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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 001462

2014 JAN 13 AM 9:18



Fidelity National Title

Insurance Company  
MICHAEL L. BROWN  
RECORDER

7

**SURVIVORSHIP AFFIDAVIT**

STATE OF Indiana )  
 )  
COUNTY OF Lake ) SS:

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

1. That William Michael Pallanti died on April 7, 2004 at Munster, Indiana (City/State)  
aka William M. Pallanti
2. That Rose M. Pallanti and William Michael Pallanti were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
aka William M. 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 marital relationship 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**

This Document is the property of  
the Lake County Recorder!

*Charmaine Swearingen*  
Charmaine Swearingen Affiant Signature

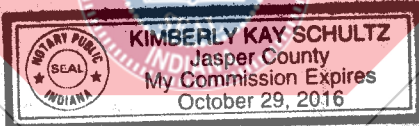
STATE OF Indiana )  
 ) SS:  
COUNTY OF Lake ) **ACKNOWLEDGEMENT**

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

13.1  
FR  
01

FIDELITY NATIONAL  
TITLE COMPANY

92013-4123

010162

ATTENTION ESTATE: The Social Security Administration requested by this state agency in order to issue its statutory responsibility. Information is factory and there will be no penalty for failure to

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

ICD-10 No. 926-04

THE FINGERPRINT NUMBERS ARE CONFIDENTIAL PER IC 76-1-15.3

REPRINT IN PERMANENT LACK INK

1. DECEASED NAME (Last, First, Middle Initial) <b>WILLIAM MICHAEL PALLANTI</b>		2. SEX <b>MALE</b>	3. TIME OF DEATH <b>5:30 A</b>	3a. DATE OF DEATH (Month, Day, Year) <b>APRIL 7, 2004</b>
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) <b>85</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) <b>NOVEMBER 3, 1917</b>
7. BIRTH PLACE (City and State or Foreign Country) <b>TOLUCA, ILLINOIS</b>	8. PLACE OF DEATH (Street and Number, City and State or Foreign Country)			
9a. WAS DECEASED A U.S. VETERAN? <b>YES</b>	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1947</b>	10. HOSPITAL <input checked="" type="checkbox"/> <b>THE COMMUNITY HOSPITAL</b> <input type="checkbox"/> HOME <input type="checkbox"/> OTHER <input type="checkbox"/> <b>OT-11</b> <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OVA <input type="checkbox"/> OTHER <input type="checkbox"/>		
11. FACILITY NAME (If appropriate, give name and location) <b>THE COMMUNITY HOSPITAL</b>		12. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>	13. COUNTY OF DEATH <b>LAKE</b>	
14. MARITAL STATUS <b>MARRIED</b>	15. SPOUSE'S NAME (Last, First, Middle Initial) <b>ROSE MARIE ANASTASIA</b>	16. DECEASED'S OCCUPATION (Give kind of work done during year of reporting or 20 years ago, whichever is longer) <b>LABORER</b>	17. KIND OF BUSINESS, INDUSTRY, OR SERVICE <b>CONSTRUCTION</b>	
18a. RESIDENCE—STATE <b>INDIANA</b>	18b. COUNTY <b>LAKE</b>	18c. CITY, TOWN, OR LOCATION <b>DYER</b>	18d. STREET AND NUMBER <b>147 CARMATION STREET</b>	
19a. ZIP CODE <b>46311</b>	19b. HIGHEST GRADE ATTAINED <b>HS GRAD</b>	19c. CITIZENSHIP <b>USA</b>	19d. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	19e. RACE—American Indian, Black, White, or Other <b>WHITE</b>
19f. DECEASED'S RELIGION <b>Catholic</b>		19g. DECEASED'S RELATIONSHIP TO DECEASED (Specify only if not first spouse) <b>WIFE</b>		
20. FATHER'S NAME (Last, First, Middle Initial) <b>JOHN PALLANTI</b>		21. MOTHER'S NAME (Last, First, Middle Initial) <b>MARIA TOCCA</b>		
22. INFORMANT'S NAME (Last, First, Middle Initial) <b>ROSE MARIE PALLANTI</b>		23. MAILING ADDRESS (Street and Number or Post Office Box Number, City or Town, State, Zip Code) <b>147 CARMATION STREET DYER, INDIANA 46311</b>		24. Relationship <b>WIFE</b>
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. DATE AND PLACE OF DISPOSITION <b>4/7/04</b> <b>NORTHWEST INDIANA CREMATION SERVICE</b>		27. LOCATION (City or Town, State) <b>CROWN POINT, INDIANA</b>
28. ENCASEMENT <b>NOT ENCASED</b>		29. ENCASEMENT NUMBER	30. WAS DEATH REPORTED TO CORoner? <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
31. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		32. LICENSE NUMBER <b>ED0006015</b>	33. FIRM, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FACES MILLER FUNERAL HOME FHS3001504</b> <b>120 EAST STREET, DYER, INDIANA 46311</b>	
34. PART I: After the coroner has been notified, the reporting person should complete this form and return it to the coroner's office. This document is the property of the Lake County Recorder.				
35. IMMEDIATE CAUSE OF DEATH (List all causes in sequence, starting with the immediate cause) <b>1. Myocardial infarction</b> <b>2. Atherosclerosis</b> <b>3. Hypertension</b> <b>4. Diabetes mellitus</b> <b>5. Chronic kidney disease</b>				
36. PART II: Other significant conditions (Conditions contributing to death but not immediately listed in Part I) <b>1. Hypertension</b> <b>2. Diabetes mellitus</b> <b>3. Chronic kidney disease</b>				
37. DEATH CERTIFICATE (Check only one) <input type="checkbox"/> DEATH BY CERTIFICATE <input type="checkbox"/> HEALTH OFFICER <input checked="" type="checkbox"/> MEDICOR		38. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>DR. FRED ADLER, MD</b>		
39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If different from 22) <b>Fred Adler, MD, Sec. Inc. Arthur Blvd., Munster, IN 46311</b>		40. MEDICAL LICENSE NO. <b>01019351</b>	41. DATE SIGNED (Month, Day, Year) <b>4/8/04</b>	
42. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		43. DATE OF DEATH (Month, Day, Year) <b>4/8/04</b>		
44. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		45. DATE OF INJURY (Month, Day, Year)	46. TIME OF INJURY (Hour, Minute)	47. WEATHER AT TIME OF INJURY
48. PLACE OF INJURY—At Place (Home, School, Factory, etc.) <b>Home</b>		49. LOCATION (Street and Number or Post Office Box Number, City or Town, State)		
50. DATE (Month, Day, Year)		51. MOTOR VEHICLE ACCIDENT? (Yes or No)		

