

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 071092

2015 OCT 20 AM 10:11

MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
)

AFFIDAVIT

I, Otto H. Stasi, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Henry L. Stasi and Lorraine Stasi, husband and wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The South 45.50 feet, by parallel lines, of Lot 14 in White Oak Estates of Highland, Block 5, an Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 83 page 81, in the Office of the Recorder of Lake County, Indiana.

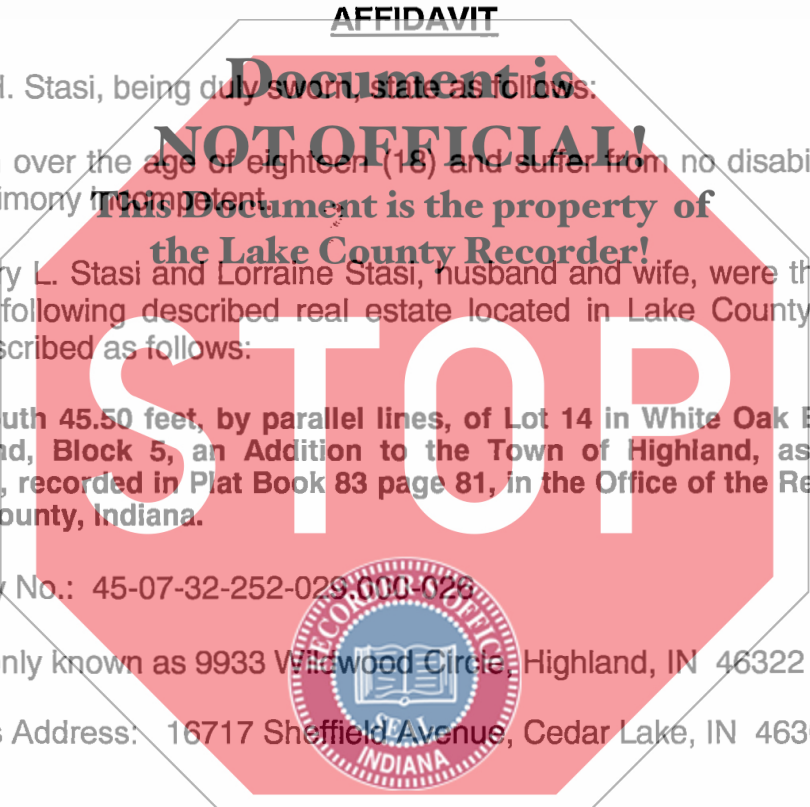
Tax Key No.: 45-07-32-252-029-000-026

Commonly known as 9933 Wildwood Circle, Highland, IN 46322

Affiant's Address: 16717 Sheffield Avenue, Cedar Lake, IN 46303

3. Henry L. Stasi and Lorraine Stasi acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 31st day of January, 2005, and recorded in the Office of the Lake County Recorder on the 9th day of February, 2005 as Document No. 2005 009698.

4. Henry L. Stasi and Lorraine Stasi jointly held title to said real estate until the death of Henry L. Stasi on the 23rd day of July, 2008, at which time Lorraine Stasi acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Henry L. Stasi.



FILED

OCT 17 2015

22453 JOHN E. PETALAS
LAKE COUNTY AUDITOR

151
ck-7755
BT

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Otto H. Stasi

Otto H. Stasi, Affiant

STATE OF INDIANA

COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder.**

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Otto Stasi, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of October, 2015

My commission expires: 02/13/2018



Signature: *Lesa A. Potacki*

Lesa A. Potacki

Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

7



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **002777**

EDR No **000000069030**

State No **045057**

1. Decedent's Legal Name (First, Middle, Last) HENRY L STASI				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:50 PM	4. Date Of Death (Month/Day/Year) 07/23/2008		
5. Social Security Number [REDACTED]		6a. Age - Yrs 91		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) 12/14/1916		
8. Birthplace (City and State or Foreign Country) LADD, IL		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 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 checked="" 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) 9933 WILDWOOD CIRCLE										
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322					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 LORRAINE STASI				15a. (If Wife) Give Maiden Last Name: O'BRIEN		16. Decedent's Usual Occupation BARBER		17. Kind Of Business/Industry TONSORIAL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 9933 WILDWOOD CIRCLE	18d. Apt. No.	18e. Zip Code 46322	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 NOT HISPANIC			21. Decedent's Race White			22. Father's Name (First, Middle, Last) MIKE STASI	
23. Mother's Name (First, Middle, Last) OLGA STASI			23a. Mother's Maiden Last Name SERAFINI			24. Informant's Name DAVID J STASI				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) SOLAN PRUZIN FUNERAL HOME AND CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375			27a. Funeral Home License Number: FH10200037					
27b. Signature Of Indiana Funeral Service Licensee: JOHN S PRUZIN JR, SIGNATURE ON FILE			27c. License Number (Of Licensee): FD29600100			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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): FEB 17 2013 3 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. _____ Due to (Or As A Consequence Of): _____ C. _____ 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. 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown 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					
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: ANEMARIA Z. LUTAS, SIGNATURE ON FILE						42. Certifier (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: ANEMARIA Z. LUTAS, 1307 BRANDYWINE DRIVE, MUNSTER, IN 46321		
44. License Number 01055289A						45. Date Certified 07/25/2008		46. Additional Funeral Service Provider:		
47. *Akas:						48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE				
49. For Registrar Only - Date Filed (Month/Day/Year): JUL 25 2008						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				

