

2019-075150

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Oct 31 11:40 AM

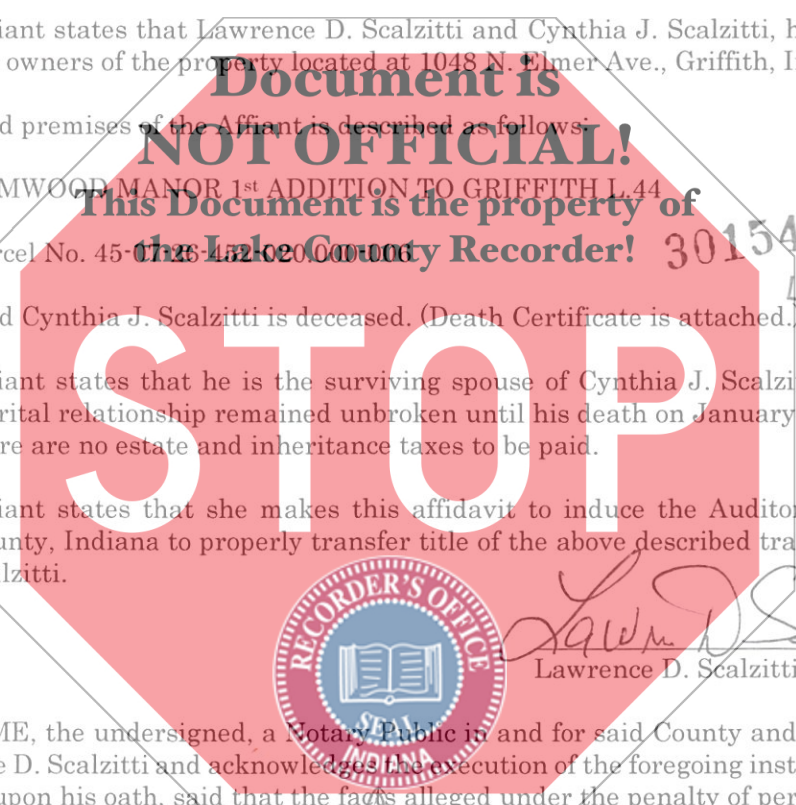
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MAIL TAX BILLS TO:
Lawrence D. Scalzitti
1048 N. Elmer Ave.
Griffith, IN 46319

CORRECTED SURVIVORSHIP AFFIDAVIT

On this 30 day of October, 2019, before personally appeared Lawrence D. Scalzitti to me personally known, who is being sworn on oath did say that:

- Affiant states that Lawrence D. Scalzitti and Cynthia J. Scalzitti, husband and wife, are owners of the property located at 1048 N. Elmer Ave., Griffith, Indiana.
- Said premises of the Affiant is described as follows:
ELMWOOD MANOR 1st ADDITION TO GRIFFITH L.44
Parcel No. 45-0725-42-0000
- Said Cynthia J. Scalzitti is deceased. (Death Certificate is attached.)
- Affiant states that he is the surviving spouse of Cynthia J. Scalzitti and that their marital relationship remained unbroken until his death on January 1, 2015, and that there are no estate and inheritance taxes to be paid.
- 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 Lawrence D. Scalzitti.



FILED

OCT 31 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR



Lawrence D. Scalzitti
Lawrence D. Scalzitti, Affiant

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

Signed and sealed this 30th day of October 2019.

My Commission expires:
June 11, 2021

Wendy Blawie
Notary Public

ok. 25-7278

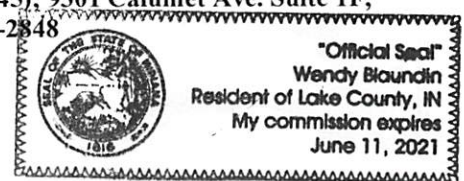
I affirm, under penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

(Signature) *Kevin C. Smith*
Kevin C. Smith

(Name printed) ~~Kevin C. Smith~~ Kevin C. Smith

This instrument prepared by Smith Sersic By: Kevin C. Smith (#18169-45); 9301 Calumet Ave. Suite 1F, Munster, Indiana 46321, Telephone (219) 933-7600; Facsimile (219) 836-2848

Approved Assessor's Office
By: *[Signature]*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 203709

Local No 902784

EDR No 000000723835

State No 037524

1. Decedent's Legal Name (First, Middle, Last) MARTIN J PIETERS JR				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:37 PM		4. Date Of Death (Month/Day/Year) 07/30/2019			
5. Social Security Number [REDACTED]		6a. Age - Yrs 81		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) 09/09/1937				8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						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 DIANE PIETERS				15a. Last Name Before First Marriage OLSZEWSKI				16. Decedent's Usual Occupation SALES		17. Kind Of Business/Industry INLAND STEEL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MUNSTER			18d. Apt. No.		18e. Zip Code 46321		
18c. Street And Number 8536 CALUMET AVENUE													
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) MARTIN PIETERS				23. Parent's Name (First, Middle, Last) BERNICE PIETERS				23a. Parent's Last Name Before First Marriage OPATKIEWICZ					
24. Informant's Name DIANE PIETERS				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 8536 CALUMET AVENUE, MUNSTER, IN 46321					
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) REGIONAL CREMATION SERVICE				25c. Location - City, Town, And State MUNSTER, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" 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. T-CELL LARGE GRANULAR LEUKEMIA Due to (Or As A Consequence Of): B. NON ALCOHOLIC STEATOHEPATITIS 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				Approximate Interval: Onset To Death LESS THAN 2 YEARS MONTHS	
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 (Specify)								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, 600 SUPERIOR AVENUE, MUNSTER, IN 46321					
44. License Number 01031582A				45. Date Certified 07/31/2019				46. Additional Funeral Service Provider:					
47. Address				48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): AUG 02 2019					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
LAKE COUNTY HEALTH OFFICER													