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

2014 001462 Fidelity National Title

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

2014 010477

SURVIVORSHIP AFFIDAVIT

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

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

- 1. That William Michael Pallanti died on April 7, 2004 at Munster, Indiana 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.

Handwritten signature of Charmaine Swearingen and notary seal area.

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

NOT OFFICIAL This Document is the property of the Lake County Recorder!

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 Printed Kimberly Kay Schultz

My Commission Expires: 10/29/16

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 FEB 14 2014

KIMBERLY KAY SCHULTZ Jasper County My Commission Expires October 29, 2016

FILED JAN 09 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

FIDELITY NATIONAL TITLE COMPANY

92013-4123

010737

010162

Handwritten notes: \$14.00, FW, SP



ATTENTION ESTATE: The Social Security Administration reports by this date...  
1977, and there will be no further action.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No.

Local No.

026 04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.S. 1-1-79

REPRINT  
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PERMANENT  
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CEMENT

PRINTS

OPPIANT

POSITION

USL OF  
6th

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1. DECEASED NAME (Last, First, Middle Initial) WILLIAM MICHAEL PALLANTI		2. SEX MALE	3. MANNER OF DEATH 5. N.C.A.	4. DATE OF DEATH (Month, Day, Year) APRIL 7, 2004
5. SOCIAL SECURITY NUMBER [REDACTED]	6. AGE - LAST BIRTHDAY Year: 81	7. MONTH, YEAR, AND UNDER (Day, Month, Year) Month: None, Year: None	8. DATE OF BIRTH (Month, Day, Year) NOVEMBER 5, 1917	9. COUNTY OF BIRTH AND NAME OF FEDERAL COUNTY TOLUCA, ILLINOIS
10. WAS DECEASED A U.S. VETERAN? YES	11. YEAR LONG-SERVED IN U.S. ARMY (If U.S. Army) 1947	12. HOSPITAL (If applicable) [REDACTED]	13. PLACE OF DEATH (Check one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify)	14. DECEASED'S USUAL OCCUPATION (If not a regular occupation, state the nature of work) LABORER
15. FACILITY NAME (If not a hospital, give name and address) THE COMMUNITY HOSPITAL		16. CITY/TOWN OF LOCATION OF DEATH MUNSTER		17. COUNTY OF DEATH LAKE
18. MARITAL STATUS MARRIED	19. SPOUSE'S NAME (Last, First, Middle Initial) ROSE MARIE ANASTASIA	20. DECEASED'S USUAL OCCUPATION (If not a regular occupation, state the nature of work) LABORER		21. KIND OF BUSINESS/INDUSTRY CONSTRUCTION
22. RESIDENCE - STATE INDIANA	23. RESIDENCE - COUNTY LAKE	24. RESIDENCE - CITY/TOWN DYER	25. STREET AND NUMBER 147 CARNATION STREET	
26. ZIP CODE 46311	27. PLACE OF BIRTH (City, State, Country) TOLUCA, ILLINOIS, USA	28. CITIZENSHIP USA	29. HIGHEST GRADE OF EDUCATION 8	30. DECEASED'S OCCUPATION (If not a regular occupation, state the nature of work) LABORER
31. PHYSICIAN'S NAME (Last, First, Middle Initial) JOHN PALLANTI		32. MOTHER'S MAIDEN NAME (Last, First, Middle Initial) MSRTS POCCA		
33. INFORMANT'S NAME (Last, First, Middle Initial) ROSE MARIE PALLANTI		34. MAILING ADDRESS (Street, City, State, Zip Code) 147 CARNATION STREET, DYER, INDIANA 46311		35. Relationship WIFE
36. MANNER OF DEATH (Check one) <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Other		37. DATE AND PLACE OF BURIAL (Month, Day, Year, City, State) 4/11/04 NORTHWEST INDIANA CREMATION SERVICE, CROWN POINT, INDIANA		
38. DYSALABIA (Check one) <input checked="" type="checkbox"/> NOT EMPLOYED		39. EMPLOYER'S NAME (If applicable) [REDACTED]		
40. SIGNATURE OF PHYSICIAN (Last, First, Middle Initial) [REDACTED]		41. LICENSE NUMBER (If applicable) ID01006015		42. NUMBER AND ADDRESS OF FUNERAL HOME (Street, City, State, Zip Code) FAGEN, MILLER FUNERAL HOME, 6183 COLEMAN, DYER, INDIANA 46311
43. PARTIAL CAUSE OF DEATH (If applicable, state the nature of the disease or condition) [REDACTED]				
44. SIGNATURE AND TITLE OF DECEASED'S PHYSICIAN (Last, First, Middle Initial) [REDACTED]				
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