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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT 2015 067667

2015 OCT 21 AM 10:19

MICHAEL B. BROWN  
RECORDER

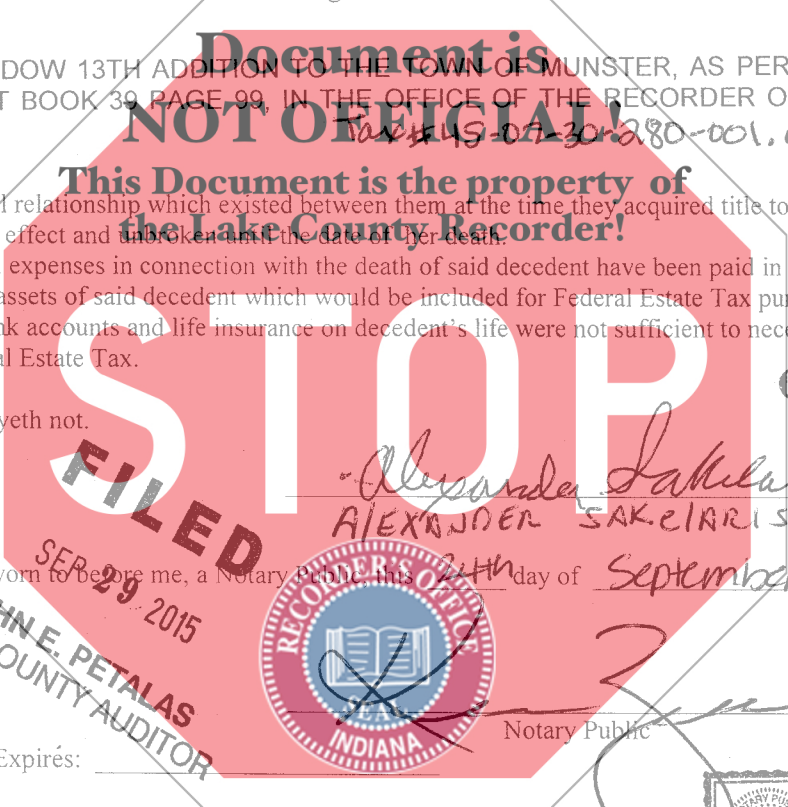
STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

Alexander Sakelaris, being first duly sworn upon oath,  
deposes and says:

1. That Affiant's spouse, HELEN SAKELARIS died  
(without leaving a will) (leaving a will) on 4/4/2007  
20    at HAMMOID LAKE COUNTY

2. That Alexander Sakelaris and the late Helen Sakelaris were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 18 IN FAIRMEADOW 13TH ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39 PAGE 99, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



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 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 included 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.

Subscribed and sworn to before me, a Notary Public, this 21st day of September, 2015.



My Commission Expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

This Instrument prepared by Alexander Sakelaris



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.

BT1500675

13-  
CT  
am

CHICAGO TITLE INSURANCE COMPANY

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

\* 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.

Local No. 414

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

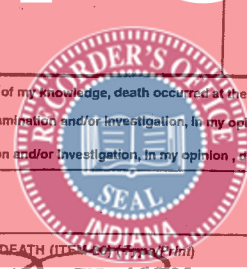
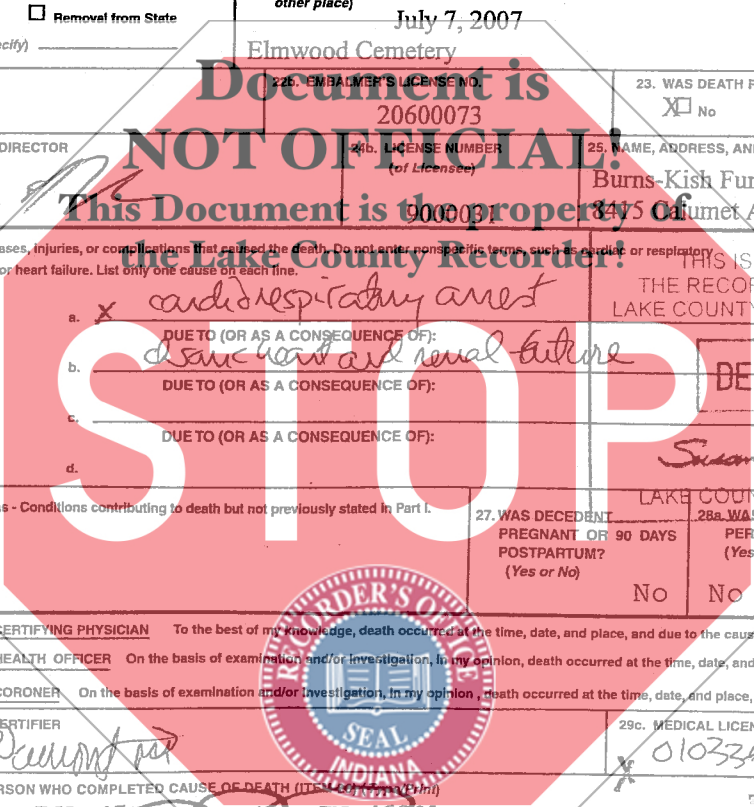
DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) Helen A. Sakelaris				2. SEX Female		3a. TIME OF DEATH 5:20 P M		3b. DATE OF DEATH (Month, Day, Year) July 4, 2007					
4. *SOCIAL SECURITY NUMBER <del>000000</del>		5a. AGE—Last Birthday (Years) 76		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) January 7, 1931		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL			
8a. WAS DECEASENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See Instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) Select Specialty Care						9c. CITY, TOWN, OR LOCATION OF DEATH Hammond			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Alex Sakelaris			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker			12b. KIND OF BUSINESS/INDUSTRY Home					
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster			13d. STREET AND NUMBER 9201 Greenwood Ave.						
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT 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 (0-12) 12 College (1-4 or 5+) 3	
18. FATHER'S NAME (First, Middle, Last) George A. Varvaresos						19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Sakellariou							
20a. INFORMANT'S NAME (Type/Print) Alex Sakelaris				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9201 Greenwood Ave., Munster, IN 46321				20c. Relationship Husband					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) July 7, 2007 Elmwood Cemetery				21c. LOCATION—City or Town, State Hammond, IN					
22a. EMBALMER'S NAME: Apollo Moreno				22b. EMBALMER'S LICENSE NO. 20600073				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) 9000031				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 2475 Dumont Ave, Munster, IN 46321-2521					
26. PART I. Enter the diseases, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <input checked="" type="checkbox"/> cardiorespiratory arrest b. <input checked="" type="checkbox"/> due to (OR AS A CONSEQUENCE OF): d. same heart and renal failure c. <input type="checkbox"/> due to (OR AS A CONSEQUENCE OF): d. <input type="checkbox"/> due to (OR AS A CONSEQUENCE OF): PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT DEC 02 2014 Susan J. Best, MD LAKE COUNTY HEALTH OFFICER				Approximate Interval Between Onset and Death			
27. WAS DECEASENT 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>[Signature]</i>				29c. MEDICAL LICENSE NO. 01033451		29d. DATE SIGNED (Month, Day, Year) JULY 5 2007					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) D. Dumont, MD 761 45th Munster, IN 46321													
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) July 6 2007							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <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. DESCRIBE HOW INJURY OCCURRED					
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)									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.									



RAISED SEAL AFFIXED