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2007 049279

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

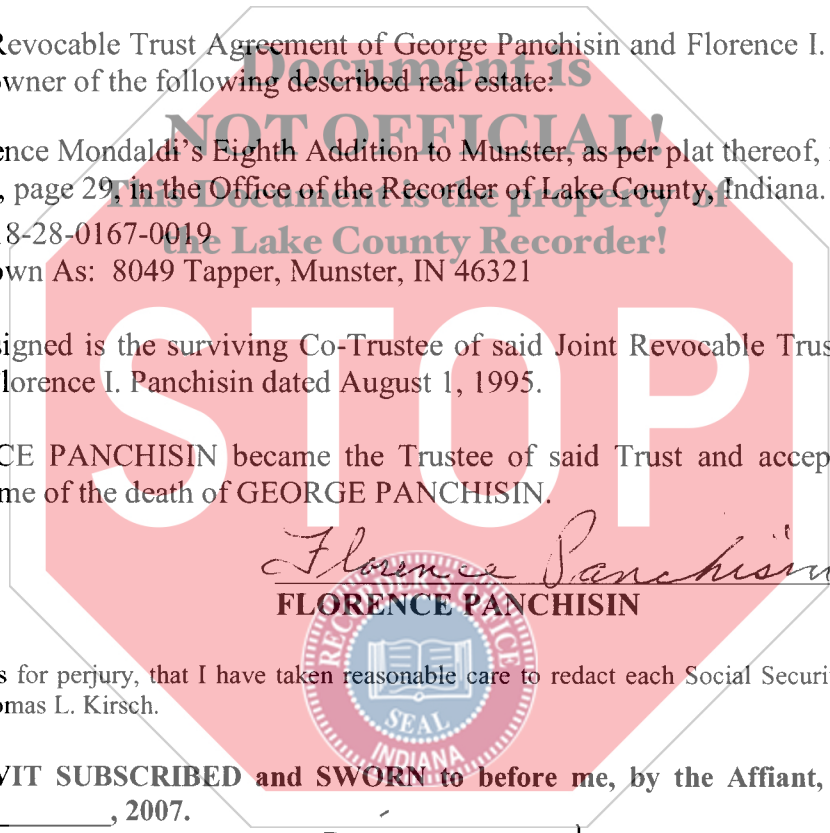
**AFFIDAVIT**

**FLORENCE PANCHISIN**, being first duly sworn upon her oath, deposes and says:

1. That **GEORGE PANCHISIN** died on April 26, 2005, a resident of Lake County, State of Indiana. A certified copy of his death certificate is attached hereto as "Exhibit A".
2. That at the time of his death, **GEORGE PANCHISIN** and **FLORENCE PANCHISIN** were Co-Trustees of the Joint Revocable Trust Agreement of George Panchisin and Florence I. Panchisin dated August 1, 1995.
3. That the Joint Revocable Trust Agreement of George Panchisin and Florence I. Panchisin dated August 1, 1995, is the owner of the following described real estate:  
 Lot 19 in Lawrence Mondaldi's Eighth Addition to Munster, as per plat thereof, recorded in Plat Book 31, page 29, in the Office of the Recorder of Lake County, Indiana.  
 Key No.: 007-18-28-0167-0019  
 Commonly Known As: 8049 Tapper, Munster, IN 46321
4. That the undersigned is the surviving Co-Trustee of said Joint Revocable Trust Agreement of George Panchisin and Florence I. Panchisin dated August 1, 1995.
5. That **FLORENCE PANCHISIN** became the Trustee of said Trust and accepted her appointment as Trustee at the time of the death of **GEORGE PANCHISIN**.

**FILED**  
JUN 14 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



*Florence Panchisin*  
FLORENCE PANCHISIN

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Thomas L. Kirsch.

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 12<sup>th</sup> day of June, 2007.



*Susan Medema*  
\_\_\_\_\_, Notary Public  
Resident of LAKE County.

THIS INSTRUMENT PREPARED BY: THOMAS L. KIRSCH, 5224-45, 131 Ridge Road, Munster, IN 46321, 219-836-1384

007865

**REGION TITLE**

NO 705084RT

\* 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

THIS CERTIFICATE THE FOLLOWING IS A TRUE COPY OF THE DEATH RECORD ON FILE WITH THE HEALTH DEPARTMENT

Local No. 301

Apr 27 2005  
 State Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>George Panchisin JR.</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>1:32A M</b>	3b DATE OF DEATH (Month, Day, Year) <b>April 26, 2005</b>
4 *SOCIAL SECURITY NUMBER <b>314-14-8770</b>	5a AGE—Last Birthday (Years) <b>83</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>MAY 27, 1921</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>MOUNDSVILLE, WV</b>	8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</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>SAINT MARGARET MERCY HEALTHCARE CENTER NORTH</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>HAMMOND</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (if wife, give maiden name) <b>FLORENCE HERSHMAN</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SELF EMPLOYED</b>	12b KIND OF BUSINESS/INDUSTRY <b>RETAIL</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN, OR LOCATION <b>MUNSTER</b>	13d STREET AND NUMBER <b>8049 TAPPER AVENUE</b>	
13e ZIP CODE <b>46321</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>4</b> College (1-4 or 5+) <b>4</b>		18 FATHER'S NAME (First, Middle, Last) <b>GEORGE PANCHISIN</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>ANNA DRANCHAK</b>			20a INFORMANT'S NAME (Type/Print) <b>FLORENCE PANCHISIN</b>	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8049 TAPPER AVE. MUNSTER, IN 46321</b>		20c Relationship <b>WIFE</b>		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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>APRIL 29, 2005 NORTHWEST INDIANA CREMATION SERVICES</b>		21c LOCATION—City or Town, State <b>CROWN POINT, IN</b>
22a EMBALMER'S NAME <b>SCOTT PREWITT</b>		22b EMBALMER'S LICENSE NO. <b>FDO1006861</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licenses) <b>FD20400030</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FH83003035</b>	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific 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) a <b>Bowel infarct</b> DUE TO (OR AS A CONSEQUENCE OF) b <b>Appendicitis</b> DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d 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) <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>NO</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>[Signature]</i>			29c MEDICAL LICENSE NO. <b>01052692</b>	29d DATE SIGNED (Month, Day, Year) <b>4/27/05</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Beauregard 5454 Holman Hammond In 46320 (April)</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) <b>April 27, 2005</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 (Yes or no)	34c 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.		