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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 014798

2006 FEB 24 AM 10:37

MICHAEL BROWN
RECORDER

2008 061926

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 DECEMBER 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 MAP 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.

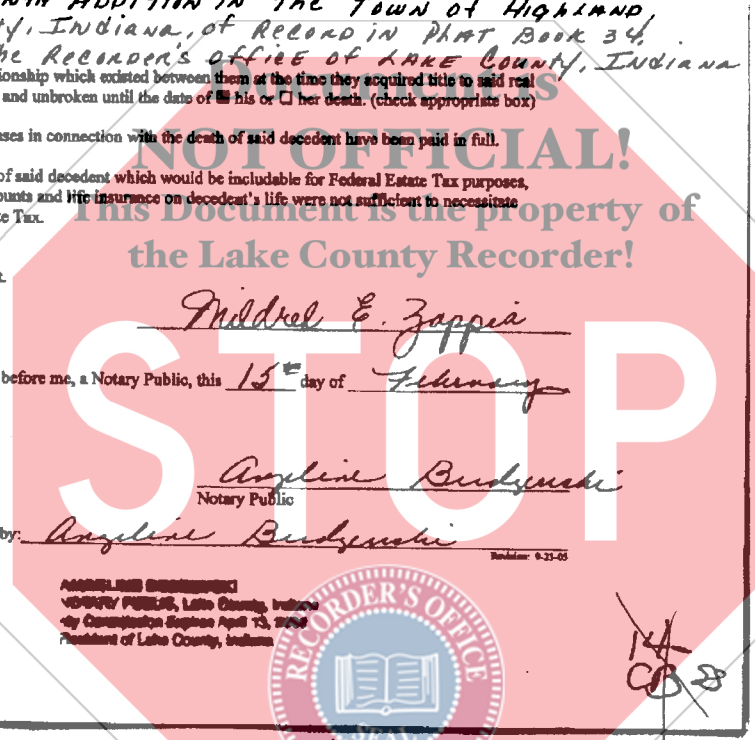
Mildred E. Zappia

Subscribed and sworn to before me, a Notary Public, this 15th day of February
2006

Angeline Budynski
Notary Public

This instrument prepared by: Angeline Budynski

ANGELINE BUDYNSKI
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires April 13, 2008
Resident of Lake County, Indiana



FILED

SEP 03 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15537

#2859
17-20

DTS

The Original Recorded Document has been lost. This document is being ReRecorded to reflect the Auditor's Stamp.
Dated - 09-02-08

Linda Malloy
Linda Malloy, as Personal Representative of
The Estate of Mildred E. Zappia

* 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. 0005-1-1998
269702

1. DECEASED—NAME (Print death last) **Tony John Zappia** 2. SEX **Male** 3. TIME OF DEATH **8:50P** 4. DATE OF DEATH (Month Day Year) **October 10, 1998**

5. DECEASED'S SOCIAL SECURITY NUMBER **8088** 6. AGE—Last birthday (Years) **73** 7. DATE OF BIRTH (Month Day Year) **Oct. 4, 1925** 8. BIRTHPLACE (City and State or Foreign Country) **Windber, PA**

9. MARITAL STATUS **Married** 10. YEAR LAST SERVED IN U.S. ARMED FORCES **None** 11. PLACE OF DEATH (Specify street and house or apartment) **3548 44th St.**

12. FACILITY NAME (If not institution give street and number) **3548 44th St.** 13. CITY, TOWN OR LOCATION OF DEATH **Highland** 14. COUNTY OF DEATH **Lake**

15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of lifetime. Do not use abbrev.) **Accountant** 16. KIND OF BUSINESS/INDUSTRY **Inland Payroll Dept**

17. DECEASED'S EDUCATION (Specify only highest grade completed) **12**

18. FATHER'S NAME (Print, Maiden Last) **Antonio Zappia** 19. MOTHER'S NAME (Print, Maiden Last) **Pasquelina Gaio**

20. INFORMANT'S NAME (Type/print) **Mildred Zappia** 21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **3548 44th St. Highland, IN 46322** 22. Relationship **Wife**

23. METHOD OF DISPOSITION Burial Cremation Other (Specify) **Regional Cremation SV** 24. DATE AND PLACE OF DISPOSITION (Specify of cemetery, temporary or other place) **October 14, 1998** 25. LOCATION—City or Town, State **Munster, IN**

26. EMERALGENT'S NAME **Brian T. Burns** 27. EMERALGENT LICENSE NO. **8601763** 28. WAS DEATH REPORTED TO CORONER? Yes No

29. SIGNATURE OF FUNERAL DIRECTOR *[Signature]* 30. LICENSE NUMBER **1021590** 31. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Burns-Kish Funeral Home #8800136 921 W. 45th Griffith, IN 46319**

32. PART I: Cause of Death **VALUED BROWHOODIC Cerebrum**

33. DATE OF DEATH **OCT 13 1998**

34. SIGNATURE AND TITLE OF CERTIFIER *[Signature]* **Lake County Health Commissioner**

35. MEDICAL LICENSE NO. **x01031582** 36. DATE SIGNED (Month Day Year) **Oct. 12th, 1998**

37. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 10110) **Lyle Gunn, M.D. 600 Superior Munster, IN 46321**

38. HEALTH OFFICER'S SIGNATURE *[Signature]* 39. DATE FILED (Month Day Year) **October 13, 1998**

40. MANNER OF DEATH Sudden Pending investigation Accidental Suicide Could not be determined Homicide

41. DATE PROMOUNCED DEAD (Month Day Year) **Oct 13 1998** 42. MOTOR VEHICLE ACCIDENT? (Yes or No) **No** 43. INJURY AT WORK? (Yes or No) **No** 44. DESCRIBE HOW INJURY OCCURRED

45. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)

46. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

SDH04-004 State Form 10110 (R4-3-93) Deathcar/PD 1



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.

