2019-087806

2019 Dec 19

8:41 AM

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

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA, COUNTY OF PORTER) SS:

Peter Giannini, being first duly sworn upon his oath deposes and says:

1. Affiant is the husband of Darlene Giannini, one of the joint owners of real estate located in the Town of Merrillville, County of Lake, State of Indiana as described as follows:

Lot 5, Westbrook Unit #1, addition to Town of Merrillville, as shown in Plat Book 43, Page 10, Lake County, Indiana.

Commonly known as: 6389 Ellsworth Place, Merrillville, IN 46410 Grantee's Address: 6389 Ellsworth Place, Merrillville, IN 46410

Parcel No: 45-12-08-178-001.000-030

- 2. Said real estate was formerly held by Peter Giannini, and Darlene Giannini, husband and wife, recorded on No
- Said Darlene Giappini died on Aveust 1s2the property of 3.
- Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No. 4.
- 5. That the purpose of this Affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Peter Giannini, husband of decedent.

Reter Giannini, Affiant

8389 Ellsworth Place, Merrillville, IN 46410

STATE OF INDIANA, COUNTY OF PORTER

Before me, the undersigned, a Notary Public in and for said County and State, this 21st day of November, 2019, came Peter Giannini and acknowledged the execution of the foregoing instrument.



Meagan C. Ferguson, Notary Public

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 lay

This Instrument Prepared By: R. Bradley Koeppen, Attorney, DOUGLAS, KOEPPEN & HURLEY 14 Indiana Ave., Ste. 200, P.O. Box 209, Valparaiso, IN 46384, (219) 462-2126

