SURVIVORSHIP AFFIDAVIT

Ĺ	15-11.14-4	-109-002-000.034		. 100 E
	·.	LAKE	Indiana	
STATE OF INDIANA, COUNTY	OF LAKE	; SS:		N
		, being first duly sworn,	on oath	
		resides in the County of LA		
		is the surviving Spouse		On the second
OF ANTONIO GONNELLA	MILLA MATTHIO B Gode	w// Who died on the 19	day o f	Õ
		d that a such surviving 50	4	20063
· /	*		County,	Co
Indiana: 4	_ ,		c ·	
		it is the property of ounty Recorder!		•
•	the Lake Co	Junty Recorder:		8
				STATE OF LAKE CO FILED FOR
			RECO	R CA
				29 29 29 29 29 29 29 29 29 29 29 29 29 2
		nd doctor bills of said dece aid decedent's estate has no	t been 55	RECO:
and is not to be administ			Same at	
they took title to the al	pove described to	t were husband and wife at the last that they remand	ned ined	RO RO 27
such continuously until t	the death of cast	decedence		•
			/11	
	E I	Convicto Converto	A Car	
Sworn to before m	ne and subscribed	in my presence this 27	day of	
1 -	, 10-20/7.	1 0	, , , , , , , , , , , , , , , , , , ,	
Resident of LAK	County.	YSS		•
	3	Notary Public		
My Commission Expires:		BRENDA SOHOVICH Notary Public - Seal	<u> </u>	
PREPARED BY: Convre	GarmellA	State of Indiana Porter County		LED
Thinalanda	3	My Commission Expires Nov 5, 20		les les les
エルのフィイフ	DEATED INDIAN	Note: Document to be in the Office of	of the	29 2017
חטנט רטא פ		A THE PERMEAN FOR PERJUR	,	
		ken reasonable care to Social Security number	MHOL	E PETALAS ANDOTOR
16-		nent unless required by la	LAKE CO	Middle Whomas and
619(77)	By: Brende			
0113	. <u> </u>		0.2	22350
411				

