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**AFFIDAVIT OF SURVIVORSHIP**

JEAN KOZLOWSKI, of adult age, being first duly sworn, upon deposes and says:

That Alexander Corado, is the deceased husband of, Dorothy Corado, who died on February 21, 2008 a resident of Lake County,.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, Indiana, to wit:

Lot Numbered Eighty-five (85) in Crestwood Trace, in the City of Hobart, as shown in Plat Book 42, page 29 and as amended by Certificate of Correction dated September 19, 1973 and recorded September 25, 1973 as Document Number 222192 in the Office of the Recorder of Lake County, Indiana.

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from recorded as Document Number in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That said decedent (left no will) (left a will in which no attempt was made to dispose of any interest in the Real Estate except to said surviving spouse).

That affiant (knows) (is informed and believes) that the total value of the gross estate of said decedent for federal estate taxes does not equal or exceed the exemption equivalent applicable under federal law, and so, no federal estate tax could be, or is, due.

And further affiant sayeth not this 30th day of November, 2010.

Jean Kozlowski  
JEAN KOZLOWSKI, EXECUTOR OF  
DOROTHY CORADO ESTATE

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 30th day of November, 2010.

WITNESS my hand and Notarial Seal.

My Commission Expires: \_\_\_\_\_

[Signature]  
Signature of Notary Public

Printed Name of Notary Public \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_

This instrument was prepared by:

1032926HI cr

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.

[Name] [Signature]

NOTE: The individual's name in affirmation statement may be typed, hand written or a signature.

1032926

**FILED**

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#13  
MT  
CWA



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 663-08

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>ALEXANDER CORADO</b>				1a. Maiden Last Name (If Female)		2. Sex <b>M</b>	3. Time Of Death <b>1:11A.M.</b>	4. Date Of Death (Month/Day/Year) <b>FEBRUARY 21, 2008</b>	
5. Social Security Number <b>317-16-1708</b>	6a. Age - Yrs <b>83</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>December 20, 1924</b>		8. Birthplace (City And State Or Foreign Country) <b>LYFORD, INDIANA</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 checked="" 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 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>ST. MARY MEDICAL CENTER 1500 S. LAKE PARK AVENUE</b>									
12. City Or Town, State, And Zip Code <b>HOBART, INDIANA 46342</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>Dorothy Corado</b>			15a. (If Wife) Give Maiden Last Name <b>Schuller</b>		16. Decedent's Usual Occupation <b>WELDER</b>		17. Kind Of Business/Industry <b>U.S. Steel</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HOBART</b>					
18c. Street And Number <b>2900 WALNUT LANE</b>					18d. Apt. No. ---	18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9-12th grade, no diploma</b>			20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>CHARLES ANGELO CORADO</b>				23. Mother's Name (First, Middle, Last) <b>AGNES ELLEN CORADO</b>		23a. Mother's Maiden Last Name <b>Faulds</b>			
24. Informant's Name <b>DOROTHY M. CORADO</b>			24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2900 WALNUT LANE HOBART, INDIANA 46342</b>				
25. Place Of Disposition									
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>CALVARY CEMETERY</b>			25c. Location - City, Town, And State <b>PORTAGE, INDIANA 46368</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, INC. 7905 BROADWAY MERRILLVILLE, INDIANA 46410</b>					27a. Funeral Home License Number: <b>FH83007762</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>Alvin J. Lewis</i>						27c. License Number (Of Licensee) <b>FDO8600505</b>			
<b>Case Of Death (See Instructions And Examples)</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.									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>congestive heart failure</u> Due To (Or As A Consequence Of):									
B. <u>ischemic cardiomyopathy</u> Due To (Or As A Consequence Of):									
C. <u>atherosclerotic heart disease</u> Due To (Or As A Consequence Of):									
D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						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: <i>George A. Zaverdas</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>GEORGE ZAVERDAS M.D. 7863 BROADWAY MERRILLVILLE, INDIANA 46410</b>						44. License Number <b>01061422B</b>		45. Date Certified <b>2.25.08</b>	
46. Additional Funeral Service Provider:						47. *Alas.			
48. Signature of Local Health Officer: <i>Susan W. But. do.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>February 25, 2008</i>			