040436

DEC 172819

John E. Petalas LAKE COUNTY AUDITOR

25-36270



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 204998

Local No	90288	37	ED	R No 0000		97	•		io 038			
Decedent's Legal Name (First, Mi				1a. Maiden Nam	e (If female)		2. Sex	3. Tim	e Of Death	4. Date (Of Death (Month/Day/)	rear)
DARLENE J. GIANNINI 5. Social Security Number 6a. 6;		Under 1 Year	6c. Under 1 Mont	SPOTILLA h 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	FEMALE f Birth (Month/Da		5:07 PM 8. Birthplace (0	City and State	08/09/2019 or Foreign Country)	
	74 Mon	the	Days	Hours	Minutes		04/22/1945		EVERGR		- "	- 1
9. Ever in U.S. Armed Forces?	10. If Death Occ			110013	10a. If Death Occur	rred Somew	here Other Than	A Hospital				\neg
☐ Yes ☑ No ☐ Unknown	☐ Inpatient 🛭	Emergency [Department Outpatier	nt Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	' ∐ Ded	ædent's Home	☐ Nursin	g Home/Long-te	erm Care Facil	lity	1
11. Facility Name (If Not Institution, METHODIST HOSPITA												
City Or Town, State, And Zip Co	ode				13. County 0	Of Death				Status At Time	Of Death But Separated Div	
MERRILLVILLE, IN, 464	410				LAKE				☐ Widowe	d Nev	er Married 🔲 Unkno	
15. Surviving Spouse's Name			15	a. Last Name Before F	irst Marriage		16. Decedent's t	Jsual Occup	pation	17. Kind	Of Business/Industry	
PETER A. GIANNINI 18. Residence - State			County		18b. City Or Tov		REGISTER	<u>ED NUF</u>	RSE_	HOSP	<u>IT</u> AL	
			•									
INDIANA 18c. Street And Number		LAK	<u>.E</u>		MERRILLVI	ILLE	18d	. Apt. No.	18e. 2	Zip Code	18f. Inside City Lin	mits?
6389 ELLSWORTH PLA	ACF									16410	⊠ Yes □ N	io
19. Decedent's Education	.02	20	0. Decedent Of Hisp	anic <mark>Origin (1</mark>)	meni	Decedent's	Race			10410		\dashv
BACHELOR'S DEGREE		BS) N	OT HISPANI		White	e						
22. Parent's Name (First, Middle, La	st)		N	UT'U	23, Parent's Name ((First, Midale	e, Last)		23a	ı. Parent's Las	st Name Before First Ma	arriage
GEORGE A. SPOTILLA 24, Informant's Name			This	ocumen	HELEN SPO	TILLA	of Number City	State Zin S	Mo	DLNAR		
PETER A GIANNINI			4	Lake Co	_	_	•			46410		
		art or		25. Pla	ce Of Disposition					10 . 10		
25a. Method Of Disposition Burial Cremation Donal	tion 🛛 Entombri		ace Of Disposition (I	Name Of Cemetery, Cr	ematory, Other Place)) 25c. Lo	cation - City, Tow	m, And Stat	e			
Removal From State Other (Specify):	•	CALL	UMET PARK	CEMETERY		MER	RILLVILLE,	IN				
26. Was Coroner Contacted?	27. Name		te Address Of Funera			IVILIX	TVICE VILLE	HX.		27a. Fu	ineral Home License N	umber.
☑ Yes ☐ No	PRUZI	N BROTI	HERS-MERR	ILLVILLE, 6360	BROADWAY	, MERF	RILLVIEEE	IN-4641	O come was a second	FH83	002453	
27b. Signature Of Indiana Funeral S THOMAS G. PRUZIN ,	Service Licensee:						1997 - 1		Land of the lands	· a\.		
-				Cause Of Death (Se			i) E LAI	KE COL	NTY HEA	LTH DEP	OF THI HI Approximate ARTIVITINETVAL On	a nset
28. Part I. Enter The <u>Chain Of It</u> Such As Cardiac Arrest, Respir A Line. Add Additional Lines If	ratory Arrest, Or									·	To Death	
Immediate Cause (Final Diseas	•	Resulting In 1	Death) A.	CARDIOPULMON	ARVARREST				AUG 1	6 2019	SECONDS	
			R R	MYOCARDIAL IN	ARCTION	Due to (Or A	s A Consequence Of):	1		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	MINUTES	
Sequentially List Conditions, If Line A. Enter The Underlying C	Cause (Disease	Or Injury Tha	at Initiated	~		Due to (Or A	is A Consequence Off;		10		17	
The Events Resulting in Death)	Last		C.	HYPERTENSION		Due to (Or A	As A Consequence Of);	LAKE C	OUNTY H	FAITH OF	YEARS	
		- Doodb Dood	D.	THE STATE OF THE S	MOLENIA WILL	70. 16/00	An Autopsy Peri		MARKAL / SCOTONS	m dentmessurem	TICER	
Part II. Enter Other Significant Cond	nions Coninputing	g to Death Bu	t Not Resulting In Thi	e Underlying Cause Ci	WITH THE PARTY OF		e Autopsy Finding		To Complete T			1 No
NONE 31. Did Tobacco Use Contribute To	Death?	32. If Fem						33. Manner		□ Assidant	_	
☐ Yes ☐ Probably ☒ No ☐	Unknown	_	gnami Within Past Year gnami, But Pregnami 43 Days		Unknown If Pregnant V	Within The Past	Year [Suicide	Could Not 8	Be Determined	Pending Investigat	uon
34. Date Of Injury (Month/Day/Year)	35. Time	Of Injury	36. Pla	ce Of Injury (E.G., De	cedent's Ho	ome, Construction	Site, Resta	aurant, Wooded	Area)	37. Injury At Work? ☐ Yes ☐ N	No.
38. Location Of Injury - State		38a. City	Or Town	38b. S	Street & Number				38c. A	pt. No.	38d. Zip Code	
39. Describe How Injury Occurred					<u> </u>			40. If Trans	portation Injury	, Specify:	าก ซีพีLEss	
41. Signature, Of Person Certifying	Cause Of Death	:					42. Certifie			T VAL	ID UNLESS	<u> </u>
JOHN ALLEN HOEHN, 43. Name, Address And Zip Code C	, BY ELECT	TRONIC:						ing Physicia	cense Number		Health Officer 45. Date Certified	-11
				DEDVILLE IN A	16275				0872A		08/12/2019	a
JOHN ALLEN HOEHN 46. Additional Funeral Service Prov		NCOLN	TOUT, OUNER	CRVILLE, IN 4	103/5	_			Akas: XXXX	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 300/12/20/18	<u> </u>
48. Signature of Local Health Office	er:						49. For Regis	trar Only -		onth/Day/Year		· · ·
CHANDANA VAVILALA	, VIA ELEC	CTRONIC		E MENT TO CERTIFICA	TE OF DEATU IF	אפע (ספיר	DRIGINAL 1		AUG		College Colleg	::::
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