STATE OF INDIANA
LAKE COUNTY
FILED FOR PECORD

2011 028684

2011 MAY 24 PM 1: 25

AFFIDAVIT OF SURVIVORSHIP

MICH TELL AND MAN

Comes now Tina M. Costas, being duly sworn upon her oath and states as follows:

That Tina M. Costas is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 3 IN HOMESTEAD HEIGHTS ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED APRIL 14, 1988 IN PLAT BOOK 63 PAGE 63, AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED MAY 5, 1988 AS DOCUMENT NO. 975803, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 10089 Olcott Avenue, St. John, Indiana 46373.

That the decedent, John P. Costas and Tina M. Costas acquired title, as husband and wife, to said real estate.

That John P. Costas died on the 18th day of June, 2010, at which time this affiant acquired title to the real estate.

the Lake County Recorder!

That the gross value of the estate of the decedent, John P. Costas, as determined for the purpose of Federal Taxes, was less than the value required for the filing and the decedent's estate was not all ject to Federal Estate Tax.

TINA M. COSTAS, Affiant

Before the, the undersigned, a Notary Public in and for said State, this 20th day of May, 2011, personally appeared Tima M. Costas and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: April 13, 2018

Richard E. Vawter, Notary Public

Resident of Lake County

026939

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: Richard E. Vawte

1769

RN

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No. 196910						State No							
Decedent's Legal Name (First, Middle, Last) OUND B. COSTAS					1a. Maiden Last N	ame (If Female)			2. Sex		3. Time Of Death		4. Date Of Death (Month/Day/Year)	
JOHN P. COSTAS									M		11:30 P.M.		JUNE 18, 2010	
5. Social Security Number 385-30-3543	Social Security Number 6a Age Yrs 5b Under 1 Year			6c. Under 1 Month 6d. Under 1 Day		6e. Under 1	·		. ,	8. Birthplace (City And State				
				•	Hours	Minutes	Inutes OCTOBER			DETROIT, MIC		HIGAN		
9. Ever In U.S. Armed Forces?		10a. If Death Occurred Somewhere Other Than A Hospital: Hospice					ice Facility Decedent's Home Nursing Home/Long-							
☐ Yes ⊠ No Unknown i	Dead On Arrival	Term Care Facility ☐ Other (Specify)												
11. Facility Name (If Not Institute ST. ANTHONY HOSPI		and Number)												
12. City Or Town, State, And Zin							and Of Booth							
CROWN POINT, INDIANA, 46307							13. County Of Death				14. Marital Status At Time Of Death ⊠ Married : Married, But Separated □ Divorced			
					(M) MMo) China Maidan	(If Wife)Give Maiden Last Name 16. Decedent's Us				□ Widowed □ Never Married □ Unknown ccupation 17. Kind Of Business/Industr			Unknown	
					ACARATO					cupation		COSTAS FOODS		
18. Residence – State 18a. County					18b. City Or Town									
INDIANA LAKE					ST. JOHN									
18c. Street And Number		18d. Apt.					. 18e. Zip Code 18f. inside City Limits							
10089 OLCOTT									1		46373		⊠ Yes □ No	
19. Decedent's Education 20. Decedent Of His					panic Origin 21. Decede			Race						
High school graduate or GED completed No, not Spanish/Hispanic/Latino White														
22. Father's Name (First, Middle, Last)						23. Mother's Name (First, Middle, L						23a. Mother's Maiden Last Name		
PETER COSTAS						KATHERINE					N/A			
24. Informant's Name 24a. Relationship To					o Decedent	Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code) 10089 OLCOTT, ST. JOHN, INDIANA. 46373								
