STATE OF INDIANA.
LAKE COUNTY
FILED FOR RECORD

2016 056138

2016 AUG 18 AM 10: 20

STAT	E OF INDIANA) MICHAEL B. BROWN									
) ss:									
COUNTY OF LAKE)										
TSOU	On the day of, 2016, before me personally appeared KATHY KALAS to me personally known, who being duly sworn upon oath, did say that:									
1.	Affiant resides at 1906 Cherrywood, Muster, Indiana 46321: S << GRANTEE'S ADDRESS									
2.	Affiant is the owner of the following described property: CIAL!									
	Lot 22 in Block One White Oak Estates, as per plas thereof as reported yin the Office of the Recorder of Lake County, Indiana. the Lake County Recorder!									
	Commonly known as: 1906 Cherrywood Lane, Munster, IN 46321 Key No. 45-07-32-377-005.000-027									
3.	Said premises were formerly owned as tenants by the entireties by DIMITRIOS K. TSOUKALAS and KATHY TSOUKALAS, husband and wife.									
4.	Said DIMITRIOS K. TSOUKALAS died on A certified copy of the death certificate of DIMITRIOS K. TSOUKALAS is attached hereto as "Exhibit A".									
5.	That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.									
6.	That Affiant and DIMITRIOS K. TSOUKALAS were never divorced, and Affiant is the surviving spouse of said decedent.									
	Lathy Loubalas									
KATHY (SOUKALAS										
201	THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this day of Apri, Notary Public State Pub									
My Con	mmission Expires: My Commission Expires: My Commission Expires Nov 9, 2019 Notary Public Seal Notary Public Nov 9, 2019									
Laffinn										
PREPA	APIG 1 8 2016 ARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1384									
	equired by law. Thomas L. Kirsch AUG 18 2016 ARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1384 LAKE COUNTY AUDITOR									

