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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 057578

2017 AUG 25 AM 9:29

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

Dionisia Plarinos, being first duly sworn upon oath, deposes and says:



1. That Dennis Plarinos (a/k/a Dionisios Plarinos) died on June 28, 2015 in Lake County, Indiana (see attached copy of death certificate, with social security number redacted).
2. That Dionisia Plarinos and Dennis Plarinos were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 145 in Novo-Selo Unit No. 3, in the town of Schererville, as per plat thereof, recorded March 31, 1978 in plat book 48 page 67, in the office of the recorder of Lake County, Indiana. Unit No. 20 Key No. 13-282-41.

Commonly known as: 846 Appletree Drive, Schererville, Indiana 46375

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Angela Loxas, Guardian

DIONISIA PLARINOS, by her
Guardian, Angela Loxas

FILED 004700

AUG 24 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

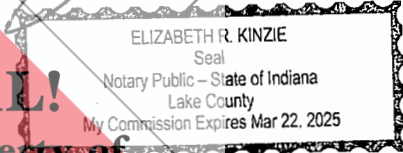
AS
AM
Community Title Company
File No. 17120646

Subscribed and sworn to before me, a Notary Public this 18 day of August 2017.



Notary Public

My Commission Expires: 3/22/2025
County of Residence: Lake County, Indiana

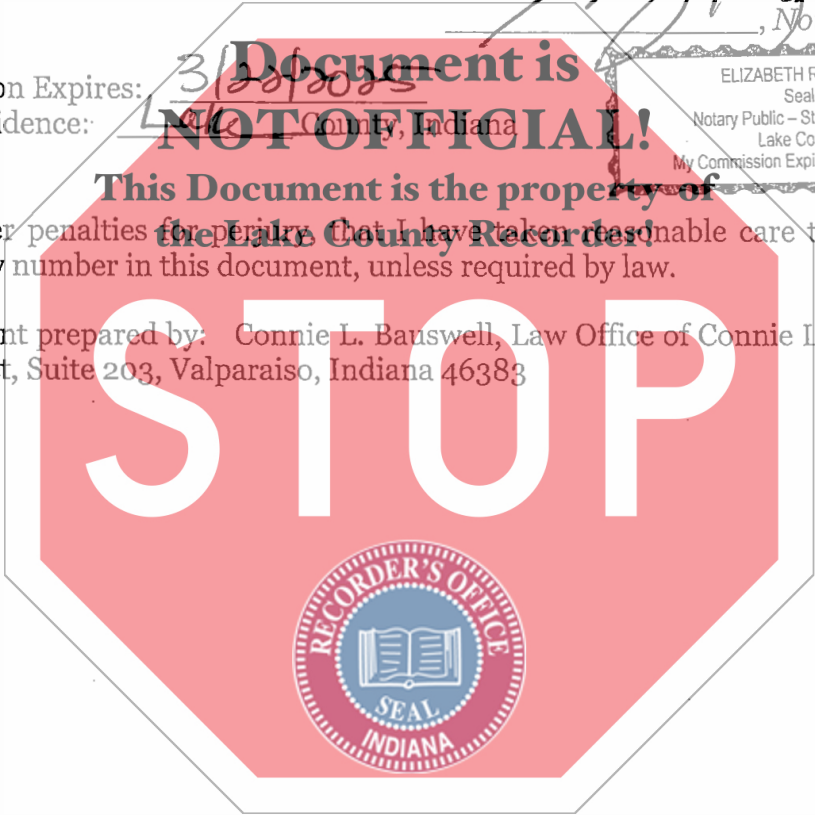


Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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.

This Instrument prepared by: Connie L. Bauswell, Law Office of Connie L. Bauswell, 57 Franklin Street, Suite 203, Valparaiso, Indiana 46383





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 57777

Local No 002175

EDR No 000000456299

State No

1. Decedent's Legal Name (First, Middle, Last) DIONISIOS PLARINOS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:15 AM	4. Date Of Death (Month/Day/Year) 06/28/2015	
5. Social Security Number		6a. Age - Yrs 80	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) 08/10/1934		8. Birthplace (City and State or Foreign Country) ZAKYNTHOS, GR
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 846 APPLETREE DRIVE									
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375					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 DIONISIA PLARINOS				15a. (If Wife) Give Maiden Last Name LIVOS		16. Decedent's Usual Occupation OWNER-OPERATOR		17. Kind Of Business/Industry RESTAURANT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Street And Number 846 APPLETREE DRIVE	18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) PANAYIOTI PLARINOS				23. Mother's Name (First, Middle, Last) MAGDALENE PLARINOS				23a. Mother's Maiden Last Name MORAITIS	
24. Informant's Name ANGELA PLARINOS				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1248 ROYAL DUBLIN LANE, DYER, IN 46311			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ELMWOOD CEMETERY			25c. Location - City, Town, And State HAMMOND, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01021590			
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. IGA MULTIPLE MYELOMA WITH END STAGE RENAL DISEASE Due to (Or As A Consequence Of): MONTHS 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.									Approximate Interval: Onset To Death
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 NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE						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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 06/29/2015	
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): JUN 30 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

