that the total value of the gross estate of said decedent for federal estate taxes does not equal or exceed the exemption equivalent applicable under federal law, and so, no federal estate tax could be, or is, due.

And further affiant sayeth not.

Nick Neagu  
Nick Neagu

State of IN, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 28th day of May, 2004.

WITNESS my hand and Notarial Seal.

My Commission Expires:

Kimberly Simpson  
Signature of Notary Public

KIMBERLY SIMPSON  
Porter County  
My Commission Expires  
October 26, 2007

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by: Frank A. Antonovitz, Attorney-at-Law #2437-98.  
202 S. Michigan St., Ste. 1000, South Bend, IN 46601  
1736lk04 ks

**HOLD FOR MERIDIAN TITLE CORP**

060431

Handwritten initials: MTDC

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY  
CERTIFICATE OF DEATH

PORTER COUNTY  
HEALTH DEPARTMENT  
155 Indiana Ave Suite 104  
Valparaiso IN 46383

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

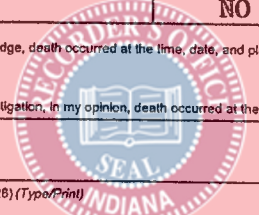
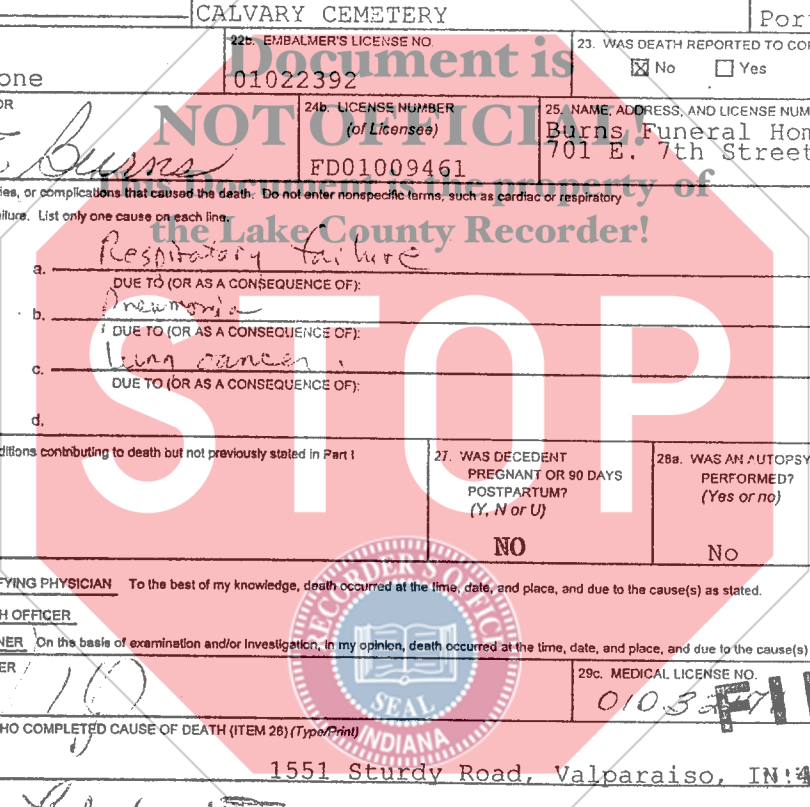
DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED - NAME (First, Middle, Last) Betty P Neagu		2. SEX Female		3a. TIME OF DEATH 8:40 PM		3b. DATE OF DEATH (Month, Day, Yr.) August 28, 2001	
4. *SOCIAL SECURITY NUMBER 316-14-1002		5a. AGE - Last Birthday (Years) 77		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.) April 08, 1924		7. BIRTHPLACE (City and State or Foreign Country) Kokomo Indiana					
8a. WAS DECEASENT A U.S. VETERAN? No HUSBAND		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		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			
8b. FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso			9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Nick Neagu		12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY At Home	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2170 Parke Street	
13e. ZIP CODE 46405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT 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. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) Chester Heater			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Nora (N/A)		20a. INFORMANT'S NAME (Type/Print) Nick Neagu		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2170 Parke Street, Lake Station, IN		20c. Relationship Husband	
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) September 1, 2001 CALVARY CEMETERY		21c. LOCATION - City or Town, State Portage, Indiana			
22a. EMBALMER'S NAME Craig Byron Malone		22b. EMBALMER'S LICENSE NO. 01022392		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-			
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) Conditions, if any, which gave rise to the immediate cause stating the underlying cause first		a. <i>Respiratory failure</i> DUE TO (OR AS A CONSEQUENCE OF):		b. <i>pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF):		c. <i>lung cancer</i> DUE TO (OR AS A CONSEQUENCE OF):	
d.						Approximate Interval Between Onset and Death <i>Minutes</i> <i>Days</i> <i>Years</i>	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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 <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>[Signature]</i>		29c. MEDICAL LICENSE NO. 010327		29d. DATE SIGNED (Month, Day, Year) 8-30-01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dan Kaup M.D. 1551 Sturdy Road, Valparaiso, IN 46383		31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Scholke</i>		32. DATE FILED (Month, Day, Year) 2004		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	
34a. DATE PRONOUNCED DEAD (Month, Day, Year) August 28, 2001		34b. DATE OF INJURY (Month, Day, Year)		34c. TIME OF INJURY		34d. INJURY AT WORK? (Yes or no)	
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. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		000432					



STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR  
2004