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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 084209

2017 DEC 13 AM 9:30

MICHAEL B. BROWN
RECORDER

MAIL TAX BILLS TO:
436 Softwood Drive
Hobart, Indiana 46342

PARCEL NUMBER: 45-08-36-255-016.000-018

IN RE: CHRISA T. CHRISTODOULAKIS A.K.A. THERESA CHRISTOS

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

John Christos, being first sworn upon his oath, states:

1. I reside at 250 Pixley Court, Valparaiso, Indiana, 46385; I am the only child of the decedent, Chrisa T. Christodoulakis A.K.A. Theresa Christos, and I make this affidavit pursuant to Indiana Code 29-1-8-3.
2. The decedent, Chrisa T. Christodoulakis A.K.A. Theresa Christos died intestate on October 27, 2017, while domiciled in Lake County County, Indiana; forty-five (45) days have elapsed since the death of the decedent; and no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
3. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: Fifty Thousand Dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.
4. The decedent owned a piece of real estate in Lake County, Indiana, located at 436 Softwood Drive, Hobart, Indiana 46342, and legally described as:

Lot 75, in Crestwood Park in Hobart, as per plat thereof, recorded in Plat Book 21, page 8, in the Office of the Recorder of Lake County, Indiana. Subject to easements of record as shown by plat of Subdivision in Miscellaneous Record 658, Page 30, and subject to Restrictive Covenants appearing of record on the recorded plat and in Miscellaneous record 658, Page 30, and subject to any municipal improvement assessments.

5. That the following named persons are the only heirs of the decedent and are entitled to the shares of said real estate opposite their names, such shares being equal undivided interests, and determined pursuant to Indiana's intestate laws.

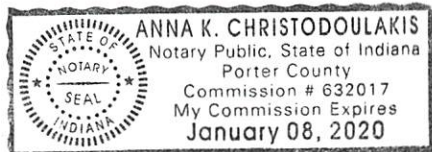
Interest	Name	Address
100%	John Christos (son)	250 Pixley Court, Valparaiso, Indiana 46385

Date 12-12-17

[Signature]
John Christos

STATE OF INDIANA)
COUNTY OF PORTER)

Before me, a Notary Public, in and for said County and State, on Dec. 12, 2017 personally appeared John Christos, who being duly sworn upon his oath stated the facts contained herein are true, and who acknowledged the execution of the foregoing Affidavit.



[Signature]
Notary Public
Printed: Anna K. Christodoulakis
County of Residence: Porter
My Commission Expires: 01/08/2020

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. Anna Christodoulakis

FILED

This Instrument Prepared By:
Anna K. Christodoulakis, Attorney,
15 N. Franklin St., Ste. 280, Valparaiso, Indiana, 46383
(219) 776-2662 • anna@attorneyakc.com

DEC 13 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

006539

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#1069
SS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 139544

Local No 003726

EDR No 00000606463

State No 052940

1. Decedent's Legal Name (First, Middle, Last) CHRISA T CHRISTODOULAKIS				1a. Maiden Name (If female) ZAHARIAS		2. Sex FEMALE	3. Time Of Death 07:25 PM	4. Date Of Death (Month/Day/Year) 10/27/2017	
5. Social Security Number [REDACTED]		6a. Age - Yrs 76	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) 10/09/1941		8. Birthplace (City and State or Foreign Country) GARY, IN
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 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) ST MARY MEDICAL CENTER INC									
12. City Or Town, State, And Zip Code HOBART, IN, 46342					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 EMMANUEL CHRISTOS				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 436 SOFTWOOD DRIVE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) GEORGE ZAHARIAS				23. Parent's Name (First, Middle, Last) MARIA ZAHARIAS		23a. Parent's Last Name Before First Marriage SKAVDIS			
24. Informant's Name JOHN E CHRISTOS				24a. Informant's Relationship To Decedent SON		24b. Informant's Address (Street, City, State, Zip Code) 250 RIXLEY COURT, VAL PARAISSO, IN 46385		25. Place Of Disposition	
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number: FH83002445			
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20700059					
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. CONGESTIVE HEART FAILURE 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. _____ C. _____ D. _____								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (If Applicable)						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"/> Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But 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 OCT 31 2017		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: MILTON STANLEY GASPARIS, 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: MILTON STANLEY GASPARIS, 1352 SOUTH LAKE PARK AVE, HOBART, IN 46342						44. License Number 01037515A		45. Date Certified 10/31/2017	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 31 2017			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
OCT 31 2017
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS