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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FRANK D'ANGELO, being first duly sworn upon oath, deposes and says:

1. That GLORIA JEAN D'ANGELO died on January 6 2015 a resident of Lake County, Indiana.
2. That the marital relationship which existed between them at the time they acquired title to the real estate at 1134 Balcarre Avenue Schererville, IN 46375 remained in effect and unbroken until the date of her death.
3. That all funeral expenses in connection with the death of said decedents have been paid in full.
4. That all of the assets of said decedents which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedents' lives were not sufficient to necessitate payment of Federal Estate Taxes.
5. That the affiant is the surviving spouse of GLORIA JEAN D'ANGELO.

DATED 9-22-2015

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Frank D'Angelo
FRANK D'ANGELO

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Michael Barnett
Michael Barnett
Recorder of Lake County
My Commission Expires: 01/01/2016

Before me, a Notary Public in and for said County and State, personally appeared FRANK D'ANGELO, 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 22 day of September 2015.

Resident of LAKE COUNTY, INDIANA.

Michael Barnett
NOTARY PUBLIC

My Commission expires:

This Instrument prepared by JAMES S. DAL SANTO ATTORNEY AT LAW
2251 45TH STREET HIGHLAND, IN 46322

2015 05 7 9 82

2015 OCT -2 AM 11:20

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER



FILED

OCT 02 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$14.00
M.E Non. Conf.
~~ANS~~
#2337

22051



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

40497

Local No 000048

EDR No 00000425135

State No 000625

1. Decedent's Legal Name (First, Middle, Last) GLORIA JEAN D'ANGELO				1a. Maiden Name (if female) ROMERO		2. Sex FEMALE	3. Time Of Death 04:00 PM	4. Date Of Death (Month/Day/Year) 01/06/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 69	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) 07/18/1945		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER									
12. City Or Town, State, And Zip Code DYER, IN, 46311					13. County Of Death LAKE			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 FRANK D'ANGELO				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town SCHERERVILLE				
18c. Street And Number 1134 BALCARRES AVENUE						18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) AUGUSTINE ROMERO				23. Mother's Name (First, Middle, Last) PHYLLIS ROMERO		23a. Mother's Maiden Last Name TELLO			
24. Informant's Name FRANK D'ANGELO		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1134 BALCARRES AVENUE, SCHERERVILLE, IN 46375					
25. Place Of Disposition									
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) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD021590			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause Or Contribute To 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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SUBARACHNOID HEMORRHAGE Due to (Or As A Consequence Of): 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Performed? <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 checked="" 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, Pregnant 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. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input 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)	
41. Signature, Of Person Certifying Cause Of Death: JAIME EDUARDO RUIZ-MONTERO, BY ELECTRONIC SIGNATURE						42. Certifies (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAIME EDUARDO RUIZ-MONTERO, 4320 FIR STREET, SUITE 410, EAST CHICAGO, IN 46312						44. License Number: 01052348A		45. Date Certified 01/08/2015	
46. Additional Funeral Service Provider:						47. *Ages:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 08 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

