

Fidelity National Title Insurance Company.

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	AFFIDAVIT	0	
STATE OF INDIANA)) SS:	•	75	
COUNTY OF LAKE)		***************************************	
		w	
Louis Christos swarn upon oall, deposes and	says:	, being fi	rst dury
		died	Q11
1. That Sofia Christos September 23, 2011	// /9 at	Dyer, Indiana 3	FILS IN
2. That Louis Christos were duly and legally marrie wife to the following descri	ed at the time they a bed real estate:	ncquired title as h	LED THE COUNTY OF THE COUNTY O
Lot 24 in Edgewood Unit Two, as per plat thereof, recorded Recorder of Lake County, Indi	in Plat Book /3 page	on to the Town of St	of the control of the
Property No. 45-11-30-376-008			
the Lake	County Recorder	:!	
3. That the marital relation acquired title to said real date of (MA)/(her) death.	estate remained in t	errect and unbroken	diffit the
4. That all funeral expense have been paid in full.			
5. That all of the assets Federal Estate Tax purposes on decedent's life were not Tax.	The like the loan had	IK ZELINIZEL AND TELL	e monitalite
Further affiant sayeth not.	SEAL		~
	WOOD ANALAS		
		× 1	1
· · · · · · · · · · · · · · · · · · ·		Louis Christos	day of
Subscribed and sworn to bef February, 2013	ore me, a Notary Pub ///9 <u>///</u>	lic, this <u>26th</u>	day of
	1/19/// 5 1 LE D	113 / 214	45
SHANNON STIENE Lake County My Commission Expi March 14, 2015	MARU	ANTONIA TE	
,	SEBON HOLING	Shannon Stiener Not	tary Public
My Commission expires:	^_	under the panalties for parjury, that	I have taken
3-14-15	house	ile care to redact each Social Securi Ment, unless required by lew."	
County of Residence:	\mathcal{D}	uanna Tarlton	
· · · · · · · · · · · · · · · · · · ·			

