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# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

1200220 PT 45-12-28; 256-004. 000-030

On this 8/15/12 before me personally appeared Christine Monarteras  
(insert date)

~~Theophilos S. Monarteras~~ or

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 Owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

Said premises were formerly owned as joint tenants or as tenants by the  
entireties by \_\_\_\_\_ and \_\_\_\_\_;

4. Said Theophilos S. Monarteras  
(fill in name of co-tenant who died)  
died on 3/10/12  
leaving NO will;  
(insert "a" or "no", if will left, attach a copy)

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

see attached

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 \$ \_\_\_\_\_

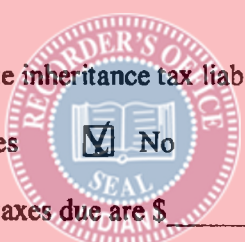
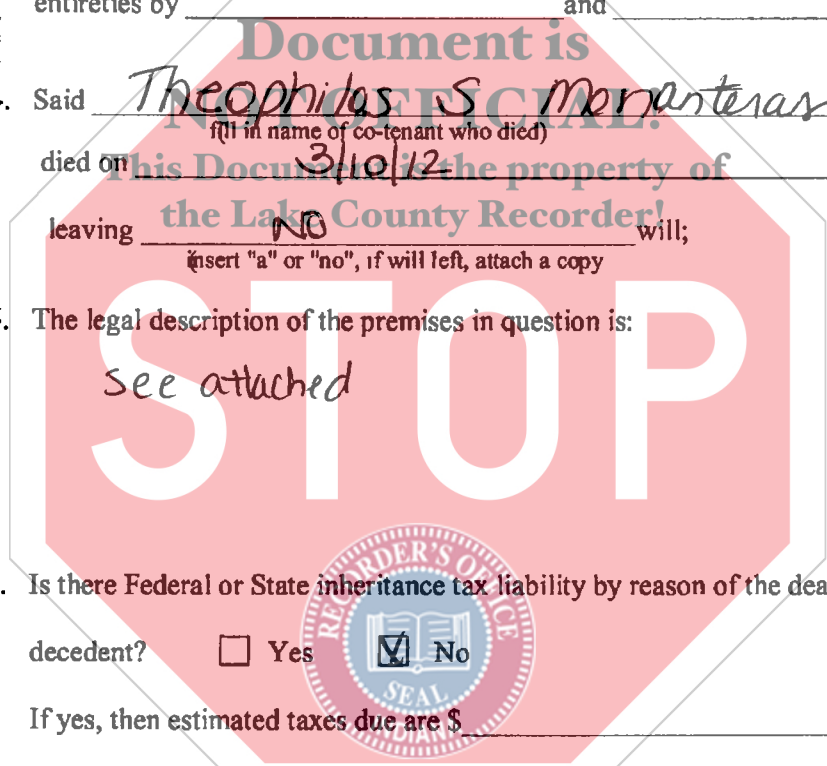
The taxes due are  paid or  unpaid..

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 AUG 17 PM 2:23

MICHAEL AJMAN  
RECORDER

2012 055687



18<sup>th</sup>  
Mon Con  
CT  
Am

**FILED**

AUG 17 2012

25456

REGG. ROLINGA KATONA  
LAKE COUNTY AUDITOR

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 daughter

Signature: Christine Monanteras

Printed Name CHRISTINE MONANTERAS

Address: 1459 SALAMONIE CT

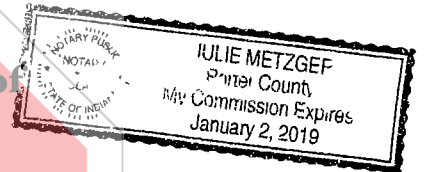
VALPARAISO, IN 46385

Subscribed and sworn to before me by the affiant

This 8-15-12

(insert date)

Julie Metzgef  
Notary Public



Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

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

This instrument prepared by

Christine Monanteras



**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



Local No 000820

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

# 45-12-28-256-004.000-030  
EDR No 000000249537

State No

1 Decedent's Legal Name (First, Middle, Last) <b>THEOPHILOS S MONANTERAS</b>				1a Maiden Name (If female)		2 Sex <b>MALE</b>		3 Time Of Death <b>11.05 AM</b>		4 Date Of Death (Month/Day/Year) <b>03/10/2012</b>	
5 Social Security Number		6a Age - Yrs <b>88</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>11/13/1923</b>		8 Birthplace (City and State or Foreign Country) <b>QUINCY, IL</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 ANTHONY MEDICAL CENTER OF CROWN POINT</b>											
12 City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>						13 County Of Death <b>LAKE</b>			14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15 Surviving Spouse's Name				15a (If Wife) Give Maiden Last Name				16 Decedent's Usual Occupation <b>RETIRED OWNER</b>		17 Kind Of Business/Industry <b>TAVERN-LIQUOR STORE</b>	
18 Residence - State <b>INDIANA</b>			18a County <b>LAKE</b>			18b City Or Town <b>MERRILLVILLE</b>					
18c Street And Number <b>8751 VAN BUREN STREET</b>						18d Apt No		18e Zip Code <b>46410</b>		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20 Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21 Decedent's Race <b>White</b>					
22 Father's Name (First, Middle, Last) <b>ALEX MONANTERAS</b>				23 Mother's Name (First, Middle, Last) <b>VASILIKI MONANTERAS</b>				23a Mother's Maiden Last Name <b>KAZAKIS</b>			
24 Informant's Name <b>CHRISTINE MONANTERAS</b>			24a Relationship To Decedent <b>DAUGHTER</b>			24b Mailing Address (Street And Number, City, State, Zip Code) <b>1459 SALAMONIE COURT, VALPARAISO, IN 46385</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>GARY, IN</b>					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>						27a Funeral Home License Number <b>FH83002445</b>			
27b Signature Of Indiana Funeral Service Licensee <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>						27c License Number (Of Licensee) <b>FD20700059</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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A <b>MICROANGIOPATHIC HEMOLYSIS (ICD-9 446B) AND/OR THROMBOTIC THROMBOCYTOPENIA</b> <b>10 DAYS</b> Due to (Or As A Consequence Of) B _____ Due to (Or As A Consequence Of) C _____ Due to (Or As A Consequence Of) D _____ 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 <b>DIAGNOSIS A ASSOCIATED WITH ACUTE RENAL FAILURE, DELIRIUM, TREMOR, JAUNDICE AND HEPATIC INJURY</b>						29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30 Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 <b>SPENCER JOEL MARKOWITZ, BY ELECTRONIC SIGNATURE</b>						45 Date Certified <b>03/15/2012</b>					
43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>SPENCER JOEL MARKOWITZ, 830 CEDAR PARKWAY, SCHERERVILLE, IN 46375-200</b>						44 Health Officer <b>01046970A</b>		45 Date Certified <b>03/15/2012</b>			
46 Additional Funeral Service Provider						49 For Registrar Only - Date Filed (Month/Day/Year) <b>MAR 16 2012</b>					
48 Signature of Local Health Officer <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49 For Registrar Only - Date Filed (Month/Day/Year) <b>MAR 16 2012</b>					