STATE OF INDIANA

2011 01357s.

2011 MAR TO AM 9: 50

COUNTY OF LAKE

MALE STATE

AFFIDAVIT OF SURVIVORSHIP

WALTER J. MAMAK being first duly sworn, states upon his oath:

- 1. His father-in-law, Martin G. Mardirosian, died a resident of Lake County, Indiana, on March 22, 2010. A copy of his death certificate is attached hereto and made a part hereof by reference.
- 2. At the time of his death, Martin G. Mardirosian and his wife Betty J. Mardirosian were the owners as tenants by the entireties of the following described real estate in Lake County, Indiana, to-wit:

 Unit No. 1R, 1240 Primrose Lane in Auburn Meadow Terrace Homes, a Horizontal Property Regime, created by Declaration of Condominium recorded May 2, 2002, as Document No. 2002 041519 and as amended by a certain Amendment recorded October 2, 2003, as Document No. 2003 106073 in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common and limited areas and facilities appurtenant thereto.

Tax I.D. No.: 45-11-08-402-039,000-036 [] A] !

Address: 1240 Primrose Lane, #1R, Schererville, IN 46375.

- 3. Martin G. Mardirosian and Betty J. Mardirosian had acquired this real estate during their marriage, and they remained married from that time until the death of Martin G. Mardirosian on March 22, 2010.
- 4. There was no Indiana Inheritance Tax or Federal Estate Tax in connection with the death of Martin G. Mardirosian.
- 5. Subsequently, on August 26, 2010, Betty J. Mardirosian died a resident of Lake County, Indiana, and this affiant was appointed her personal representative by the Lake Circuit Court, Crown Point, Indiana, IN Estate No. 45C01-1010-EU-00201. A copy of her death certificate is attached hereto and made a part hereof by reference.

 DULY ENTERED FOR TAXATION SUBJECT TO
- 6. He makes this affidavit of his own personal knowledge. Further affiant sayeth not.

 MAR 0 4 2011

IN WITNESS WHEREOF, Walter J. Mamak has signed his name.

PEGGY HOLINGA KATONA

this 23 day of February, 2011.

AKE COUNTY AUDITOR

CASH CHARGEFN	WALTER J. MAMAK
OVERAGE	000717
COPYNON-COM	NICHOLAS BALDE Notary Public - State of Florida
CLERK	My Comm. Expires Jun 17, 2014 Commission # EE 2081
Burnet Title FB1100035	(Fidelity-Scher.)

Refa

STATE OF FLORIDA, COUNTY OF SARASOTA:

Subscribed and swor	n to before	e me, a Notary Public	c in and for said County
and State, this 23rd	day of F	ebruary, 2011.	•
		Mich Balde	
	Printed:	Nicholas Balde	, NOTARY
PUBLIC			
My Commission Exp	oires: 6-	17-2014	
Resident Sarasota C	ounty Flo	rida	

This instrument prepared by: James R. Bielefeld, Attorney. I hereby certify that I have taken care to excise all social security numbers in the foregoing document, except where required by law. James R. Bielefeld

RETURN TO:

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local I	945	-10		CERTIF	CATE OF	DEATH	State N	o			
Decedent's Lagal Name (First, Middle, Last)			1a. Maiden Last N	1a. Maiden Last Name (1f Female)			State No		Of Death (Month/Day/Year)		
MARTIN G. MARDIROSIAN						Male	4:00 PM	Marc	h 22, 2010		
5. Social Security Number	6a. Age Yrs 83	8b. Under 1 Year Months	<u>ğc. Under 1 Monti</u> Days	h 6d Under 1 Day Hours	Minutes			8. Birthplace (Chicago,	Birthplace (City And State Or Foreign Country)		
9. Ever In U.S. Armed Forces? 10. If Death Occurred in A Hospital: ☐ Yes ☐ No Unknown ☐ ☐ inpetient ☐ Emergency Department Outpetient ☐ Dead					10a. If Death Occurred Somewhere Other Than A Hospital: ☑ Hospice F Term Care Facility ☐ Other (Specify)				e Facifity Decedent's Home Nursing Home/Long-		
11. Facility Name (if Not Instit Riley Hospice Resid		nd Number)									
12. City Or Town, State, And Zip Code Munster, IN, 46321					13. County		14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name Betty Mardirosian			l l	5a. (If Wife)Give Maide: NGBERTSEN	· · · · · · · · · · · · · · · · · · ·		16. Decedent's Usual Occupation Sales Representative		17. Kind Of Business/Industry Steel		
16. Residence - State		1	a. County		18b. City Or To						
IN		La	ake		Scherervill	e 					
19c. Street And Number 1240 Primrose Ln.					18d.			o. 18e. Zip Code 18ii. Inside City I 46375 B Yes □ No		181, Inside City Limits?	
19. Decedent's Education Bachelor's degree (e	_	38)	20. Decedent Of His	panic Origin h/Hispanic/Latin	ino White						
22. Father's Name (First, Mide Toros Mardirosian	die, Last)				1	23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name	
24. Informant's Name			24s. Relationship	To Decedent	Victoria Mardirosian				Donigan		
Betty Mardirosian Spouse					ent 245. Making Address (Street And Number, City, State, Zip Code) 1240 Primrose Ln. , Schererville, IN 46375						
25e. Method Of Disposition. 25e. Method Of Disposition 25e. Method Of Disposition 25e. Method Of Disposition 25e. Location - City, Town, And State Regional Cremation Service Cher (Specify): 26e. Was Coroner Contacted? 27e. Name And Complete Address Of Funeral Facility											
⊠ Yes □ No	Kis	h Funeral Hom		et Avenue Muns	ter, IN 46321	CIA	L!		FH10	neral Home License Number: 700038	
27b. Signature of Indiana Funeral Service Deensee: 27c. Ucensee Number (Of Licensee) 7c. Ucensee Number (Of Licensee) 7c. Ucensee Number (Of Licensee)											
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 D				7.4.7.4	ZAUM .	Due To (Or As A	Consequence Of):			<u> </u>	
Sequentially List Condition Line A. Enter The Underl The Events Resulting In D	ying Cause (Disc	ease Or Injury Tha	LISTOU OII				Consequence Of):				
Part II. Enter Other Significant	Conditions Contrib	uting To Death But No	D. It Resulting In The Under	erlying Cause Given in F	art I		Autopsy Performed?	DiYes	No Cause Of Death?	☐ Yes ⊠ No	
31. Did Tobecco Use Contribu	te To Death?	32 If Fema	de:				33. Mann	r Of Death:		LITES KAINO	
☐ Yes ☐ Probably ☐ No 图 Uni	known.	☐ Not Pregn	nant Within Past Year Phant, But Pregnant 43 Days	regnant At Time Of Death D	Not Pregnant, But Pregna LUnicown N Pregnant With	nt Within 42 Days Of E	Death Matural	Homicide 🗆 Accid	deni. 🗀 Pending Invest	igation	
34. Date Of Injury (Month/Day)	(Year)	35. Time C					netruction Site. Redai	CERTURICATE		7. In Control of the	
38. Location Of Injury - State	,- <u></u>	38a. City O	r Town	38b. S	treat & Number					. Zip Code	
39 Describe How Injury Occurr	ed			EEE 1	SEAL	33			i İnjury, Speci	;	
41. Signature, Of Person Certifyling Cause Of Beath: 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer											
43. Name, Address And Zip	Code Of Persor	Certifying Cause (Of Death:		· · · · · · · · · · · · · · · · · · ·			License Number	45. D	ale Certified	
Dr. T. Difilippo 7905 Calumet Ave. Munster, IN 46321											
46. Additional Funeral Service							47.	'Akas:			
48. Signature of Local Health C	Officer:			****	For Registrar	Only - Date Filed	d (Month/Day/Year):	\sim	,		

