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6260 96195		
Chicago Title Insurance Con	npan	ıy 📐
SURVIVORSHIP AFFIDAVIT	_	
On this 1/8/2010 before me personally appeared		00230
o me personally known, who being duly sworn on oath did say that:		8
1. Affiant resides at the address given below affiant's signature:		
	7 <u>.</u> 5	20

1.	Amant resides at the address given below amant's signature.
2.	Affiant is
3.	Said premises were formerly owned as joint tenants or as tenants by the
	entireties by reach P Braza ment land Catherine G Beginsalit;
4.	Said This fill in name of co-fenant who died) died on the In 3-/2 county Recorder!
5.	leavingwill; insert "a" or "no"; if will left, attach a copy The legal description of the premises in question is: Sec Atlached
6.	Is there Federal or State inheritance tax liability by reason of the death of said on A decedent? Yes No. PEGGY HOLINGA KATONIA AKE COUNTY AUDITORIA
	If yes, then estimated taxes due are \$
	The taxes due are paid or unpaid

oi25154 18

7. Where this affidavit relates to a tenancy b	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	WIFE
	Signature: CIPMUNAUS
	Printed Name <u>CAPHERINE G BRO</u> USALI
	Address: 1611 ZEPHYR CT
Documen	tis MUNSTER, IN 46321
Subscribed and sworn to before me by the af	fiant A I
This Properties the County Romann Public.	ecorder: OLIHV. FEDEROFF FULL County CONDUCT 24, 2015
Printed Name Elizabeth V. Fede	n#
My County of Residence is: Porter	
In the State of Inclian a	
My Commission Expires 10/24/20	45
This instrument prepared by	Catherine G Bronsalis
WOJANA LITE	

Laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Vaun Federoff

No: 620096195

LEGAL DESCRIPTION

Lot 32 in Windfield Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 71 page 50, in the Office of the Recorder of Lake County, Indiana.