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

Tracking No. 96629

				INDIAN		RTIFIC				HEALI	Н		Track	ting I	No. 2	700Z	9	
																<u>C</u> 1	1V C	
	<u>No 002</u>			E		<u>0000</u>			<u>21 </u>				<u> 10 03</u>				70	
Decedent's Legal Name (First,	t, Middle, Last))			1	a. Maiden Nan	me (Iffema	ile)		2. Sex		3, 116	ne Of Death	n	4. Date (Of Death (Mo	nt⊓/Day/Year)	
DIMITRIOS K TSOUK 5. Social Security Number 6a.		6b, Under 1	Year F	Sc. Under 1 Mo	nth 6d	Under 1 Day	6e Und	der 1 Hour	7 Date	of Birth (Mo	LE		2:21 AN		and State	07/04/20 or Foreign Co		
	•				+		 		7. Duic	•	•		•	, ,		or r orangir oo	4.13,7	
9. Ever in U.S. Armed Forces?	59 10. If Dea	Months th Occurred In		Days al:	Hou	irs	Minutes 10a. If I	Death Occur	rred Some	02/05/1 where Othe		Hospital	PARPA	ARIA,	GR			
☐ Yes ☒ No ☐ Unknown	n	ent 🏻 Emera	ency Depa	artment Outpati	ent □ (Dead on Arriva		pice Facility er (Specify)	⊠ De	ecedent's H	ome [Nursi	ng Home/Lo	ong-term	Care Faci	lity		
11. Facility Name (If Not Instituti	\	_ ·	•	-			_ _ Out	er (Specify)										
1906 CHERRYWOOD 12. City Or Town, State, And Zip							1 1:	3. County C	Of Death				T 14 Ma	rital Stat	us At Time	Of Death		
								_					⊠ Ma	rried 🔲	Married, B	out Separated	_ Divorced	
MUNSTER, IN, 46321 15. Surviving Spouse's Name					15a. Last	Name Before F		AKE	Т	16, Dece	dent's Ust	ual Occu		dowed	_	or Married [Of Business/l		
							`	-							UNIVE	RSITY	-	
KATHY TSOUKALAS 18. Residence - State			18a. Co		3OUG	ALIS	18b.	City Or Tow		PROFE	SSOF	₹			EDUCA	ATION		
INDIANA			LAKE				NALIN	JETED										
18c. Street And Number		l·	LANE		MUNSTER						18d. Apt. No.				18e. Zip Code 18f. Inside City Li			
1906 CHERRYWOOD LANE														463	21	⊠ Ye	s □ No	
19. Decedent's Education			20. 0	Decedent Of His	panic Ori	9is C11	me	21D	Decedents	Race	1			403	1 1	1		
DOCTORATE(PHD,E PROFESSIONAL(MD		MLLB.ID	NOT	THISPAN	IC	JCU.		White	10								ļ	
22. Parent's Name (First, Middle,	Last)	141, 2.22,02	/	N	ĬΊ	OI	23. Pare	nts Name (F		le, Last)	$\overline{}$			23a. Pa	rent's Last	Name Before	First Marriage	
KIRIAKOS TSOUKAL	AS		/_				KALLI	OPI TS	OLIKAI	AS				KAYI	ANTAS			
24. Informant's Name				24a. Relationsh	p To Dec	adenent	. Izab. Mai	ling Address	s (Street &	nd Number	City, Sta	ate, Zip C	ode)	10 (17	111110	<u>'</u>		
KATHY TSOUKALAS			V	WIF Ehe	Lak				YWOO	DLAN	E, MU	NSTE	R IN 4	6321				
25a. Method Of Disposition		2:	5b. Place	Of Disposition	(Name O		ace Of Disperentation		25c. Lo	ocation - Cit	y, Town, /	And Stat	9					
⊠ Burial □ Cremation □ Do □ Removal From State	onation 🗌 En	ntombment																
Other (Specify):				DOD CEM					HAM	MOND,	IN							
26. Was Coroner Contacted?	27.	Name And Co	mplete A	ddress Of Fune	ral Facilit	У									27a. Fur	neral Home Li	ense Number:	
☐ Yes ☒ No	KIS	SH FUNE	RAL H	10ME, 100	000 CA	ALUMET	AVE, M	UNSTE	R, IN 4						FH107	00038		
27b. Signature Of Indiana Funera KEVIN W. KISH, BY I			NATU	IRE							7c. Licer		ber (Of Lice	ensee):				
						Of Death (Se				5)				•			oximate	
28. Part I. Enter The <u>Chain C</u> Such As Cardiac Arrest, Res	piratory Arre	st, Or Ventrici	ries, Or C ular Fibril	Complications Ilation Without	- That Di Showing	irectly Caused g The Etiology	d The Deat y. Do Not A	h, Do Not B Abbreviate,	Enter Ten Enter On	minal Even ly One Cau	ts ise On					Inter To D	val: Onset eath	
A Line. Add Additional Lines Immediate Cause (Final Dise			ın In Dea	ith) A	ADE	NOCARCINO	MA DE TH	EDNING W	WITH MET	'ASTASIS	TO LIVE	R SPIR	EN AND I	PERITO	NEIIM	4YEAI	20	
ministrate dasse (Final Biss	5455 Or OOR	SHOTT	g in boa	,	71011	77.07.			Due to (Or A	A Consequent	os Of):	, 0, 0,	/ ////	Ligito	142QIII_		<u></u>	
Sequentially List Conditions, Line A. Enter The Underlying	if Any, Lead	ding To The C sease Or Injur	ause List	ted On B.				MCE.	Due to (Or A	s A Consequen	ce On:	-/-						
The Events Resulting In Dea			, (C.			القيق		Due to (Or A	s A Consequen	79 DD:							
				D.		E 1	SEAL.		500 10 (01 7	SA SCHOOL STORY	/ -							
Part II, Enter Other Significant Co	nditions Conti	ributing to Deal	th But Not			vina Cause Giv	yen in Radi.	CITY TO		An Autops				l Yes	⊠ No			
						THIS IS A	TRUE	COPYC		e Autopsy F				e The Ca	use Of De	ath2	es 🗆 No	
31. Did Tobacco Use Contribute			f Female: Vot Pregnant		THE	COUNTY	ON FII	LE WITH	H THE	Days O Death			of Death:	е П A	.ccident [Pending In	vestigation	
Yes Probably No 2 34. Date Of Injury (Month/Day/Ye	_			, But Pregnant 💠 Da	ys To 1 year	Before Death	Unknown	n if Pregnant Wit	thin The Past	Year		Suicide [Could No	ot Be De	termined			
34. Date Of Injury (Month/Day/16	ear)	35.	Time Of I	injury		AUG		(E.G., Dec	edent's Ho	me, Gonstn	otion Site	e, Restat	rant, wood	led Area) 3	7. Injury At W	ork? □ No	
38. Location Of Injury - State		38a.	City Or T	own .		11	Street & Nur	nber.		-			38c.	. Apt. No	o. 38	3d. Zip Code		
				- 1			\supset											
39. Describe How Injury Occurre	ed	I				<u> </u>			_	-	40.	If Transp	ortation Inju	ury Spe	ify:	What (Bolletia) n		
A1 Signature Of Barrer Co. "	ina Com - C	Death			LAK	E COUNT	Y HEAL	TH OFF	ICER		!		Passen	iol.	VAL	אטיט.	ESS	
41. Signature, Of Person Certify LYLE R MUNN, BY E	LECTRO	DNIC SIGI									ertifier (C ertifying F	Physician		Coroner		Health Office		
43. Name, Address And Zip Cod	le Of Person C	Certifying Cause	e Of Deat	h:								44. Lic	ense Numb	er		5 Date Certif	ed	
LYLE R MUNN , 85 E	US HIC	HWAY 6	, MED	ICAL PLA	ZA, S	TE 235, V	'ALPAR	AISO, I	N 4638	33			582A			07/06/	2015	
												47. *A	ı				-	
48. Signature of Local Health Off SUSAN W. BEST, VIA		RONIC SI	GNAT							49. For R	legistrar	Only - [ate Filed((Month/E . 06 2			-	
OUDDIN VV. DEGT, VIF	LLEUI	NOINIC SI	GIVAI		MENT TO	O CERTIFICA	TE OF DE	ATH (ENT	RY OR C	RIGINAL)			. JUL	_ 00 2	U 10	·	<u></u>	
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