Dr. Gary Marcotte 15900 101st Ave. Dyer, IN 46311

46. Additional Funeral Service Provider

48. Signature of Local Health Officer.

tate Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

2. Sex 3. Tkne Of Death 4. Date Of Death (Month/Day/Year) ta. Maiden Last Name (If Female) Female 11:54 PM August 26, 2010 BETTY MARDIROSIAN 7. Date Of Birth (Month/Day/Year) Birthplace (City And State Or Foreign Country) 5. Social Security Number Sc. Under 1 M 6d. Under 1 Day 6e. Under 1 Hour Days Hours November 23, 1927 Chicago, IL 7597 9. Ever In U.S. Armed Force 10a If Death Occurred Somewhere Other Than A Hospital: 10 If Do ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-☑ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Artival ☐ Yes 🖾 No Unknown 🖂 Term Care Facility Other (Specify) 11. Facility Name (If Not institution, Give Street And Number) St. Margaret Mercy 13. County Of Death 12. City Or Town, State, And Zip Code ☐ Married ☐ Married, But Separated ☐ Divorced Lake Dyer, IN, 46311 IXI Widowed ☐ Never Married ☐ Unkno 15. Surviving Spouse's Name 15a. (If Wife)Give Maid Homemaker N/A idence - State 18b. City Or Town 18a Count Schererville 18e. Zip Code 18c. Street And Number 18d. Apt. No. 盔 Yes 口 No 46375 1240 Primrose Ln White High school graduate or GED completed No. not Spanish/Hispanic/Latino 3a Mother's Maiden Last Na 22. Father's Name (First, Middle, Last) WALDO INGEBRETSEN Lillian Ingebretsen Eisenbrandt 24b. Marlind Address (Street And Number, City, State, Zip Code) 24a Relationship to Decaderi Martin Mardirosian Son 1010 Francis Pl., Dyer, IN 46311 25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cometery, Crem ☐ Burial 🖾 Cremation Regional Cremation Service OCUI Munster, Indiana ☐ Donation ☐ Entombment ☐ Removal From State 27. Name And Complete Address Of Funeral Facility
Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321 27s. Funeral Home Lice FH10700038 ☐ Yes ⊠ No 27b. Signature Of Indiana Funeral Service Lic his Document is the property PD01021590 Cause Of Death (See Instructions And Examples) 28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Te h As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter (A A Line. Add Additional Lines If Necessary Immediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Part I zv. was An Autopsy Performed? Yes No 30. Were Autopsy Findings Available To Complete The Cause Of De ☐ Yes ⊠ No 31. Did Tobacco Use Contribute To Death? Sil Not Pregnant, But Pregnant 47 Days Of Death Death But Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Durknown it Pregnant Within The Pest Year Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) ice Of Injury (E.G., Dec SP INUVALWORT ☐ Yes ☐ No 38a. City Or Town 38b. Street & Number ZID Code 38. Location Of Injury - State 40. If Transportation Injury, Specify: 39 Describe How Injury Occurred Driver(Operator Passenger Pedestrian Other (Specify)
42: Certifier (Check Only One) 43. Name, Address And Zip Code Oil Person Certifying Cause Of Death: ☑ Certifying Physician ☐ Coroner ☐ Health Officer 45. Date Certified

8-31-2010

2000603A

47. *Akas: