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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 032066 AFFIDAVIT OF SURVIVORSHIP 2015 MAY 26 PM 3:06

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

I, Deborah A. Riga, nka Deborah A. Gardner, of lawful age, being duly sworn upon oath, depose and state on this date of May 21, 2015 the following:

1. That Anthony F. Riga and I were joint tenant/owners with full rights of survivorship of the following property;

1. That I, the affiant, is the sole surviving joint tenant with full rights of survivorship of 7654 Whitcomb St, Merrillville, Indiana, Crescent Lake Unit 1, Lot 3, 46410;

2. That on July 21, 1998, in the office of the Lake County recorder, Lake County, Indiana, property located at 7654 Whitcomb Street, Merrillville, Indiana 46410, Parcel Number 45-12-18-379-028.000-030 CRESCENT LAKE UNIT 1 LOT 3 was recorded. File number 98055553.;

3. That on April 23, 2014, Anthony F. Riga died; Said death is corroborated by attached Death Certificate attached hereto and by this reference made a part of this affidavit.

4. That by reason of the said death of Anthony F. Riga, said joint tenancy by the entireties in the aforementioned property was thereby terminated leaving Deborah A. Riga, nka Deborah A. Gardner, as sole owner/survivor by reason of the death of Anthony F. Riga.

5. This affidavit is made for the sole purpose of furnishing a recordable document showing the termination of the ownership interest of Anthony F. Riga.

Dated this 21st day of May, 2015.

Deborah A. Gardner

Deborah A. Gardner formerly known as Deborah A. Riga

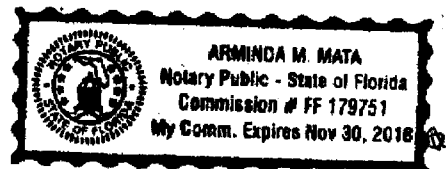
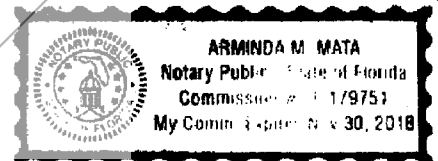
Before me appeared Deborah A. Gardner, and being first duly sworn by me upon her oath says that the facts alleged in the foregoing instrument are true.

Dated this 21st of May, 2015

Arminda M. Mata
Notary Public

Seal

My Commission Expires Nov 30, 2018



FILED
MAY 26 2015
JOHNE PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17149

Local No 001365

EDR No 00000381630

State No 019740

1. Decedent's Legal Name (First, Middle, Last) ANTHONY F RIGA		16. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 07:29 PM	4. Date Of Death (Month/Day/Year) 04/23/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 82	6b. Under 1 Year Months: _____ Days: _____	6c. Under 1 Month Days: _____	6d. Under 1 Day Hours: _____ Minutes: _____	6e. Under 1 Hour Minutes: _____	7. Date of Birth (Month/Day/Year) 01/05/1932	8. Birthplace (City and State or Foreign Country) CALABRIA, IT
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			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): _____		
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL-SOUTHLAKE MERRILLVILLE							
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation SELF-EMPLOYED		17. Kind Of Business/Industry PHARMACIST	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 733 NORTH RANDOLPH STREET	
18d. Apt. No.		18e. Zip Code 46403		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JOHN RIGA		23. Mother's Name (First, Middle, Last) CLARA RIGA		23a. Mother's Maiden Last Name FAGA			
24. Informant's Name LAUREN E RIGA		24a. Relationship To Decedent GRANDDAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 733 NORTH RANDOLPH STREET, GARY, IN 46403			
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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS, MERRILLVILLE, 8360 BROADWAY, MERRILLVILLE, IN 46410		27a. Funeral Home License Number FH83002453		27b. License Number (Of Licensee) FD01008893	
27c. Signature Of Informant THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		27d. Signature Of Informant [REDACTED]		27e. Signature Of Informant [REDACTED]			
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 Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE B. HYPERTENSION C. CORONARY ARTERY DISEASE D. _____ 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		28. Cause Of Death (See Instructions And Examples) CONGESTIVE HEART FAILURE HYPERTENSION CORONARY ARTERY DISEASE		28. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. Accidents, Injuries, Or Diseases To Death THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MAY 06 2014 Susan W Best, MD INDIANA COUNTY HEALTH OFFICER	
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		30. Was Autopsy Finding 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 type="checkbox"/> No <input checked="" 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 43 Days Of Death <input type="checkbox"/> Not Pregnant, but Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Pregnant At Time Of Death 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		34. 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., Occurrence Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____ NOT VALID UNLESS			
41. Signature Of Person Certifying Cause Of Death FADI ISSA ALZEIDAN, 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 01053003A		45. Date Certified 05/05/2014	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410		46. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		46. For Registrar Only - Date Filed (Month/Day/Year) MAY 05 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							



State Form 53385 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and is not required for the issuance of a death certificate. RAISED SEAL AFFIXED