

2007 075642

2007 SEP 20 AM 9:15

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

6200 72771

SURVIVORSHIP AFFIDAVIT

On this SEP 14 2007 before me personally appeared _____
(insert date)
DESPINA POTAMIANOS

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is SPOUSE
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
GEORGE POTAMIANOS and DESPINA POTAMIANOS;
4. Said GEORGE POTAMIANOS
(fill in name of co-tenant who died)
died on JAN 19, 1996
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
See Attached

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid.

FILED

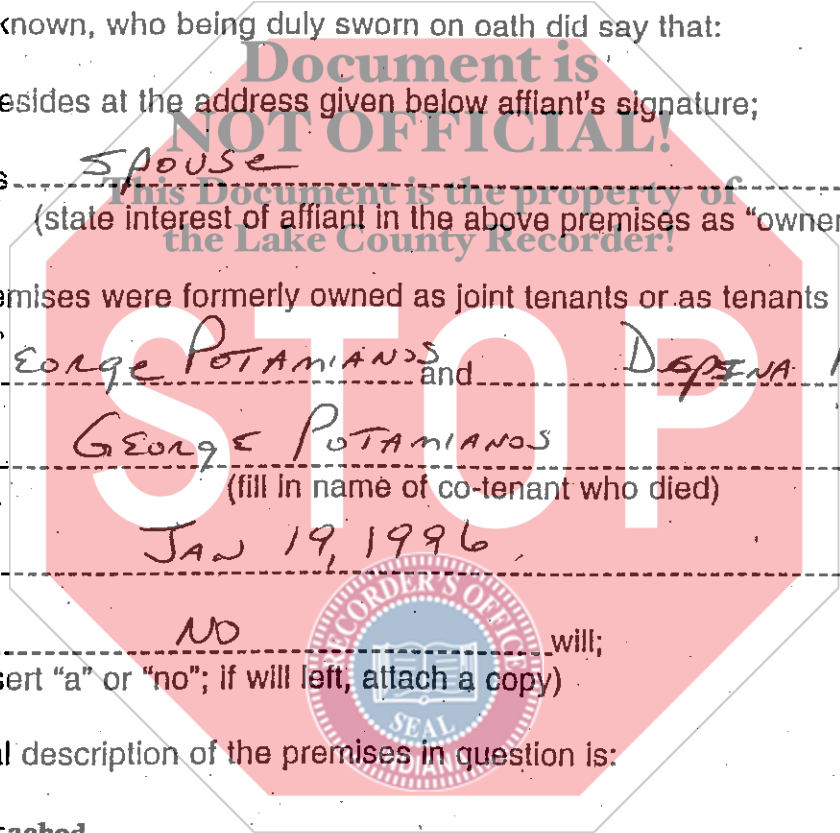
SEP 19 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

014907

1756
AT

CHICAGO TITLE INSURANCE COMPANY



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was

Spouse

Signature: Despina Potamianos

Printed Name DESPINA POTAMIANOS

Address: 7442 CHASE ST
MERRILLVILLE IN
46410

Subscribed and sworn to before me by the affiant

this 9-14-07

(insert date)

Andrea A. Widlowski

Notary Public

Printed Name Andrea A. Widlowski

My County of Residence is:

In the State of

My Commission Expires

This instrument prepared by

DESPINA POTAMIANOS

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. Andrea A. Plascencia

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0158-96

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

TYPE/PRINT IN PERMANENT INK LACK INK

DECEDENT

REPORTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (Print, Middle, Last) George Potamianos		1. SEX Male	3a. TIME OF DEATH 3:00p.m	2a. DATE OF DEATH (Month, Day, Yr) January 19, 1996	
4. SOCIAL SECURITY NUMBER 316-78-8864	5a. AGE—Last Birthday (Years) 57	5b. UNDER 1 YEAR Months: Days:	6. DATE OF BIRTH (Mo, Day, Yr) June 5, 1938	7. BIRTHPLACE (City and State or Foreign Country) Greece	
8a. WAS OCCIDENTAL A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Specify only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Institution <input type="checkbox"/> Other (Specify) <input type="checkbox"/> SN/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Residence			
10a. FACILITY NAME (If not institution give street and number) 7442 Chase St.		10b. CITY, TOWN, OR LOCATION OF DEATH Merrillville	10c. COUNTY OF DEATH Lake		
11. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If with give maiden name) Despina Fikaris	12a. DECEASED'S USUAL OCCUPATION (Give kind of work and specify most of working life. Do not use retired) Painter	12b. KIND OF BUSINESS/INDUSTRY Construction		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 7442 Chase ST.		
13e. ZIP CODE 46410	13f. RESIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS OCCIDENTAL 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. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		18. FATHER'S NAME (Print, Middle, Last) John Potamianos			
19. MOTHER'S NAME (Print, Middle, Maiden Surname) Kerasia Layda		20. INFORMANT'S NAME (Type/print) Despina Potamianos			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removed from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jan. 23, 1996 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, India	
22. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		23. EMBALMER'S LICENSE NO. FD01010402	24. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina, P. Home FH 83007819 5100 Cleveland St. Gary, IN 46		
25. PART I. IMMEDIATE CAUSE OF DEATH (Specify disease or condition resulting in death) PROGRESSIVE ADENOCARCINOMA OF THE COLON WITH HEPATIC METASTASIS 1 year JAN 22 1996 DUE TO (OR AS A CONSEQUENCE OF) Alphabetically, Indiana, MD LIFE COUNTY HEALTH COMMISSION					
26. PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
28. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. CERTIFIER (Check only one) <input checked="" type="checkbox"/> VERIFYING 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 information 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 information and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.					
31. SIGNATURE AND TITLE OF CERTIFIER <i>Alphabetically, Indiana, MD</i>		32. MEDICAL LICENSE NO. 01031582	33. DATE SIGNED (Month, Day, Year) 1-22-96		
34. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM ON IT/200/200 LYLE R. MUND, MD 4321 FVA ST E. CIRCASSO IN 46312					
35. HEALTH OFFICER'S SIGNATURE <i>Alphabetically, Indiana, MD</i>					
36. DATE FILED (Month, Day, Year) January 23, 1996					
37. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		38. DATE OF INJURY (Month, Day, Year)	39. TIME OF INJURY	40. INJURY AT WORK? (Yes or no)	41. DESCRIBE HOW INJURY OCCURRED
42. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
44. DATE PRONOUNCED DEAD (Month, Day, Year)		45. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

SDH06-004 State Form 10110 (R43-93) Deathcar/PD 1

No: 620072771

LEGAL DESCRIPTION

Lot 465, in Lincoln Gardens Twelfth Subdivisiion, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 42 page 98, in the Office of the Recorder of Lake County, Indiana.