			INDIANA	STATE DEI			EALTH		Tracking N	lo.	38848
Local No	EDI	R No 000000421477			State No 058060						
. Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name	1a. Maiden Name (If female)			3. Tim	e Of Death	4. Date Of	Death (Month/Day/Year)	
NTONIO B GONNELLA Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month			Or Harand Day	de Hadard Day Tille Hadard Have 7 Date of				3:42 AM		2/19/2014	
	_ -	6b. Under 1 Year	6c. Under 1 Month		6e. Under 1 Hour	7. Date of	Birth (Month/Day∧		8. Birthplace (City	,	Foreign Country)
Ever in U.S. Armed Forces?		Months Occurred In A Hos	Days pital:	Hours	Minutes 10a, If Death Occu		6/03/1936		MONTENER	RO, IT	
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)											
1. Facility Name (If Not Institution, Give Street and Number) T MARGARET MERCY HEALTHCARE CENTERS-DYER											
2. City Or Town, State, And Zip Code YER, IN, 46311					13. County Of Death			Mantal Status At Time Of Death Married ☐ Merried, But Separated ☐ Divorced Mdowed ☐ Never Married ☐ Unknown			
5. Surviving Spouse's Name			15a	. (If Wife)Give Maiden		.1	6. Decedent's Usu	ial Occup		- v	Business/Industry.
ONNIE G GONNELLA		i 18a-	County	ZZACAPO	18b. City Or Tow	سا	TEEL WORK AYER	KER A		WISCON	ISIN STEEL
NDIANA		LAK			SCHERERY						
Bor Street And Number	Party France	- 44. + 6	to starpen a se some	7		· 5-		pt No.,.	19s. Zip C	ode,	=18f∈inside City Limitu? ☑ Yes □ No
419 HARVEST DRIVE 9. Decedent's Education		1 20	Decedent Of Hispar		in en	ecedent's R			463	75	
						C. C. C. C.					
TH GRADE OR LESS 2. Father's Name (First, Middle, Last))	N	OT HISPANIC	TO	23. Mother's Name (AN First, Middle,	Last)	<u></u>	23a. M	other's Maide	in Last Name
MBERTO GONNELLA			(DI: D		LIDIĂ GONNE	ELLA .		C	SCAL	ZITTI	
4. Informant's Name			24a. Relationship T	ocumen	24b. Mailing Address	(Street And	Number, City, Sta	te, Zip Ci	odey		
LSA L ZELL		$\overline{}$	DAUGHTER	Lake Co	16 KINCRAIC e Of Disposition	DRIVE	VALPARAL	SO, IN	146385	· · ·	
5a. Method Of Disposition Buriaf Cremation Donatio Removal From State Other (Specify):		mbment MEM	ORY LANE MI	EMORIAL PAR	matory, Other Place)		etion - City, Town, A				
6. Was Coroner Contacted? ☐ Yes ☑ No	MEI			Facility AND FUNERA	L HOME CHA	APEL, 63	805 W LINCO	OLN H	IIGHWAY,	27a. Funer FH1110	al Home License Number:
7b. Signature Of Indiana Funeral Se OBERT A. ACEVEZ . B	rvice Licen	see:					27c. Licer FD2020		er (Of Licensee):		
28. Part I. Enter The Chain Of Ev Such As Cardiac Arrest, Respirat A Line. Add Additinal Lines If Ne	vents - Dis	seases, Injuries, C	Ca Or Complications - Ti	use Of Death (See nat Directly Caused owing The Etiology.	The Death, Do Not I	Enter Termi	nal Events				Approximate Interval: Onset To Death
Immediate Cause (Final Disease	Or Condit	ion Resulting In D	leath) A.	CARDIAC ARREST	OER'S	Dun to I Or An A	Conved warmon's	4 2 1 2 2 2	RUE COPY	11 71 15	SUDDEN
Sequentially List Conditions, If A Line A. Enter The Underlying Ca The Events Resulting In Death) L	use (Disea		CIDIOG OII	HYPERLIP DEMIA		结	Consequence On	EC	2 3 2014	RTMEN	T YEARS
an II. Enter Other Significant Condition	ons Contrib	uting to Death But	Not Resulting In The I	Inderlying Cause Givin	in Partit	29. Was A	n Autopsy 28 form	ed?	Yes.	, 🖾 No	
ARDIAC ARREST			and a		ANIM	30. Were	LAVECOL	TRIPPOS	Complete The Ca		17 Yes No
Did Tobacco Use Contribute To D Yes		32. If Fema	alle:	Avegnant At Time Of Death	Not Pregnant, But Pregn	ant Within 42 Day			if Death;		Pending Investigation
4. Date Of Injury (Month/Day/Year)	·	35. Time	nant, But Pregnant 43 Days To Of Injury		Of Injury (E.G., Dec				Could Not Be De rant, Wooded Area		Injury At Work?
			,,		,,,						☐ Yes ☐ No
8. Location Of Injury - State		38a. City C	or Town	38b. Str	eet & Number				385. Apt. No). 38d.	, Zip Code
9. Describe How Injury Occurred					, <u>.</u>		40. I	f Transpo ver/Operator	prtation Injury, Spec	VAIS	"UTLESS
1. Signature, Of Person Certifying Cause Of Death: UGANTHI ESWARAMOORTHY, BY ELECTRONIC SIGNATURE 42. Certifying Physician											
3. Name, Address And Zip Code Of Person Certifying Cause Of Death: 45. Date Certified 45. Date Certified											
UGANTHI ESWARAMO	OORTH	Y , 840 RIC	HARD RD., S	TE2, DYER, IN	1 46311			0105	086A	13.	12/23/2014

49. For Registrar Only Date Filed (Month/Day/Year)
DEC 23 2014 48. Signature of Local Health Officer; SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT "A"

LOT 6 IN AUTUMN CREEK, BLOCK 4, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 84, PAGE 93, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property address: 7419 Harvest Drive, Schererville, IN 46375

Tax Number: 45-11-14-409-002.000-036

