

3

STATE OF ILL.
LAKE COUNTY
FILED FOR RECORD

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

MICHAEL D. BROWN
RECORDER

On this 7-25-14 before me personally appeared Doris A.
(insert date)

Bessigano

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned ~~as joint tenants or~~ as tenants by the entireties by Leonard R. Bessigano and Doris A. Bessigano

- Said Leonard R. Bessigano
(fill in name of co-tenant who died)
died on March 2, 2007
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

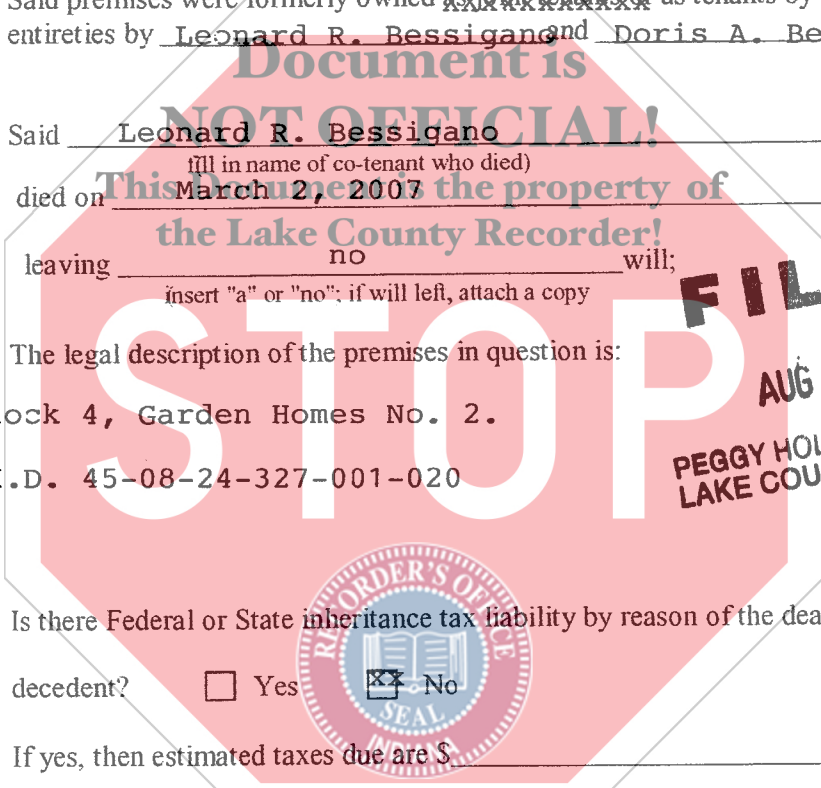
- The legal description of the premises in question is:

Lot 1 Block 4, Garden Homes No. 2.
Parcel I.D. 45-08-24-327-001-020

- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..



FILED
AUG 08 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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av. 98
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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was wife

Signature: *Doris A. Bessigano*

Printed Name Doris A. Bessigano

Address: 3800 E. 34th Avenue

Lake Station, IN 46405

Subscribed and sworn to before me by the affiant

This 7-25-14
(insert date)

Ervin C. Carstensen
Notary Public

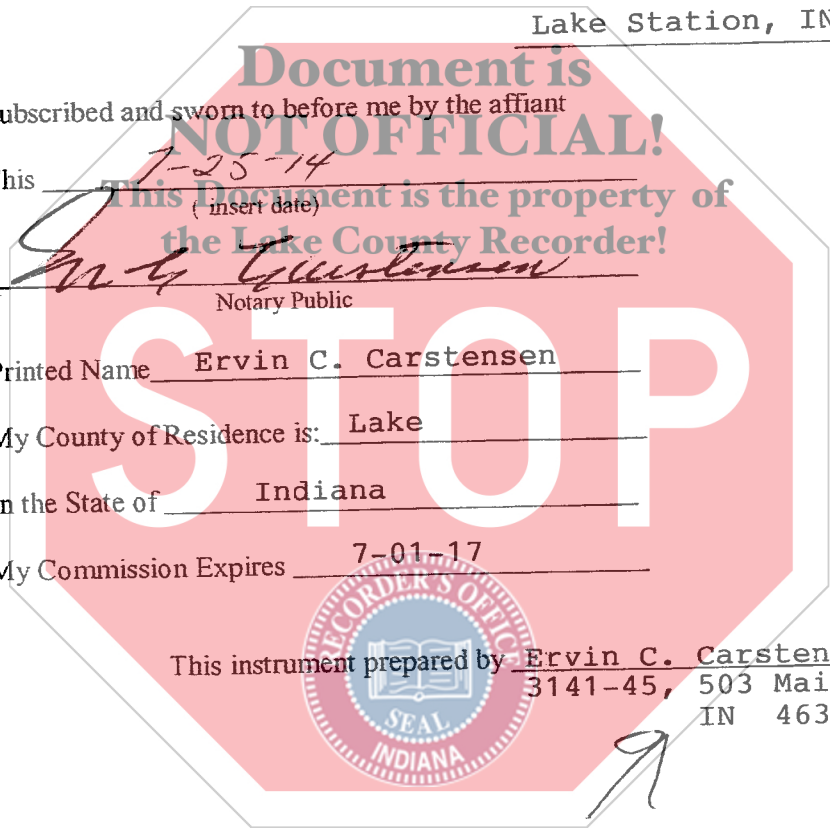
Printed Name Ervin C. Carstensen

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 7-01-17

This instrument prepared by Ervin C. Carstensen
3141-45, 503 Main St., Hobart,
IN 46342



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

INDIANA STATE DEPARTMENT OF HEALTH

100 p
+ 2 Vet
12 Total

CERTIFICATE OF DEATH

State No.

Local No. 610-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) LEONARD R. BESSIGANO				2. SEX Male		3a. TIME OF DEATH 10:53 AM		3b. DATE OF DEATH (Month, Day, Year) March 2, 2007	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 68		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr) January 27, 1939	
7. BIRTHPLACE (City and State or Foreign Country) Butler Pennsylvania		8a. WAS DECEDENT A U.S. VETERAN? YES							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1999		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) 3800 E. 34th Ave.				9c. CITY, TOWN, OR LOCATION OF DEATH Lake Station		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Doris Novotny		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder		12b. KIND OF BUSINESS/INDUSTRY Manufacturing			
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Lake Station		13d. STREET AND NUMBER 3800 E. 34th Ave.			
13e. ZIP CODE 46405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 2 College (1-4 or 5+) +		18. FATHER'S NAME (First, Middle, Last) Leonard R. Bessigano, Sr.							
19. MOTHER'S NAME (First, Middle, Maiden Surname) Grace M. Sutton								20. INFORMANT'S NAME (Type/Print) Doris Bessigano	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3800 E. 34th Ave., Lake Station, IN 46405				20c. Relationship Wife		21a. 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)			
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mar 7, 2007 Calvary Crematory				21c. LOCATION—City or Town, State Portage IN		22a. EMBALMER'S NAME James J. Krause			
22b. EMBALMER'S LICENSE NO. FD01006463				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>			
24b. LICENSE NUMBER (of Licensee) FD01006463				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488		26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Myocardial Infarction			
26. PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at 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 examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>M. Gasparis</i>				29c. MEDICAL LICENSE NO. 01037515		29d. DATE SIGNED (Month, Day, Year) 3-6-07	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Milton Gasparis MD 1400 S. Lake Park Ave, Ste 301, Hobart, IN 46342									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>								32. DATE FILED (Month, Day, Year) March 7, 2007	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIPTION OF INJURY	
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAR 22 2007							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

