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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 001461

2014 JAN 13 AM 9:18



Fidelity National Title
Insurance Company

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Charmaine Swearingen, being first duly sworn upon oath, deposes and says:

1. That William John Pallanti died on April 5, 1997 at Hammond, Indiana
aka William J. Pallanti joint tenants with rights of survivorship
2. That Rose M. Pallanti and William John Pallanti were duly married at the time they
acquired title as husband and wife to the following described real estate: Vaka William J. Pallanti
Lot 30 in Flower Gardens Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 33 page 51

Property Address 147 West Carnation, Dyer, IN 46311

3. That the joint tenants with rights of survivorship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

NOT OFFICIAL!

Charmaine Swearingen
Charmaine Swearingen Affiant Signature

This Document is the property of
the Lake County Recorder!

STATE OF Indiana)
) SS:
COUNTY OF Lake)

ACKNOWLEDGEMENT

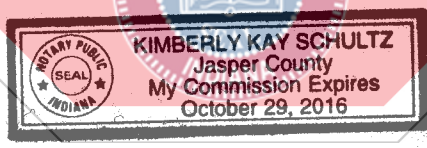
Before me, a Notary Public in and for said County and State, personally appeared Charmaine Swearingen
who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations
therein contained are true. Witness my hand and Notary Seal this 3rd day of January, 2014.

Resident of Jasper County, Indiana. Signature _____

My Commission Expires: 10/29/16 Printed Kimberly Kay Schultz

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. Kim Schultz
[Name]

This instrument prepared by Timothy A. Kuiper Attorney at Law 130 N. Main Street, Crown Point, IN 46307



FILED

JAN 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FIDELITY NATIONAL
TITLE COMPANY

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ATTENTION: The Social Security # is requested by the state agency in order to be its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.
Date Issued: APR 7 1997
Hammond Health Commissioner

File No. 269

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

PRINT IN PERMANENT INK

1. DECEASED—NAME (First Middle Last) William John Pallanti		2. SEX Male	3a. TIME OF DEATH 11:00 A.M.	3b. DATE OF DEATH (Month Day, Yr) April 5, 1997
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 50	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 31, 1947
7. PLACE OF BIRTH (City and State or Foreign Country) Chicago, Illinois	8. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	9. PLACE OF DEATH (Check only one and give instructions) HOSPITAL: <input checked="" type="checkbox"/> St. Margaret Mercy North <input type="checkbox"/> PROLONGED <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
10. FACILITY NAME (If residential give street and number) St. Margaret Mercy North	11. CITY, TOWN OR LOCATION OF DEATH Hammond	12. COUNTY OF DEATH Lake		
13. MARITAL STATUS (Specify) Never Married	14. SURVIVING SPOUSE (If wife give maiden name) N/A	15. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Laborer	16. KIND OF BUSINESS/INDUSTRY Steel	
17a. RESIDENCE—STATE Indiana	17b. COUNTY Lake	17c. CITY, TOWN OR LOCATION Dyer	17d. STREET AND NUMBER 147 Carnation	
18a. ZIP CODE 46311	18b. INSURE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	19. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	20. RACE—American Indian, Black, White, etc. (Specify) White	21. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <input type="checkbox"/> College (1, 2 or 3 +) <input type="checkbox"/>
22. FATHER'S NAME (First Middle Last) William Pallanti		23. MOTHER'S NAME (First Middle Initial Surname) Rose M. Anastasia		
24a. INFORMANT'S NAME (If deceased) William Pallanti	24b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 147 Carnation Dyer, IN 46311	24c. Relationship FATHER		
25a. METHOD OF DEPOSITION <input type="checkbox"/> Sworn <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Personal from State <input type="checkbox"/> Oath (Specify)	25b. DATE AND PLACE OF DEPOSITION (Date of coroner's testimony, if other place) Calumet Park Cemetery	25c. LOCATION—City or Town, State Merrillville, Indiana		
26a. EMBALMER'S NAME NOT EMBALMED	26b. EMBALMER'S LICENSE NO. N/A	26c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
27a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	27b. LICENSE NUMBER (If Licensed) FD01006015	27c. STREET ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Eagon-Miller Funeral Homes FH83003035 2828 Highway Avenue Highland, Indiana 46322		
28. PART I. Cause the disease, injury or complication that caused the death. Do not use compound terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.				
a. IMMEDIATE CAUSE (Final disease or condition resulting in death) Aspiration Pneumonia				
b. CONDITION, IF ANY, WHICH PRECEDES OR IS A CONSEQUENCE OF THE IMMEDIATE CAUSE Cardiac				
c. DUE TO (OR AS A CONSEQUENCE OF) Alcohol				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
29. CERTIFIED (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, these are correct as to the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of investigation and/or investigation in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.		30. MEDICAL LICENSE NO. 02000248	31. DATE SIGNED (Month, Day, Year) 4-7-97	
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 251) Steven Mitchell, 8014 North Anglin St, Hammond, IN 46320		33. DATE FILED (Month, Day, Year) APR 7, 1997		
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY	35c. NATURE OF WORK (Yes or no)	35d. DESCRIBE HOW INJURY OCCURRED
36. PLACE OF INJURY (If home, give street, town, etc.; building, etc. if specific)		37. LOCATION (State and Number or Rural Route Number, City or Town, State)		
38. DATE PRODUCE/INJURED DEAD (Month, Year)		39. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		