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\$74L_09

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	<u></u>				State No) <u></u>	<u></u>		
Decedent's Legal Name (First, Middle, Last) George P. Brousalis	Decedent's Legal Name (First, Middle, Last)		ame (If Female)		Sex lale	 Time Of Death 13 PM 	4. Date Of Death November	, ,	
5. Social Security Number 6a. Age Yrs 6b. Mont	ths Days	Month 6d. Under 1 Day Hours	6e Under 1 Hour Minutes	7. Date Of Birth (And State Or Foreign Co	ountry)	
-4230 31				March 3	3, 1938	Greece,			
[curred in A Hospital:		10a, If Death Occurre	d Somewhere Other	Than A Hospital:	☐ Hospice Facility ☐	Decedent's Home	Nursing Home/Lon	
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☑	Emergency Department Outpati	ient Dead On Arrival	Term Care Facility	Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Num	nber)		•						
St. Margaret Mercy		_							
2. City Or Town, State, And Zip Code			13. County Of Death			14. Marital Status At Time Of Death			
Oyer, IN, 46311		Lake			☑ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name	15a. (If Wife)Give Maider	1							
Catherine Brousalis		Georgacakes		Eng	jineer		Computers		
18. Residence - State	18a. County		18b. City Or Tow	m					
N 	Lake		Munster						
18c. Street And Number					18d. Apt. No.	18e. Zi	·	f. Inside City Limit Yes □ No	
9. Decedent's Education	20 Decedent	Of Homonia Ociain		Donadart's Dans		46321			
19. Decedent's Education Master's degree (e.g, MA, MS, MEng, N		of Hispanic Origin anIsh/Hispanic/Latin		Decedent's Race White					
22. Father's Name (First, Middle, Last)	, , , , , , , , , , , ,		23. Mother's Name (739	. Mother's Maiden Las	t Name	
Peter Brousalis			Evangeline B				ilas		
4. Informant's Name	Z4a. Relati	onship To Decedent	24b. Mailing Address		. City, State, Zip Coo				
Catherine Brousalis	Spouse		1611 Zephyr,			,			
		25. P	ace Of Disposition						
5a. Method Of Disposition. Burial Cremation	25b. Place Of Disposition (Name Of Cemetery, Crematory		25c. Location - C	ity, Town, And State				
Donation ☐ Entombment ☐ Removal From State Other (Specify):	Elmwood Cemeter	TOE	PICI	Hammond, I	ndiana				
	and Complete Address Of Funera	al Facility	rici	Man	K manufacti selection of the commence of the	and the same of th	27a. Funeral Hon		
⊠ Yes □ No Kish Fur	neral Home 10000 Cal	umet Avenue Muns	ter, IN 46321	onert va	on E. con	TEL ABOVE SEA			
75. Signature Of Indiana Funeral Service Licensue:		2	S CHC IA	7/1	C OPUNY HEA	anse Mumber (5/ Like	erisody Fice WITH T	HE -	
6 mm) /	the	Lake Cou	nty Rec	order!	FD01	021590			
		Cause Of Death (Se		- 1 -	2.	10M 0 4 2	000		
28. Part I. Enter The Chain Of Events—Diseas Such As Cardiac Arrest, Respiratory Arrest, Or V	ventricular Fibrillation With	ons—That Directly Cause out Showing The Etiology	Do Not Abbreviate	e. Enter Only One	Events Cause On	10 V 04 21	บบร	Approximate Interval: Onse	
Line. Add Additional Lines if Necessary. To Death To Death A. Vascular collapse Unknown									
minediate Cause (Final Disease Of Condition F	testiting in beaut			Due To (Or Ar A Cons		d			
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (B. Due to a	rteriosci	Due To (Or A. A Cons		u vascura	ar diseas	e	
The Events Resulting In Death) Last	injury mat mounted	c		Due To (Or As A Cone	and the same of th	Comments of the second			
		D.							
Part II. Enter Other Significant Conditions Contributing To	Death But Not Resulting In The	e Underlying Cause Given in F	Part I	29. Was An Autor		Yes K N	co Ol Dooth 7		
		THE	Die Tilli	, and the state of				Yes No	
Did Tobacco Use Contribute To Death?	32 If Female:	Pregnant At Time Of Death	Opti	Media 42 Days of Days	33. Manner				
Yes ☐ Probably ☐ No ☐Unknown 4. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregnant 43	B Days To 1 Year Before Death	Unknown If Pregnant Within	The Past Year	☐ Suicide ☐	Homicide ☐ Accident ☐ Could Not Be Determined			
Dad Or injury (molitis/Day) (oal)	35. Time Of Injury	38, PI	ace Of Injury (E.G., Deco	zuera s riome, Constr	ucion site, Mestaura	IIII, VYOODED Area)	37. Injury		
8. Location Of Injury - State	38a. City On Town	385.00	treet & Number		/	38c. Apt. N		s 🗆 No	
	Sta. Onj Ol John	EIII O	Allandina			Sec. Apt. N	TU. 200. 200 CO.		
O Describe How Injury Commend		4.3VD	ANALILI		16 7	ansportation Island	In Crasif ::		
3 Describe How Injury Occurred						ansportation Inju			
Signature, Of Person Certifying Cause Of Death:			-/-	42. C	ertifier (Check Only o	perator DPassenger DP One)	Pedestrian DOther (Specif	<u>y)</u>	
	(To the	2/		Certifying Physician]	Coroner 🗆 Health	h Officer		
3. Name, Address And Zip Code Of Person Certif	lying Cause Of Death: Do	nna Melyon.	Deputy C	oroner,	44. Li	cense Number	45. Date Certif	fed	
2900 West 93rd Avenue	, Crown Poin	t, Indiana	46307			N/A	Nov. 4	, 2009	
Additional Funeral Service Provider;					47. *	Akas:			
8. Signature of Local Health Officer:			9. For Registrar	Only - Date Filed (Mo	onth/Day/Year):				
Jusan W Des	1 D.O.		Wader	L and	POOR				
Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Secu		pency in order to pursue its statutory r	esponsibility Disclosure is vo	untary and there will be no	penalty for refusel. THE	RECORDS IN THIS SERIE	S ARE CONFIDENTIAL PER	IC 1547-1-10	