				/	25 PI		ition							
	Burial Crem	anon		_/:	Cemetery, Crematory		25c. L	ocation - City,	/					
☐ Donation ☐ Entombrnent ☐ ☐ Other (Specify):	Removal From	State CAL	UMET PA	RK CEME	TERY	TELE	MER	RILVILLE	INDIANA					
26. Was Coroner Contacted?		Name And Compl				NUMBER OF THE PARTY OF THE PART	10 40272		•			27a. Funer	ral Home License Number:	
☐ Yes ☑ No 27b. Signature Of Indiana Funer			AFELITIO	his D	Cume ST. JO	nt is f	<u>he pro</u>	pert		ense Numb	o (OI) in ma			
275. Signature Of Inciding Puries	al Service Decers	ee.) /	1		Lake C	ount	Reco	rdei		200077	er (Or Licens	see)		
	$\overline{}$	an'		Caus	e Of Death (Sec	Instructio	ns And Exar	nples)						
28. Part I. Enter The Chain Of Everits—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 Interval: Onset														
A Line. Add Additional June		current Cerchal infactions and embalisms To Death 4 weeks Our To Cara A Consequence on Cary, a b. 1. its of the blood (Para weeplassice Sfect) 4-th weeks 2 weeks												
Immediate Cause (Final Dis	sease Or Cond	lition Resulting	In Death	Α.	11		Due To (Or As A Consequ	ence Of):	1	רר .	<u> </u>	h It and a	
Sequentially List Conditions Line A. Enter The Underlyi				n B.	A mud mal ny	Due To (Or		Or As A Consequ	As A Consequence Of):		(1374CL)		4-6 weeks	
The Events Resulting In De		С	Non Smal	icell for	buse (Create		a A Consequence On:		the X5 specked 41		ubsigo) Chirosy priven)			
Deat III. Estes Other Steel Manne				D. Oba(Co		abuse (6)		S An Autopsy Performed?		-ye41			50+years	
Atrial fibrillation	Mixed h	yperlipid	emia,	commes	embel 3m/4	vani			ndings Available	☐Yes o Complete		Of Death?	☐ Yes ☑ No	
31. Did Tobacco Use Contribute	To Death?	15/4 weeks	in to dec	(A)		ODER'S			33. Manner (Of Death;				
版 Yes 日 Probabily 日 No 日Unkno	own .	D Mod	Pregnant Within I	Past Year Preg	gnant At Time Of Death 1 1 Year Before Death	Not Pregnant, But	Prognant Within 42 D	ays Of Death	Matural 🗆	Hamilcide 🗆 i		ending knyestigat	ion	
34. Date Of Injury (Month/Day/Y	'ear)		me Of Injury	grant 40 baye 10			., Decedent's Hor		on Site, Restaura			37.	Injury At Work?	
										. 1			☐ Yes ☐ No	
38. Location Of Injury - State		38a. C	ity Or Town		38bS	treet & Number :15 () - 11 lu	STITE SHUVE	IS A THUE	AND COMPL	ETE 38	Bc. Apt. No.	38d. 2	Zip Code	
					101)-Yiji intet	CHONFILATE I	DEATH L			ian Intern	. Casaif :		
39 Describe How Injury Occurred	1				10	1. 76man	The state of the s		101	' 1		y, Specify:		
41. Signature, Of Person Certifying Cause Of Death: Direct/Operator Plassenger Pedestrian Other (Specify)												(Specify)		
Then 3 Mahout														
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. Date Certified														
Spencer J. A	1arkowit.	7 M.D. 4	30ced	ar Park	way Schere	culle 1x	1 46373	5-1200	010	1469	70 A	21	JUNZOIO	
48. Additional Funeral Service P									47. *A	kas:				
48. Signature of Local Health Of	л́cer.		_		_	49. For Re	istrar Only – Da	te Filed (Mont)	√Day/Year):					
		TR	1	Δ.Φ.			INO 2	2.71	0/0					
State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security 8 to being requested by this state appency in order to pursue as elaborary responsibility. Disclosure is voluntary and there will be no penalty for refuse. The RECORDS IN This SERIES ARE CONFIDENTIAL PER IC 18-3 7-1-10													IDENTIAL PER IC 18-3 7-1-10	