

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA  
COUNTY OF LAKE

2014 080918  
)

2014 DEC 19 AM 11:55  
MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

MARGARET DELIS, by Attorney-in-Fact, Patrick John Delis, being duly sworn upon her oath, says:

1. That she was the wife of DANIEL DELIS, who was named as a Grantee in a General Warranty Deed recorded on or about March 7, 2014, of the following described real estate, to-wit:

LOT 290, EXCEPT THE WESTERLY 45.0 FEET BY PARALLEL LINES MEASURED PERPENDICULAR TO THE WEST LINE THEREOF, IN LAKE HILLS RESUBDIVISION, UNIT 7, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 99 PAGE 60, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Number: 45-11-28-478-021.000-035  
More Commonly known as: 9894 Settlers Ct., St. John, IN 46373

2. That the said DANIEL DELIS died on July 20, 2014, a resident of St. John, Lake County, Indiana, and at that time was the husband of affiant herein. A certified copy of the death certificate of DANIEL DELIS has been attached hereto and labeled as Exhibit "A".

3. That MARGARET DELIS and DANIEL DELIS, as a married couple, held title to the property as husband and wife at the time of DANIEL DELIS' death.

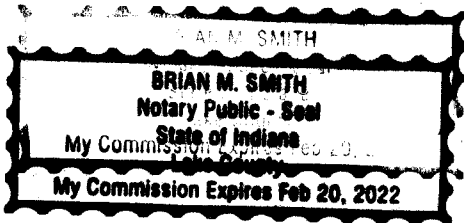
4. That the estate of DANIEL DELIS did not owe Federal Estate Taxes.  
Further, Affiant Sayeth Not.

*Margaret Delis by Attorney in Fact Patrick J. Delis*  
MARGARET DELIS  
by Attorney-in-Fact, Patrick John Delis

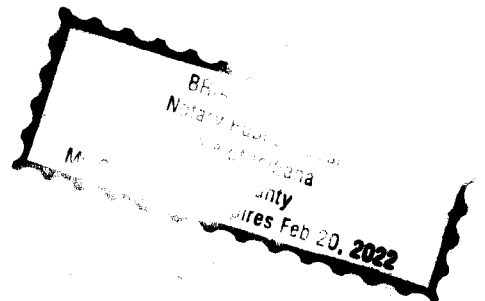
Subscribed and sworn to before me, a Notary Public, this 19<sup>th</sup> day of December, 2014.

My Commission Expires: 02/20/2022  
County of Residence: Lake

*Brian M. Smith*  
Brian M. Smith, Notary Public



This instrument prepared by Brian M. Smith  
Law Offices of Brian M. Smith, P.C.  
2260 W. 93<sup>rd</sup> Avenue  
Merrillville, IN 46410  
(219) 769-2051



**FILED**

DEC 19 2014

29153

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

*131  
5369  
DW*



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 24174

Local No 002274

EDR No 00000395747

State No

1. Decedent's Legal Name (First, Middle, Last) <b>DANIEL DELIS</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:34 AM</b>		4. Date Of Death (Month/Day/Year) <b>07/20/2014</b>	
5. Social Security Number		6a. Age - Yrs <b>86</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) <b>07/04/1928</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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									
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											
15. Surviving Spouse's Name <b>MARGARET DELIS</b>				16a. (If Wife) Give Maiden Last Name <b>LANIGAN</b>				16. Decedent's Usual Occupation <b>BOILER MAKER</b>		17. Kind Of Business/Industry <b>STEEL</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Of Town <b>SAINT JOHN</b>			
18c. Street And Number <b>9894 SETTLERS COURT</b>				18d. Apt. No.		18e. Zip Code <b>46373</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>9TH - 12TH GRADE, NO DIPLOMA</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>DANIEL DELISIMONOVICH</b>				23. Mother's Name (First, Middle, Last) <b>ANNA DELISIMONOVICH</b>				23a. Mother's Maiden Last Name <b>OBERMAN</b>			
24. Informant's Name <b>MARGARET DELIS</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9894 SETTLERS COURT, SAINT JOHN, IN 46373</b>			
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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>HOLY SEPULCHRE CEMETERY</b>				25c. Location (City, Town, And State) <b>ALSIP, IL</b>			
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>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE</b>				27c. License Number Of Licensee: <b>FD09200077</b>				27d. Date Of Signature: <b>JUL 22 2014</b>			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CARDIO-RESPIRATORY FAILURE</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. SYSTOLIC CONGESTIVE HEART FAILURE</b> <b>C. ISCHEMIC HEART DISEASE AND VALVULAR HEART DISEASE</b> <b>D. DIABETES, CHRONIC KIDNEY DISEASE</b>											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.											
29. 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											
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
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. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)			
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number			
38c. Apt. No.				38d. Zip Code				39. Describe How Injury Occurred			
40. If Transportation Involves A Vehicle: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other											
41. Signature Of Person Certifying Cause Of Death: <b>BHARAT V BHAVSAR, BY ELECTRONIC SIGNATURE</b>											
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Health Officer											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>BHARAT V BHAVSAR, 8731 INDIANAPOLIS BLVD, HIGHLAND, IN 46322-1551</b>											
44. License Number: <b>01045</b>											
46. Additional Funeral Service Provider: <b>BRADY-GILL FUNERAL HOME</b>											
47. Date Of Signature: <b>07/21/2014</b>											
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>											
49. For Registrar Only - Date Of Registration: <b>07/21/2014</b>											

EXHIBIT  
"A"

RAISED SEAL AFFIXED