

**SURVIVORSHIP AFFIDAVIT**

State of Indiana )  
County of Lake ) ss:

On this 24 day of January, 2014 before personally appeared Lisa Debartolo to me personally known, who is dully sworn upon her oath did say that:

1. Affiant resided at the address given below affiant's signature.
2. Affiant is the Personal Representative of the Estate of Lynn M. Debartolo.
3. Said premises described as follows:

Parcel # 45-11-32-280-005.000-035  
 LOT 150 IN CANDLELIGHT TRAILS SEVENTH ADDITION, BLOCK ONE, TO THE TOWN OF ST. JOHN, AS PER PLAT THEROF, RECORDED IN PLAT BOOK PAGE 02, AND AMENDED BY CERTIFICATE OF SURVEYOR RECORDED AS DOCUMENT NO. 91015874, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

4. Said premises were formally owned as joint/husband & wife by Giuseppe Debartolo a/k/a Joseph Debartolo and Lynn M. DeBartolo a/k/a Lynn Debartolo.
5. Said Giuseppe Debartolo a/k/a Joseph Debartolo passed away on December 26, 2012 and Lynn M. Debartolo a/k/a Lynn Debartolo passed away on July 9, 2013.
6. Where this affidavit relates to a tenancy by the entireties, were they ever divorced?  
Yes  or No  X
7. Affiant's relationship to the deceased is daughter.

COMMUNITY TITLE COMPANY  
 FILE NO 135359

Affiant's Signature

*Lisa Debartolo*

LISA DEBAROLO  
 Address: 9621 E. Oak Ridge Drive  
 St. John, IN 46373



JAN 31 2014

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

2014 006724

STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER OF DEEDS  
 2014 FEB -4 10:29 AM  
 RECORDED

\$18  
 CM  
 00323  
 NON  
 conf

State of Indiana )  
County of Lake )

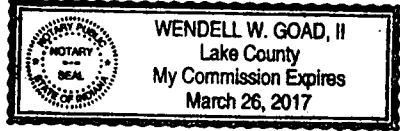
I, a Notary Public in and for said County and State, do hereby certify that Lisa Debartolo, Personal Representative of the Estate of Lynn M. Debartolo, personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notarial Seal on January 24, 2014

My Commission Expires:  
03/26/17



Wendell W. Goad II, Notary Public  
Resident of Lake County, Indiana



**Document is NOT OFFICIAL!**  
**AFFIRMATION**

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.

**This Document is the property of  
the Lake County Recorder!**



Wendell W. Goad II

Prepared by: Wendell W. Goad, Attorney at Law, 9010 Connecticut Drive, Merrillville, IN 46410  
(219) 736-8080







INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 06006

Local No. 002312

EDR No. 00000332726

State No. 031880

1. Decedent's Legal Name (First, Middle, Last) LYNN MIDE BARTOLO	1a. Maiden Name (if female) IGRAS	2. Sex FEMALE	3. Time Of Death 01:15 AM	4. Date Of Death (Month/Day/Year) 07/09/2013
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5. Social Security Number [REDACTED]	6a. Age, yrs. 59	6b. Under 1 Year [REDACTED]	6c. Under 1 Month [REDACTED]	6d. Under 1 Day [REDACTED]	6e. Under 1 Hour [REDACTED]	6f. Under 1 Minute [REDACTED]	7. Date of Birth (Month/Day/Year) 08/12/1953	8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> 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)
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11. Facility Name (If Not Institution, Give Street and Number)  
ST. MARGARET-MERCY HEALTHCARE CENTERS, DYER

