

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 070857

2017 OCT 19 PM 2:22

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STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER  
MAINTENANCE BILLS TO:  
Charles Drosos, Jr.  
3816 Hohman Avenue  
Hammond, IN 46327

**SURVIVORSHIP AFFIDAVIT**

On this 4<sup>th</sup> day of October, 2017, before personally appeared CHARLES DROSOS, JR. to me personally known, who is being sworn on oath did say that:

1. Affiant states that Charles Drosos, Jr. and Elaine M. Drosos, husband and wife, are owners of the property located at 3816 Hohman Avenue, Hammond, Indiana.
2. Said premises of the Affiant is described as follows:  

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LOT 43, BLOCK 1, DOUGLAS PARK MANOR IN THE CITY OF HAMMOND AS SHOWN IN PLAT BOOK 17, PAGE 26, LAKE COUNTY, INDIANA.

Parcel No. 45-02-24-405-018.000-023

**STOP**
3. Said Elaine M. Drosos is deceased. (Death Certificate is attached.)
4. Affiant states that he is the surviving spouse of ELAINE M. DROSOS and that their marital relationship remained unbroken until her death on February 2, 2017, and that all estate and inheritance taxes have been paid.
5. Affiant states that she makes this affidavit to induce the Auditor's Office of Lake County, Indiana to properly transfer title of the above described tract to CHARLES DROSOS, JR.

*Charles Drosos Jr.*  
CHARLES DROSOS, JR., Affiant

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**FILED**

OCT 19 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

042470

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared CHARLES DROSOS, JR., and acknowledges the execution of the foregoing instrument and being duly sworn by me upon her oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and sealed this 4th day of October 2017.

My Commission expires:  
7-1-2022

Theresa Hawryszkow  
Notary Public

Theresa Hawryszkow Lake City.  
Printed name and county



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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.

(Signature) [Handwritten Signature]

(Name printed) KEVIN C. SMITH



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

Local No **000029**

EDR No **000000559371**

State No **006391**

1. Decedent's Legal Name (First, Middle, Last) <b>ELAINE M DROSOS</b>				1a. Maiden Name (If female) <b>SIMICH</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>18:00</b>	4. Date Of Death - (Month/Day/Year) <b>02/06/2017</b>			
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>81</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>02/24/1935</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>			
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>REGENCY PLACE - EAST CHICAGO</b>											
12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</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>CHARLES DROSOS JR</b>				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>			
18. Residence - State <b>ILLINOIS</b>		18a. County <b>COOK</b>			18b. City Or Town <b>CHICAGO</b>			18d. Apt. No.	18e. Zip Code <b>60633</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. Street And Number <b>13246 AVENUE M</b>		19. Decedent's Education <b>9TH - 12TH GRADE, NO DIPLOMA</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>PETER SIMICH</b>				23. Parent's Name (First, Middle, Last) <b>MILDRED SIMICH</b>				23a. Parent's Last Name Before First Marriage <b>STARAY</b>			
24. Informant's Name <b>CHARLES DROSOS JR</b>				24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>13246 AVENUE M, CHICAGO, IL 60633</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" 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>HOLY CROSS CEMETERY</b>			25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC (HAMMOND), 4404 CAMERON AVE, HAMMOND, IN 46327</b>					27a. Funeral Home License Number: <b>FH83002835</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>HENRY J. BLAKE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01019406</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. <b>METASTATIC LUNG CANCER</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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											
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. 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					
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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. 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
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	
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 checked="" 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>WASSIM ATASSI, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01058603A</b>		45. Date Certified <b>02/08/2017</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322</b>						47. Akas:		49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 09 2017</b>			
46. Additional Funeral Service Provider: <b>OPYT FUNERAL HOME</b>						48. Signature of Local Health Officer: <b>GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

