2014 001461

Fidelity National Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 13 AM 9: 18
MICHAEL B. BROWN
RECORDER

** This document is being re-recorded to follow chain of title

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 FEB 21 AM 11:16
MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
) SS:
COUNTY OF Lake)

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

1. That William John Pallanti aka William J. Pallanti died on April 5, 1997 at Hammond, Indiana (City/State).

That Rose M. Pallanti and William John Pallanti aka William J. Pallanti were ~~duly and legally married~~ joint tenants with rights of survivorship at the time they acquired title ~~as husband and wife~~ to the following described real estate:

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

That the ~~marital relationship~~ 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.

That all funeral expenses in connection with the death of said decedent have been paid in full.

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.

Charmaine Swearingen *Affiant Signature*

ACKNOWLEDGEMENT

STATE OF Indiana)
) SS:
COUNTY OF Lake)

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, 20 14.

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

2014 012476

010736

NOTARY PUBLIC SEAL INDIANA
KIMBERLY KAY SCHULTZ
Jasper County
My Commission Expires
October 29, 2016

FILED
JAN 09 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED
FEB 14 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FIDELITY NATIONAL TITLE COMPANY
92013-4123

010161 $14.00

1 Ref

TENTION ESTATE: The Social Security # is requested by this state agency in order to ... its statutory responsibility. Disclosure is ...ory and there will be no penalty for refusal.

al No. 269

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Hammond Health Commissioner

APR 7 1997
Date Issued

Field	Entry
1. Decedent—Name (First, Middle, Last)	William John Pallanti
2. Sex	Male
3a. Time of Death	11:00 A
3b. Date of Death (Month, Day, Yr)	April 5, 1997
4. Social Security Number	[redacted]
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. Birthplace (City and State or Foreign Country)	Chicago, Illinois
8a. U.S. Veteran?	Yes
8b. Year Last Served in U.S. Armed Forces	N/A
9a. Place of Death	Hospital: X Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name	St. Margaret Mercy North
9c. City, Town, or Location of Death	Hammond
9d. County of Death	Lake
10. Marital Status	Never Married
11. Surviving Spouse	N/A
12a. Decedent's Usual Occupation	Laborer
12b. Kind of Business/Industry	Steel
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town or Location	Dyer
13d. Street and Number	147 Carnation
13e. Zip Code	46311
13f. Inside City Limits	☐ No X Yes
13g. On a Farm	X No ☐ Yes
14. Citizen of What Country	USA
15. Was Decedent of Hispanic Origin?	X No ☐ Yes
16. Race	White
17. Decedent's Education (College 1-4 or 5+)	2
18. Father's Name	William Pallanti
19. Mother's Name (First, Middle, Maiden Surname)	Rose M. Anastasia
20a. Informant's Name	William Pallanti
20b. Mailing Address	147 Carnation Dyer, IN 46311
20c. Relationship	FATHER
21a. Method of Disposition	☐ Burial X Cremation ☐ Removal from State ☐ Donation ☐ Other
21b. Date and Place of Disposition	Calumet Park Cemetery
21c. Location—City or Town, State	Merrillville, Indiana
22a. Embalmer's Name	NOT EMBALMED
22b. Embalmer's License No.	N/A
23. Was Death Referred to Coroner	No
24a. Signature of Funeral Director	[signature]
24b. License Number	FD01006016
25. Name and Address and License Number of Funeral Home	Fagen-Miller Funeral Homes FH83003035, 2828 Highway Avenue, Highland, Indiana 46322
26. Part I. Immediate Cause	Aspiration Pneumonia
Due to (or as a consequence of)	Encephalopathy
Due to (or as a consequence of)	Cardiac Arrhythmia
27. Was Decedent Pregnant or 90 Days Postpartum?	No
28a. Was an Autopsy Performed?	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death?	NO
29a. Certifier	Certifying Physician
29b. Signature and Title of Certifier	X [signature]
29c. Medical License No.	01000848
29d. Date Signed	4-7-97
30. Name and Address of Person Who Completed Cause of Death	Steven Mitchell, ... Hohman? ... St. Hammond IN
31. Health Officer's Signature	[signature] M.D.
32. Date Filed	APRIL 7, 1997
33. Manner of Death	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a–34h. Injury information	

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SD1106-094 State Form 10110 (R4-3-93) Distribution: PD 1