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STATE OF INDIANA)
) SS: PARCEL NO. 45-11-18-353-010.000-034
 COUNTY OF LAKE) Return to: Attorney Mark A. Bates
 7803 W. 75th Ave., Suite 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

Nancy E. Valesano after being duly sworn upon her oath states as follows:

1) That Dominic J. Valesano and Nancy E. Valesano, held the following real estate in Lake County, Indiana, jointly as husband and wife and more particularly described as:

All of Lot 2 except the West 45 feet by rectangular measurement with the west line of said Lot 2 and the West 55 feet of Lot 3 by rectangular measurement with the west line of Lot 3; being 100 feet in all by rectangular measurement as marked and laid down in the recorded plat of Schillings Second Addition to Dyer in Dyer, Lake County, and as the same appears of record in Plat Book 31, Page 61, in the records of Lake County.

Commonly known as: 909 Janet Place, Dyer, Indiana 46311.
This Document is the property of the Lake County Recorder!

2) That Dominic J. Valesano and Nancy E. Valesano remained married until the death of Dominic J. Valesano and were never divorced.

3) Dominic J. Valesano died testate on the 28th day of November, 2012. No estate has been opened for him nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Dominic J. Valesano's death certificate is attached hereto and made a part hereof.

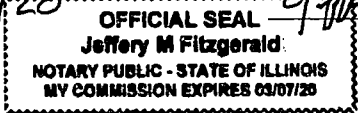
Dated this 27 day of December, 2016
 Nancy E. Valesano, Affiant

STATE OF INDIANA)
) SS: JOHN E. PETALAS
 COUNTY OF LAKE) LAKE COUNTY AUDITOR

Before me, the undersigned, a Notary Public, in and for said County and State this 27 day of December, 2016 personally appeared Nancy E. Valesano and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 3/7/20 Jeffery M Fitzgerald Notary Public
 010208

County of Residence: Laek



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.

Mark A. Bates

This Instrument Prepared by: MARK A. BATES, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375. (219)322-1271. E-mail address: batesattorney@comcast.net

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2017 001724

STATE OF INDIANA
 LAKE COUNTY
 OFFICE OF RECORDS
 RECEIVED FOR RECORD
 JAN 10 12:52
 MICHAEL B. BROWN
 RECORDER

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003723

EDR No 00000292332

State No 052814

1. Decedent's Legal Name (First, Middle, Last) JOHN VALESANO
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 04:00 PM
4. Date Of Death (Month/Day/Year) 11/28/2012
5. Social Security Number
6a. Age - Yrs 80
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 04/26/1932
8. Birthplace (City and State or Foreign Country) PERU, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
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
15. Surviving Spouse's Name NANCY ELLEN VALESANO
15a. (If Wife) Give Maiden Last Name NELSON
16. Decedent's Usual Occupation MANAGER
17. Kind Of Business/Industry OIL
18. Residence - State SOUTH CAROLINA
18a. County BEAUFORT
18b. City Or Town HILTON HEAD ISLAND
18c. Street And Number 14 BEAR ISLAND ROAD
18d. Apt. No.
18e. Zip Code 29926
18f. Inside City Limits?
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 VALESANO
23. Mother's Name (First, Middle, Last) ANNA VALESANO
23a. Mother's Maiden Last Name CICCARELLI
24. Informant's Name NANCY VALESANO
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 14 BEAR ISLAND ROAD, HILTON HEAD ISLAND, SC 29926
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NORTHWEST INDIANA CREMATION SERVICES
25c. Location - City, Town, And State CROWN POINT, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS INC., 1920 HART STREET, DYER, IN 46311
27a. Funeral Home License Number: FH83001504
27b. Signature Of Indiana Funeral Service Licensee: RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20400030
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. ATRIAL FIBRILLATION
B. CORONARY ARTERY DISEASE
C. MESOTHELIOMA
D.
Cause Of Death (See Instructions And Examples)
Approximate Interval: Onset To Death
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.
MESOTHELIOMA
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: SUGANTHI ESWARAMOORTHY, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SUGANTHI ESWARAMOORTHY, 840 RICHARD RD., STE2, DYER, IN 46311
44. License Number 01059086A
45. Date Certified 11/29/2012
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): NOV 30 2012
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)