This Instrument prepared by Louis Christos

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00	2967	· · · · · · · · · · · · · · · · · · ·	EDR No 000	000220	730	2.Sex		e No	Death	I 4. Date O	Double (Month/Day/Ye
	•			, ,							
SOFIA CHRISTOS 5. Social Security Number Se. Age - Yrs	Su. Under 1 Y	ear Sc. Under 1	EVDOKIOL Manth) 8d, Under 1 Day		ur 7, Del	FEM/		02:18 8 Bin			09/23/2011 r Foreign Country)
69	Months	Deva	Hours	Minutes	-	08/24/19	142	VAT	THYSA	MOS, GF	ì
	illi Occurred in A			10s. W Death O			Then A Hosp	ital			
		cy Department Out	patient [] Daed on Arriv	Hospice Fac	-	Deparent's rice	Me □ M	sterni B tatos	ner cong-ter	il Chie Lacia	···
11. Facility Name (I/Not Institution, Give Stre ST MARGARET MERCY HEA	et and Normber) LTHCARE (CENTERS-D	YER		ty Ol Death			- 144	Markey Co.	eus Al Time C	V No4
12. City Or Town, State, And Zip Code				13. Caun	ity Us Death						i Separated 🌐 Divore Married 🔲 Unimow
DYER, IN, 46311	·····		15s. Of Wife)Give Maid	LAKE		1 10 Darada	nt's Usual Oc		Widowed		Married Unknown
id. Summil operation											-
LOUIS CHRISTOS 18. Residence - State	(18	la. County	<u> </u>	18b. City Or	Town	HOMEMA	AKER			DOMES	TIC
INDIANA	1	KE		ST. JOHN	ı						
18c. Street And Number		INC		101.00/110			18d. Apt No	۵.	18c. Zip	Code	18f. helds Olly Limits
9213 MAPLEWOOD DRIVE								[46	373	2 Yes D No
19. Decedent's Education HIGH SCHOOL GRADUATE O		20. Decedent Of it	lispanic Origin	21.	Decedeni'i	Race					
COMPLETED 22. Faither's Name (First, Middle, Lest)		NOT HISPAI	VIC	Wh 23, Mother's Name		de i sell			230.1	inhade Meid	en Lasi Name
SST 1-88-88.2 Lettitis famer wiccons react				TT MINERS & Lotelle	- fairst min	me, casy					, , , , , , , , , , , , , , , , , , ,
IPPOKRATIS EVDOKIOU 24. Informent's Name		24a Relations	hip To Decedeni	MARTHA E			w. Stele, Zic	Code)	ZAH	ARINIS	
LOUIS CHRISTOS		HUSBANI	•	9213 MAPLE	•	-	•-		16373		
			25. Pie	ce Of Disposition							
25e, Method Of Disposition Burist Counstion Oceanion Constion		Nace Of Oisposition	(Name Of Cernetery, Cri	waatory, Other Plets	e) 25c. L	ocation - City, I	OWEN, AND SI	212			
Ramoval From State Other (Spacify):	СНА	PEL LAWN	CEMETERY		SCH	ERERVIL	FIN				
26. Was Coroner Contacted? 27. 1		nie Address Of Fun		men	t ik	5				27a. Funer	al Home License Numbe
☐ Yes ☑ No	COLN RIDG	SE FUNERA	L HOME, 7607 V	LINCOLN I	HIGHW	AY, CROW	VN ROIN	IT, IN	46307	FH8880	0070
27b. Signature Of Indiane Funeral Service Ucan ELI VUJKO BY ELECTRONIC	sthet:					27c	License Nu 100830	mber (Of I	Ucerwa e).		
		4	Cause Of Death (See			1}	C				Approximate Interval: Onset
28, Part I. Enter The <u>Chain Of Eyenta</u> • Ois Buch As Cardiac Arrest, Respiratory Arrest, A Line, Add Additinal Lines If Necessary.	Or Ventricular F	Of Complications forillation Without	Showing The Etiology.	Do Not Abbreviste	LENIER FENT LENIER ON	y One Cause	On OI				To Death
A Line. Add Addensi Lines in Necessary. Immediate Cause (Final Disease Or Conditi	on Resulting to (the I	PULMONARY HYPI	RIENSION R	eco	rder!					1 YEAR
		· ·	7	0.005405	Bus in jOr A	a A Consultation Of					20 YEARS
Sequentially List Conditions, If Any, Leeding Line A. Enter The Underlying Cause (Disease	g To The Cause as Or Injury The	CIMICAL AN	INTERSTITIAL LUN	G DISEASE	Our for Air	A Decareation US					20 15/403
The Events Resulting In Death) Last		C.	SARCOTOOSIS		Duny lim (IDY A)	A Coreo pares (4)					20 YEARS
		D.									
Part II. Enter Other Stanficerd Conditions Con	and to Death But	Not Resulting in Tit	ze Undertying Cause Givir	i in Pari	1	An Autopsy Page Autopsy Findir			☐ Yes	⊠ No	,
CUTE CONGESTIVE HEART FAILURE 31, Old Tobecco Use Contribute To Death?	1 32. If Farm	-			30. 47810		33. Manner	010 4		OSE OF CESE!	Yes No
☐ Yas ☐ Probably ☑ No ☐ Unknown	⊠ Rei Progr	and Willen Post Year	Company of Death [ending investmention
34. Date Of Injury (Month/DeptYear)	35. Time (wrs, Bul Progress 43 Days Of Injury		Of Injury (E.G., Date		ne, Constitution	門門等	统特性	Here (Med	EATH (N. 1	E WATER TO
				THE		LAK	COUNT	HEADH	DEFARM	THE	Yes No
Sa. Location Of Injury - State	38a. City O	r Town	38h. Sin	ed & Number					Bc. Apl. No	1	Zlp Code
9. Describs How injury Occurred			10.		<u>a</u>		46 If Temper	35	28	_2011_	
9. Describe From Holy Occurren					追	i	(O. If Trains		enger Per		(Specify)
1. Signature, Of Person Cortilying Cause Of Dea DWARD FRANK FARA , BY ELI	ik ECTPONIC	SIGNATIO		إ لتحبِّك		42. Certifie	r (Check Or	lly One)	Coroner		ath Officer
3. Harne, Address And Zip Code Of Person Cert	ying Cause Of De	BIGNATUR		EAL	3	1 Na Cestala		ense Nun			ete Cartifled
DWARD FRANK FARA , 761 4	TH STREE	T SUITE 10	8, MUNSTER, IN	146321	7	- Kanaan	0103	3200A		-	09/28/2011
B. Additional Funeral Service Provider:				umuu			47. *A	Utes:			
3. Signature of Local Health Officer:		TIOC			T	49, For Roylat	rar Only - I				
USAN W. BEST, VIA ELECTRO	NIC SIGNA		ENT TO CERTIFICATE	OF DEATH (ENT	RY OR OR	IGINAL)		<u>5</u> E	P 28 20	/11	
le Form 53395 ATTENTION ESTATE: The	Province Consultry of	lla baina mayori	at bushing total annual			Bu Dhelanur	lo sedundo	ni ent là	ore will be		