Chicago Title Insurance Company

12002220 Por

SURVIVORSHIP AFFIDAVIT

45-12-20-250

			n this 8/15/12 before me personally appeared Christine Monantenas
		Oi	(nsert date)
	_		TROPINOS O. IV BRANCIES OF
	to	me pers	sonally known, who being duly sworn on oath did say that:
		1.	Affiant resides at the address given below affiant's signature:
A CD	23	<b>≥</b> 2.	Affiant is Owner
ANA TV CORD	$\ddot{\circ}$	ER .2	state interest of affiant in the above premises as "owner"," son of owner", etc.
ON SON	<u> </u>	OKUDE!	Said premises were formerly owned as joint tenants or as tenants by the entireties by and ;
5u.	C 1 3		Document is
TI E	2017 AUG	2H. 4.	Said Theophilos S Morranteras  fill in name of co-tenant who died)
	(~		died on his Docu 3/10/12the property of
			leaving the Late County Recorder will; insert "a" or "no", if will left, attach a copy
		5.	The legal description of the premises in question is:
	89		see attached
	55		SEE WINDHO
	2		
	201	6.	Is there Federal or State inheritance tax liability by reason of the death of said
	2		decedent? Yes No
			If yes, then estimated taxes due are \$
			If yes, then estimated taxes due are \$
			The taxes due are paid or unpaid
			The taxes due are paid of paid
			A:35 17 2012
			FINA KATONA
			25456 PERSONNEY AUDITOR

7. Where this affidavit relates to a tenancy	by the entireties, were the parties ever
divorced?	
(If answer is "Yes", identify the divorce	e proceedings:
8. Affiant's relationship to the deceased wa	as <u>daughtus</u>
	Signature: Christine Monantras
	Printed Name CHRISTINE MONANTERAS
	Address: 1459 SALAMONIE CT
	VALPARAISO, IN 46385
Subscribed and sworn to before me by the a	ffiant S
This (insert date)  (insert date)  (insert date)  (insert date)  (insert date)  (insert date)  (insert date)	property of Market County Commission Expires January 2, 2019
Printed Name	
My County of Residence is:	
In the State of	
My Commission Expires	
This instrument prepared by	Christin Moranteras

## **EXHIBIT A**

## **LEGAL DESCRIPTION**

THE SOUTH HALF OF LOT 22 IN WESTWOOD, BLOCK 2, A RESUBDIVISION OF PART OF LOT 3 IN BROADWEST CENTER TO THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 73 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



Chicago Title Insurance Company

Adopted 1/1/08

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

# 45-11-25-255-064.000-030

FOR NO 000000249537 State No

Local No											Of Death (Month/Day/
1 Decedent's Legal Name (First, Mid	die, Last)			1a Maiden Nan	ne (If female)		2 Sex	3 Time (	O Death	4 Date	
THEOPHILOS S MONAN	ITERAS						MALE		05 AM		03/10/2012
Social Security Number 6a Age		nder 1 Year	6c Under 1 Mo	nth 6d Under 1 Day	6e Under 1 Hour	7 Date of	Birth (Month/Day/Y	ear) 8 I	Birthplace (Ci	ty and State	or Foreign Country)
8	3 Month	15	Days	Hours	Minutes		1/13/1923	Q	UINCY, II	<u>L</u>	
	0 If Death Occur	red in A Hosp	oital		10a if Death Occu			ospital			
Yes No Unknown	Incetent □ i	Emergency De	epertment Outpate	ent 🗍 Dead on Arrival	Hospice Facility Other (Specify)	. ∏ nece	dent's Home	Nursing F	iome/Long-ten	m Care Faci	16.
1 Facility Name (If Not Institution, G			<u>.                                    </u>		Caria (opeany)						
IT ANTHONY MEDICAL	CENTER (	OF CROV	WN POINT						12.		1
2 City Or Town, State, And Zip Cod	)				13 County C	of Death		- 1	14 Martiel Str		
ROWN POINT, IN, 4630	17				LAKE			İ	Widowed	Neve	ut Separated 🔲 Div or Married 🔲 Unkno
5 Surviving Spouse's Name	, , , , , , , , , , , , , , , , , , ,			5a (If Wife)Give Malder		10	Decedents Usus	Occupation	on	17 Kind	Of Business/Industry
			1			١,	-TIDEO 014	uco.			N-LIQUOR
8 Residence - State		18a C	South		18b City Or Tow		ETIRED OW	NEK		ISTORE	
9 Kemoence - State		104	Journy								
NDIANA		LAKE	<u> </u>		MERRILLVII	LLE	18d Ap	. 1/2	18e Zip	Codo	18f Inside City Lir
8c Street And Number							180 70	140	106 210	Cooe	
751 VAN BUREN STRE	ET								464	410	⊠ Yes □ N
Decedent's Education			Decedent Of Hisp	oanic Origin	21 D	ecedent's Rad	78				
IIGH SCHOOL GRADUA	TE OR GE		T HISPANI	C	White	1.					
OMPLETED  2 Father's Name (First, Middle Last)	·	INO	THOPANI	<del>-</del>	23 Mother's Name (F		.ast)		23a A	Mother's Maio	len Last Name
										ALCIC	
LEX MONANTERAS		—т	24a Relationship	To Decedent	VASILIKI MON 24b Mailing Address	(Street And	AS Number, City, State	Zip Code	KAZ	ANIS	
		- 1			-					26	
HRISTINE MONANTER	AS		DAUGHTER	<u> </u>	1459 SALAMO Of Disposition	MIE CO	UKI, VALPA	MAISU	, IN 4038	90	· · · · · · · · · · · · · · · · · · ·
ia Method Of Disposition	<del></del>		Of Disposition (	Name Of Cemetery, Cree	matory, Other Place)	25c Locati	on - City, Town, An	State		<del></del>	
Burlet Cremetion Donation	Entombren	rt [									
Removal From State		PINCE	LAWN CEN	ETERY	044	GARY,	IN				
						21.4.1	11.4				
	27 Name A	nd Complete A	ddress Of Funera	al Facility						27a Fune	rai Home License Nu
Other (Specify).  Was Coroner Contacted?		nd Complete A	Address Of Funera	il Facility		A. T.			40007	ļ	
6 Was Coroner Contacted?  ☐ Yes ☑ No	BURNS	nd Complete A	Address Of Funera	ROWN POINT)		DWAY,	CROWN POI	NT, IN	46307	27a Fune FH8300	
6 Was Coroner Contacted?	BURNS I	nd Complete A	Address Of Funeral L HOME (C	ROWN POINT)	10101 BROA		FD20700	Number (C	46307 Of Licensee)	ļ	ral Home License Nur 02445
6 Was Coroner Contacted? ☐ Yes ☑ No 75 Signature Of Indiana Funeral Serv AMES E. BURNS, BY E	BURNS I	FUNERA C SIGNA	HOME (C	ROWN POINT)	10101 BROA	(amples)	FD20700	Number (C	46307 Of Licensee)	ļ	)2445
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