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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 070101

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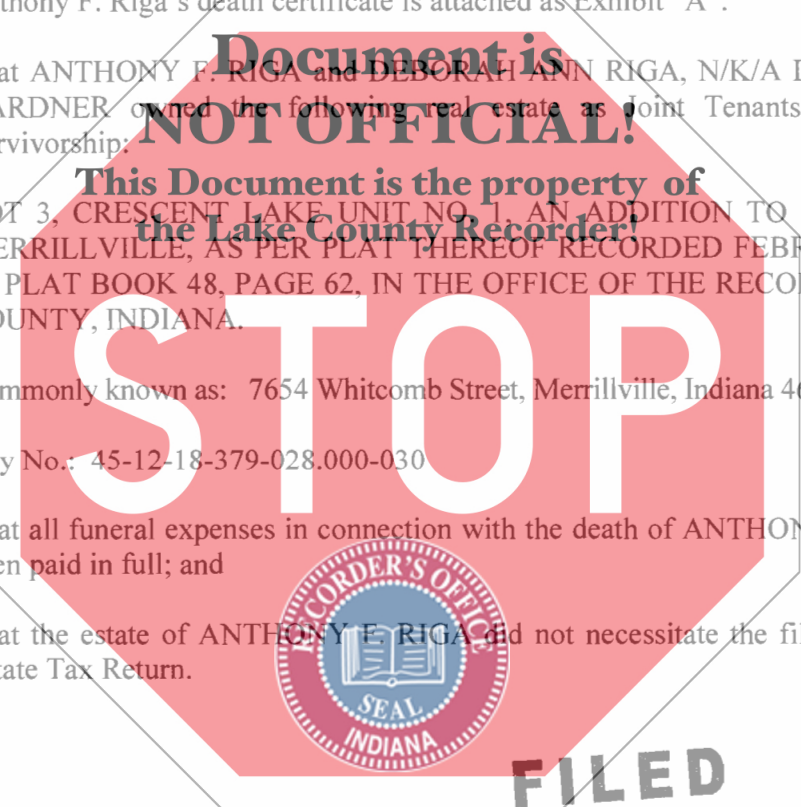
STATE OF INDIANA)
) SS:
COUNT OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

I, FIRST MIDWEST BANK, BY MICHELE MORGAN, VICE PRESIDENT, this 21st 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 23rd 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 3, 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: 7654 Whitcomb Street, Merrillville, Indiana 46410
 Key No.: 45-12-18-379-028.000-030
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 filling of a Federal Estate Tax Return.



FILED

OCT 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

04876

M-E

15-00
004721
004728

FURTHER AFFIANT SAYETH NOT.

FIRST MIDWEST BANK

BY: Michele A Morgan VP of FRO
MICHELE MORGAN, VICE PRESIDENT

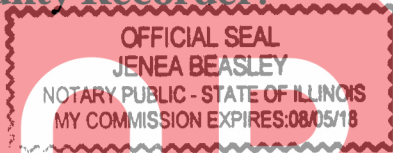
STATE OF ILLINOIS)
) SS:
COUNT OF WILL)

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

My commission expires:
8/5/18

Document is
NOT OFFICIAL!
Notary Public
Resident of Will County
**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 - 45th Street, Suite A
Highland, IN 46322

RF
This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th 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) ANTHONY F RIGA		1a 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	6a Age - Yrs 82	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) 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 Of 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		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 Of 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, 6360 BROADWAY, MERRILLVILLE, IN 46410		27a Funeral Home License Number FH83002453			
27b Signature Of Indiana Funeral Service Licensee THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		27c License Number (Of Licensee) ED0180699		27d Date Of Signature MAY 06 2014			
28 Cause Of Death (See Instructions And Examples) Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Exclude 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. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of) B. HYPERTENSION Due to (Or As A Consequence Of) C. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of) D. 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		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. Was Tobacco Use Contributive 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"/> Pregnant If 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)		38. Apt. No.	
38. Location Of Injury - State		38b. City Or Town		38c. Street & Number		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					
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		47. Akas		48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year) MAY 05 2014		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

