

8

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 070100

2015 OCT 15 AM 11:47

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNT OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

I, FIRST MIDWEST BANK, BY MICHELE MORGAN, VICE PRESIDENT, this 21<sup>st</sup> day of September, 2015, being first duly sworn upon oath, states as follows:

1. That FIRST MIDWEST BANK is the Personal Representative of the Estate of ANTHONY F. RIGA, Deceased, which estate is pending in the Lake County Superior Court under Cause No. 45D05-1404-ES-00013.

2. That ANTHONY F. RIGA, passed away on the 23<sup>rd</sup> day of April, 2014. A copy of Anthony F. Riga's death certificate is attached as Exhibit "A".

3. That ANTHONY F. RIGA and DEBORAH ANN RIGA, N/K/A DEBORAH ANN GARDNER owned the following real estate as Joint Tenants with Rights of Survivorship:

LOT 4, CRESCENT LAKE UNIT NO. 1, AN ADDITION TO THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF RECORDED FEBRUARY 10, 1978 IN PLAT BOOK 48, PAGE 62, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 7636 Whitcomb Street, Merrillville, Indiana 46410

Key No.: 45-12-18-379-027.000-030

4. That all funeral expenses in connection with the death of ANTHONY F. RIGA have been paid in full; and

5. That the estate of ANTHONY F. RIGA did not necessitate the filing of a Federal Estate Tax Return.



**FILED**

OCT 15 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

04875  
# 004721

\$15.00  
E.M.C

FURTHER AFFIANT SAYETH NOT.

FIRST MIDWEST BANK

BY: Michele A Morgan VP of F&B  
MICHELE MORGAN, VICE PRESIDENT

STATE OF ILLINOIS )  
 ) SS:  
COUNT OF WILL )

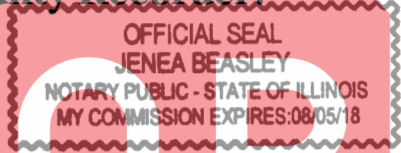
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this  
21<sup>st</sup> day of September, 2015.

My commission expires:  
8/5/18

**Document is NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

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. Robert F. Tweedle



Return Recorded Document to:  
Robert F. Tweedle  
2842 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322

This instrument prepared by:  
Robert F. Tweedle, #20411-45  
2842 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322 / 219-924-0770





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 17147

Local No 001365

EDR No 00000381630

State No 019740

Decedent's Legal Name (First, Middle, Last) <b>ANTHONY F RIGA</b>				1a Maiden Name (If female)		2 Sex <b>MALE</b>		3 Time Of Death <b>07:29 PM</b>		4 Date Of Death (Month/Day/Year) <b>04/23/2014</b>	
5 Social Security Number		6a Age - Yrs <b>82</b>		6b Under 1 Year Months		6c Under 1 Month Days		6d Under 1 Day Hours		7 Date of Birth (Month/Day/Year) <b>01/05/1932</b>	
8 Birthplace (City and State or Foreign Country) <b>CALABRIA, IT</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										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) <b>METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE</b>								12 City Or Town, State, And Zip Code <b>MERRILLVILLE, IN 46410-7099</b>		13 County Of Death <b>LAKE</b>	
14 Mental 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				15a (If Wife) Give Maiden Last Name				16 Decedent's Usual Occupation <b>SELF-EMPLOYED</b>		17 Kind Of Business/Industry <b>PHARMACIST</b>	
18 Residence - State <b>INDIANA</b>		18a County <b>LAKE</b>		18b City Or Town <b>GARY</b>		18c Street And Number <b>733 NORTH RANDOLPH STREET</b>		18d Apt. No.		18e Zip Code <b>46403</b>	
18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19 Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</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>JOHN RIGA</b>		23 Mother's Name (First, Middle, Last) <b>CLARA RIGA</b>	
22a Mother's Maiden Last Name <b>FAGA</b>		24 Informant's Name <b>LAUREN E RIGA</b>		24a Relationship To Decedent <b>GRANDDAUGHTER</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>733 NORTH RANDOLPH STREET, GARY, IN 46403</b>		25a Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CALUMET PARK CEMETERY</b>		25b Location - City, Town, And State <b>MERRILLVILLE, IN</b>	
25c Place Of Disposition		26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>PRUZIN BROTHERS MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410</b>		27a Funeral Home License Number <b>FH83002453</b>		27b License Number Of Licensee <b>THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE</b>		27c License Number Of Licensee <b>01053003A</b>	
25 Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Causes The Death. Do Not Enter Terminal Conditions 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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CONGESTIVE HEART FAILURE</b>										YEARS	
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>HYPERTENSION</b>										YEARS	
C. <b>CORONARY ARTERY DISEASE</b>										YEARS	
D.											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input checked="" type="checkbox"/> 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		37. Injury At Work? <input type="checkbox"/> Yes <input 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)		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: <b>FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01053003A</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>FADI ISSA ALZEIDAN, 311 E. 39TH AVE, MERRILLVILLE, IN 46410</b>		45. Date Certified <b>05/05/2014</b>		46. Additional Funeral Service Provider		47. *Atas:		49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 05 2014</b>		48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>	

