

3 Hold Karen

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 014798

2006 FEB 24 AM 10:37

MICHAELA BROWN  
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

MILDRED E. ZAPPIA, being first duly sworn upon oath, deposes and says:

1. That the Affiant's spouse, TONY JOHN ZAPPIA  
died  without leaving a will or  leaving a will (check appropriate box) on OCTOBER 10, 1998  
at HIGHLAND INDIANA - LAKE COUNTY

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
LOT FOUR-HUNDRED EIGHTY-TWO (482) AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF SOUTH TOWN ESTATES, TENTH ADDITION IN THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA, OF RECORD IN PLAT BOOK 34, PAGE 43, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of  his or  her death. (check appropriate box)

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Mildred E. Zappia  
Subscribed and sworn to before me, a Notary Public, this 15<sup>th</sup> day of February  
2006

Angeline Budzinski  
Notary Public

This instrument prepared by: Angeline Budzinski

Revision: 9-23-05

ANGELINE BUDZINSKI  
NOTARY PUBLIC, Lake County, Indiana  
My Commission Expires April 13, 2008  
President of Lake County, Indiana

14-  
CB 28

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 269702 269702

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) <b>Tony John Zappia</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>8:50P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>October 10, 1998</b>	
4. SOCIAL SECURITY NUMBER <b>317-14-8088</b>	5a. AGE—Last Birthday (Years) <b>73</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 4, 1925</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Windber, PA</b>		8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
8b. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8c. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>	9a. FACILITY NAME (If not institution, give street and number) <b>3548 44th St.</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Highland</b>	
9c. COUNTY OF DEATH <b>Lake</b>		10. MARRITAL STATUS (Specify) <b>Married</b>			
11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mildred Steinmetz</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Accountant</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Inland Payroll Dept</b>	
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Highland</b>		13d. STREET AND NUMBER <b>3548 44th St.</b>	
13e. ZIP CODE <b>46322</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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 (11-4 or 5+) <b>--</b>		18. FATHER'S NAME (First, Middle, Last) <b>Antonio Zappia</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Pasquelina Gaio</b>		20a. INFORMANT'S NAME (Type/Print) <b>Mildred Zappia</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3548 44th St. Highland, IN 46322</b>		20c. Relationship <b>Wife</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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>October 14, 1998 Regional Cremation SV</b>		21c. LOCATION—City or Town, State <b>Munster, IN</b>	
22a. EMBALMER'S NAME <b>Brian T. Burns</b>		22b. EMBALMER'S LICENSE NO. <b>8601763</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24. SIGNATURE OF FUNERAL DIRECTOR <i>Brian T. Burns</i>		24b. LICENSE NUMBER (of Licenses) <b>1021590</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #8800135 921 W. 45th Griffith, IN 46319</b>		
26. PART I. Enter the disease, injury, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or multiple trauma. List only ONE cause on each line. IMMEDIATE CAUSE (The disease or condition resulting in death) <b>ADVANCED BRONCHITIS</b> DUE TO (OR AS A CONSEQUENCE OF): <b>Canceroma</b> Approximate Interval Between Onset and Death: <b>&lt; 1 year</b> Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last <b>OCT 13 1998</b> DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. <i>Alexander S. Kitzman M.D.</i> LAKE COUNTY HEALTH COMMISSIONER					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>---</b>		
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>Lyle Munn</i>		29c. MEDICAL LICENSE NO. <b>01031582</b>	29d. DATE SIGNED (Month, Day, Year) <b>Oct. 12<sup>th</sup>, 1998</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Lyle Munn, M.D. 600 Superior Munster, IN 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Kitzman M.D.</i>		32. DATE FILED (Month, Day, Year) <b>October 13, 1998</b>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <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
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.			

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

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

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



*[Handwritten Signature]*

Signature of Declarant

*G. A. Gordon, V.P.*

Printed Name of Declarant