

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009827

2006 FEB -7 PM 3: 09

MICHAEL A. BROWN

RECORDER Tax Key Number: 15-0407-0002

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, Audrey F. Vidimos, being first duly sworn, state:

- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that she is the wife of Alfred S. Vidimos, who died a resident of Lake County, Indiana, on December 8, 2005.

3. At the time of his death, Audrey F. Vidimos and Alfred S. Vidimos, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot 19, except the East 80 feet thereof, all of Lot 20, in Innsbrook Unit No. 4, as per plat thereof, recorded in Plat Book 37, page 92, in the Office of the Recorder of Lake County, Indiana!

Key Number: 15-0407-0002

Commonly known as: 2595 West 65th Avenue
Merrillville, IN 46410

4. At the time of his death, Audrey F. Vidimos and Alfred S. Vidimos were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of Alfred S. Vidimos.

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15-
EP
OK
60633

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6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Audrey F. Vidimos, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: January 31, 2006

Audrey F. Vidimos
Audrey F. Vidimos

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Audrey F. Vidimos and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 31 day of January, 2006.

My Commission Expires: 2/26/2009

Alissa Kohlhoff
Alissa (Resop) Kohohlff, Notary Public

A resident Porter County.

THIS INSTRUMENT PREPARED BY:
Alissa Resop Kohlhoff, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4105-05

State No.

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) ALFRED S. VIDIMOS		2. SEX Male	3a. TIME OF DEATH 10:30 PM	3b. DATE OF DEATH (Month, Day, Yr.) December 8, 2005	
4. *SOCIAL SECURITY NUMBER (Specify) 358-22-0143		5a. AGE - Last Birthday (Years) 73	5b. UNDER 1 YEAR (Months) Days 	5c. UNDER 1 DAY (Hours) Minutes 	
6. DATE OF BIRTH (Mo., Day, Yr.) February 24, 1932		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO HEIGHTS Illinois			
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 		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	
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital - South Lake Campus		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) AUDREY FORRDRESCHER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CONSTRUCTION CONTRACTOR	
12b. KIND OF BUSINESS/INDUSTRY VIDIMOS, INC.					
13a. RESIDENCE - STATE Indiana		13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION MERRILLVILLE	13d. STREET AND NUMBER 2595 W. 65TH AVENUE	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE - American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4					
18. FATHER'S NAME (First, Middle, Last) FRANK VIDIMOS		19. MOTHER'S NAME (First, Middle, Maiden Surname) ANTOINETTE YOUCIS			
20a. INFORMANT'S NAME (Type/Print) AUDREY VIDIMOS		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2595 W. 65TH AVENUE, MERRILLVILLE, IN		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) December 12, 2005 Calumet Park Cemetery		21c. LOCATION - City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME TERRENCE P. BURNS		22b. EMBALMER'S LICENSE NO. 1013890		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1013890	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME PH83002445 10101 Broadway, Crown Point, Indiana		
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					
<p>THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.</p> <p>IMMEDIATE CAUSE OF DEATH (DUE TO OR AS A CONSEQUENCE OF): Respiratory failure</p> <p>CONDITIONS, if any, which gave rise to the immediate cause stating the underlying cause last: JAN 26 2006</p> <p>OTHER CAUSE OF DEATH (DUE TO OR AS A CONSEQUENCE OF): Emphysema</p>					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I liver dysfunction Diabetic Mellitus Ventricular tachycardia					
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) 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01035172	
29d. DATE SIGNED (Month, Day, Year) 12-14-05		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. SHARON HARRIS 8895 Broadway, Merrillville, IN 46410			
31. HEALTH OFFICE SIGNATURE <i>[Signature]</i>		31. HEALTH OFFICE SIGNATURE <i>[Signature]</i>		31. DATE FILED (Month, Day, Year) December 14, 2005	
33. MANNER OF DEATH <input 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		33a. DATE OF INJURY (Month, Day, Year) 	33b. TIME OF INJURY 	33c. INJURY AT WORK? (Yes or no) 	33d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 		34b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 			
34c. DATE PRONOUNCED DEAD (Month, Day, Year) December 8, 2005		34d. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. 			

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury.

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security Numbers in the attached document.

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

