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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 020575

2017 MAR 31 AM 10:12

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

**Comes now** Patricia A. Guistolisi, who being duly sworn upon her oath, deposes and says:

**That**, Patricia A. Guistolisi is the surviving spouse of Raymond Joseph Guistolisi, deceased who died domiciled in Lake County, Indiana, on February 16, 2017.

**That** Patricia A. Guistolisi and Raymond Joseph Guistolisi acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 5 in Block 4 in Villa Shores First Addition to Hobart, as per plat thereof recorded in Plat Book 25 page 4, in the office of the Recorder of Lake County, Indiana.

45-09-31-227-005.000-018

Affiant states that Patricia A. Guistolisi and Raymond Joseph Guistolisi continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Raymond Joseph Guistolisi's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Patricia A. Guistolisi.

Executed:

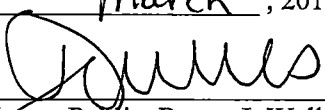
Signature

Patricia A. Guistolisi

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 27 day of march, 2017.

  
Notary Public Renee J. Wells  
Resident of Jasper County  
My Commission expires: 7/8/2017

Prepared by: Patricia A. Guistolisi



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Patricia A. Guistolisi.

Return to: 109 Beverly Blvd, Hobart, IN 46342

**FILED**

MAR 29 2017

011350

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

MS2017-204 AMY

#13  
FN  
A



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

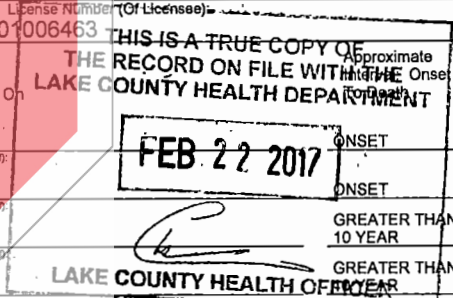
Tracking No. 115133

Local No 000625

EDR No 00000561205

State No 008630

1. Decedent's Legal Name (First, Middle, Last) <b>RAYMOND J GUISTOLISI</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:17 AM</b>	4. Date Of Death (Month/Day/Year) <b>02/16/2017</b>		
5. Social Security Number		6a. Age - Yrs <b>74</b>	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) <b>11/27/1942</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>	
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) <b>ST MARY MEDICAL CENTER INC</b>										
12. City Or Town, State, And Zip Code <b>HOBERT, IN, 46342</b>					13. County Of Death <b>LAKE</b>			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 <b>PATRICIA GUISTOLISI</b>			15a. Last Name Before First Marriage <b>FREY</b>			16. Decedent's Usual Occupation <b>BARBER</b>		17. Kind Of Business/Industry <b>SELF EMPLOYED</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HOBERT</b>		18d. Apt. No.	18e. Zip Code <b>46342</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>109 BEVERLY BOULEVARD</b>			19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>	20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Parent's Name (First, Middle, Last) <b>SAMUEL GUISTOLISI</b>			23. Parent's Name (First, Middle, Last) <b>ANNA GUISTOLISI</b>			23a. Parent's Last Name Before First Marriage <b>VAVRINEK</b>				
24. Informant's Name <b>PATRICIA GUISTOLISI</b>			24a. Relationship To Decedent <b>SPOUSE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>109 BEVERLY BOULEVARD, HOBERT, IN 46342</b>				
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) <b>KELLY CARROLL CREMATION SERVICES GARY, IN</b>			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBERT CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342</b>					27a. Funeral Home License Number: <b>FH83003069</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee) <b>FD01006463</b>			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>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): B. <u>CARDIAC FAILURE</u> Due to (Or As A Consequence Of): C. <u>SEVERE COPD</u> Due to (Or As A Consequence Of): D. <u>CORONARY ARTERY DISEASE</u>  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				
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>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): B. <u>CARDIAC FAILURE</u> Due to (Or As A Consequence Of): C. <u>SEVERE COPD</u> Due to (Or As A Consequence Of): D. <u>CORONARY ARTERY DISEASE</u>  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						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: <b>MANJEET GEETA, BY ELECTRONIC SIGNATURE</b>						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: <b>MANJEET GEETA, 6375 U.S. HWY 6, PORTAGE, IN 46368</b>						44. License Number <b>01062217A</b>		45. Date Certified <b>02/21/2017</b>		
46. Additional Funeral Service Provider:						47. *As:				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 22 2017</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



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