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# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 JUL 28 11:37 AM

On this July, 2010 before me personally appeared Helen Vallas a/k/a Helen Kravas Vallas

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 Surviving Widow of James M. Vallas  
(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 James M. Vallas and Helen Vallas;

4. Said James M. Vallas  
(fill in name of co-tenant who died)  
died on June 6, 2010  
leaving no will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Apartment No. 205 in Park Ridge Horizontal Property Regime created by Declaration recorded September 12, 1989 as Document No. 057010 and recorded in Plat Book 67 Page 5, in the Office of the Recorder of Lake County, Indiana. Together with the undivided 3.436% interest in the common areas and facilities appertaining thereto.

Unattached garage space "M" in Park Ridge Horizontal Property Regime created by Declaration recorded September 12, 1989 as Document No. 057010 and recorded in Plat Book 67 Page 5, in the Office of the Recorder of Lake County, Indiana. Together with the undivided interest in the common areas and facilities appertaining thereto.

6. Is there Federal 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..

54211A

**FILED**

JUL 28 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

16 LP  
CK  
18484

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 Widow

Signature: Helen Vallas

Printed Name Helen Vallas a/k/a  
Helen Kravas Vallas  
Address: 8220 Harrison Avenue, Apt 205  
Munster, IN 46321

Subscribed and sworn to before me by the affiant

This            day of July, 2010  
(insert date)

Grace E. Rada  
Notary Public

Printed Name Grace E. Rada

My County of Residence is: Lake

In the State of Indiana

My Commission Expires July 13, 2015

This instrument prepared by William Theodoros

8750 Broadway  
Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 1781+10

2 + 2 ver

1. Decedent's Legal Name (First, Middle, Last) <b>James M. Vallas</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>Male</b>		3. Time of Death <b>2:16 PM</b>		4. Date of Death (Month/Day/Year) <b>June 6, 2010</b>		State No							
5. Social Security Number <b>030-22-1041 79</b>		6a. Age - Yrs <b>79</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>May 26, 1931</b>		8. Birthplace (City And State Or Foreign Country) <b>Peabody, Massachusetts</b>					
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)											
11. Facility Name (If Not Institution, Give Street And Number) <b>8220 Harrison Ave.</b>												12. City Or Town, State, and Zip Code <b>Munster, Indiana 46321</b>		13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>Helen Kravas-Vallas</b>				15a. (If Wife) Give Maiden Last Name <b>Kravas</b>				16. Decedent's Usual Occupation <b>Pharmacist</b>				17. Kind Of Business/Industry <b>Pharmacy</b>							
18. Residence - State <b>Indiana</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Munster</b>				18d. Apt. No. <b>205</b>		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number <b>8220 Harrison Ave.</b>				19. Decedent's Education <b>18</b>				20. Decedent Of Hispanic Origin <b>Non-Hispanic</b>				21. Decedent's Race <b>Caucasian</b>							
22. Father's Name (First, Middle, Last) <b>Michael Vallas</b>				23. Mother's Name (First, Middle, Last) <b>Despina Vallas</b>				23a. Mother's Maiden Last Name <b>Christianos</b>											
24. Informant's Name <b>Helen Kravas-Vallas</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8220 Harrison Ave. #205, Munster, Indiana 46320</b>											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Ridgelawn Cemetery</b>				25c. Location - City, Town, And State <b>4401 W. Ridge Road Gary, Indiana 46408</b>				27a. Funeral Home License Number: <b>FB40800005</b>							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Geisen Funeral Home, Merrillville 7905 Broadway, Merrillville, Indiana 46410</b>				27b. Signature Of Indiana Funeral Service Licensee: 				27c. License Number (Of Licensee): <b>FD08600505</b>							
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>Laceration of brain</b> <b>Due To (Of As A Consequence Of):</b> B. <b>Due to gunshot wound to head</b> <b>Due To (Of As A Consequence Of):</b> C. <b>JUN 09 2010</b> <b>Due To (Of As A Consequence Of):</b> D. <b>Unknown</b>												Approximate Interval: Onset To Death <b>Unknown</b>							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined											
34. Date Of Injury (Month/Day/Year) <b>June 6, 2010</b>				35. Time Of Injury <b>Unknown</b>				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Home</b>				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Location Of Injury - State <b>Indiana</b>				38a. City Or Town <b>Munster</b>				38b. Street & Number <b>8220 Harrison</b>				38c. Apt. No.		38d. Zip Code <b>46321</b>					
39. Describe How Injury Occurred <b>Gunshot wound to head</b>												40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Donna Melyon, Deputy Coroner 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>						44. License Number <b>N/A</b>		45. Date Certified <b>June 8, 2010</b>											
46. Additional Funeral Service Provider:						47. *Akas:													
48. Signature of Local Health Officer: <b>Susan W Best, D.O.</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>June 9, 2010</b>													