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CHI 437175

AFFIDAVIT AS TO JOINT TENANCY

State of Indiana )  
County of Lake ) ss.  
County of Lake )

On this 25<sup>th</sup> day of May, 2005, before me personally appeared ARCHONTIA KARAGIANIDIS to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

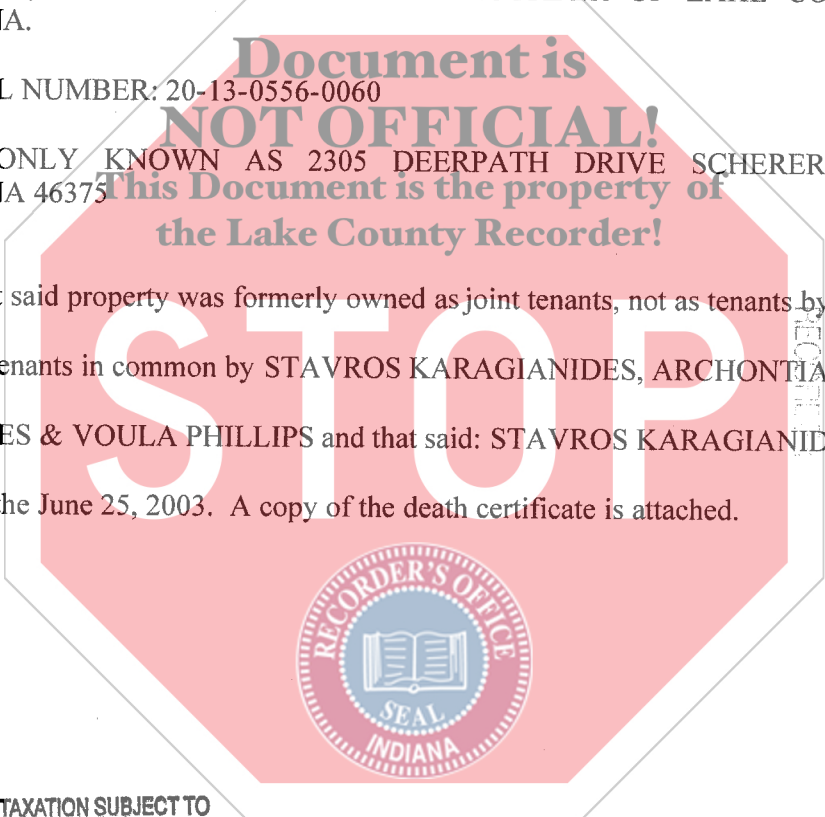
Legal Description

THE SOUTH 28.00 FEET OF THE NORTH 72.00 FEET OF LOT 18, B... PARALLEL LINES AND AS MEASURED AT RIGHT ANGLES TO THE NORTH LINE THEREOF, IN DEERPATH PHASE J TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 77 PAGE 70, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

PARCEL NUMBER: 20-13-0556-0060

COMMONLY KNOWN AS 2305 DEERPATH DRIVE SCHERERVILLE, INDIANA 46375

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by STAVROS KARAGIANIDES, ARCHONTIA KARAGIANIDES & VOULA PHILLIPS and that said: STAVROS KARAGIANIDIS (deceased tenant) died on the June 25, 2003. A copy of the death certificate is attached.



2005 JUN 10 04:31 07

MICHAEL A. FLOWNA  
RECORDER

2005 JUN 10 AM 11:17

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 10 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

00977

ALW  
CP

97962  
NETO

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

IN WITNESS WHEREOF, ARCHONTIA KARAGIANIDIS AND VOULA PHILLIPS executed and caused these presents to be signed as of the day and year first above written.

*Archontia Karagianidis*  
ARCHONTIA KARAGIANIDIS

State of Indiana

County of Lake

Subscribed and sworn to before me the day and year above written.

OFFICIAL SEAL  
CLAUDIA GODOY  
NOTARY PUBLIC  
STATE OF INDIANA

MY COMMISSION EXPIRES 1/19/12

*Claudia Godoy*  
Notary Public

My Commission Expires: \_\_\_\_\_

*1-19-12*

This Instrument was prepared (without an examination of title) by: Mark Thiros, Attorney at Law, Merrillville, Indiana; and Patrick W. Walsh, Attorney at Law, 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

**Send Subsequent Tax Bills to:** ARCHONTIA KARAGIANIDES & VOULA PHILLIPS, whose tax-mailing address is 2305 Deerpath Dr, Schererville, Indiana 46375

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

Local No. 1549-03

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF  
ATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>STAVROS STEVE KARAGIANIDIS</b>			2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>6:55 AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>JUNE 25, 2003</b>	
4. *SOCIAL SECURITY NUMBER <b>312-58-3774</b>	5a. AGE—Last Birthday (Years) <b>69</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) <b>JAN. 21, 1934</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>GREECE</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NONE</b>	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) <b>ST. ANTHONY HOSPITAL</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>CROWN POINT</b>	9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>ARCHONTIA MOURATIDES</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>GRINDER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>AMERICAN STEEL FOUNDRY</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>523 YORK RD.</b>	
13e. ZIP CODE <b>46375</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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>GEORGE KARAGIANIDIS</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>PARASKEVI TRIANFILIDIS</b>			
20a. INFORMANT'S NAME (Type/Print) <b>ARCHONTIA KARAGIANIDIS</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>523 YORK RD. 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>JUNE 30, 2003 CHAPEL LAWN CEMETERY</b>		21c. LOCATION—City or Town, State <b>SCHERERVILLE, INDIANA</b>		
22a. EMBALMER'S NAME <b>ELI VUJKO</b>		22b. EMBALMER'S LICENSE NO. <b>ED01008300</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Vujsko</i>		24b. LICENSE NUMBER (of Licensed) <b>FDO1008300</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 4630</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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Chronic Lymphocytic Leukemic</b> DUE TO (OR AS A CONSEQUENCE OF)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last  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 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>R E Drasga</i>				29c. MEDICAL LICENSE NO. <b>#01031484</b>	29d. DATE SIGNED (Month, Day, Year) <b>4/30/03</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>RAY E. DRASGA 1205 S. MAIN ST. CROWN POINT, IN. 4630</b>						
31. HEALTH OFFICER'S SIGNATURE <i>Ray E. Drasga</i>					32. DATE FILED (Month, Day, Year) <b>June 30, 2003</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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	
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34d. 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. <b>NO</b>				