12. City Or Town, State, And Zip Code DYER, IN 46311	13. County Of Death LAKE	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
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15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation WAITRESS	17. Kind Of Business/Industry RESTAURANT
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town ST. JOHN
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18c. Street And Number 9621 EAST OAKRIDGE DRIVE	18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT-HISPANIC	21. Decedent's Race White
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22. Father's Name (First, Middle, Last) JOHN IGRAS	23. Mother's Name (First, Middle, Last) MARION IGRAS	23a. Mother's Maiden Last Name MILLO
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24. Informant's Name LISA DE BARTOLO	24a. Relationship To Decedent DAUGHTER	24b. Mailing Address (Street And Number, City, State, Zip Code) 9621 EAST OAKRIDGE DRIVE, ST. JOHN, IN 46373
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25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) ELMWOOD CHAPEL CREMATORY	25c. Location - City, Town, And State CEDAR LAKE, IN
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373	27a. Funeral Home License Number FH19900052
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27b. Signature Of Indiana Funeral Service Licensee JAMES FIBETKOWSKI, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee) FD09200077
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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. Immediate Cause (Final Disease Or Condition Resulting In Death) CARDIOPULMONARY ARREST WITH HYPERTENSIVE HEART DISEASE	Approximate Interval (Onset To Death) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT JAN 14 2014 Susan D. Best, M.D. LAKE COUNTY HEALTH OFFICER
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Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Findings Available To Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
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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 checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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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)
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41. Signature Of Person Certifying Cause Of Death GEORGE DELIOPOULOS, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	44. License Number	45. Date Certified 07/11/2013
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death GEORGE DELIOPOULOS, 2900 W 93RD AVENUE, CROWN POINT, IN 46307	47. AKA's
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48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	49. For Registrar Only: Date Filed (Month/Day/Year) JUL 11 2013
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 06007

Local No. 004079

EDR No. 000000297225

State No. 057859

1. Decedent's Legal Name (First, Middle, Last) <b>GIUSEPPE DEBARTOLO</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:08 AM</b>	4. Date Of Death (Month/Day/Year) <b>12/26/2012</b>	
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5. Social Security Number	6a. Age - Yrs <b>62</b>	6b. Under - Year <b>0</b>	6c. Under - Month <b>0</b>	6d. Under - Day <b>0</b>	6e. Under - Hour <b>0</b>	7. Date of Birth (Month/Day/Year) <b>08/20/1950</b>	8. Birthplace (City and State or Foreign Country) <b>UNKNOWN, IT</b>
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9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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)	
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11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>		12. City Or Town, State, And Zip Code <b>MUNSTER, IN 46321</b>	13. County Of Death <b>LAKE</b>	14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
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15. Surviving Spouse's Name <b>LYNN DEBARTOLO</b>	15a. (If Wife) Give Maiden Last Name <b>GRAS</b>	16. Decedent's Usual Occupation <b>LABORER</b>	17. Kind Of Business/Industry <b>REPUBLIC STEEL</b>
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18. Residence - State <b>INDIANA</b>	18a. County <b>LAKE</b>	18b. City Or Town <b>ST JOHN</b>
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18c. Street And Number <b>9621 EAST OAKRIDGE DRIVE</b>	18d. Apt. No.	18e. Zip Code <b>46373</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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>
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22. Father's Name (First, Middle, Last) <b>ANTONIO DEBARTOLO</b>	23. Mother's Name (First, Middle, Last) <b>MARIETA DEBARTOLO</b>	23a. Mother's Maiden Last Name <b>BAFFA</b>
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24. Informant's Name <b>LYNN DEBARTOLO</b>	24a. Relationship To Decedent <b>WIFE</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9621 EAST OAKRIDGE DRIVE, ST. JOHN, IN 46373</b>
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25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>ELMWOOD FUNERAL CHAPEL AND CREMATORY</b>	25c. Location - City, Town, And State <b>CEDAR LAKE, IN</b>
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>	27a. Funeral Home License Number <b>FH19900052</b>
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27b. Signature Of Indiana Funeral Service Licensee <b>JAMES F. BETKOWSKI, BY ELECTRONIC SIGNATURE</b>	27c. License Number (Of Licensee) <b>FD09200077</b>
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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 A-Line. Add Additional Lines If Necessary.		Approximate Date Of Death <b>JAN 14 2014</b>	Interval Of Death <b>3 MONTHS</b>
Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A MYCOBACTERIUM KANSASII PULMONARY INFECTION</b>			
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			
<b>B EMPHYSEMA</b>			
<b>C</b>			
<b>D</b>			

Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>ALCOHOLISM</b>		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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	
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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 checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street And Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <b>NOT VALID UNLESS</b>
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41. Signature Of Person Certifying Cause Of Death <b>LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE</b>	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	44. License Number <b>01058760A</b>	45. Date Certified <b>12/31/2012</b>
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>LEONARD JOSEPH BUCCELLATO, 7611 45TH STREET, 108, MUNSTER, IN 46321</b>	46. Additional Funeral Service Provider	47. AKBs	48. Signature of Local Health Officer <b>SUSAN W. BEST VIA ELECTRONIC SIGNATURE</b>	49. For Registrar Only - Date Filed (Month/Day/Year) <b>JAN 02 2013</b>
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and confidential. RAISED SEAL AFFIXED