

2

2020-028225

2020 May 21 10:17 AM

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

B7320020-00161

SURVIVORSHIP AFFIDAVIT

FILED

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

051727

MAY 18 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

Katherine Kogler, as attorney in fact for Victoria Gyftakis, being first duly sworn upon oath, deposes and says:

1. That Victoria Gyftakis' spouse, Pete A. Gyftakis, died (without leaving a will) (leaving a will) on 3/17/2020.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

**LOT 564 IN TURKEY CREEK MEADOWS, UNIT NO. 8 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 35 PAGE 109 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

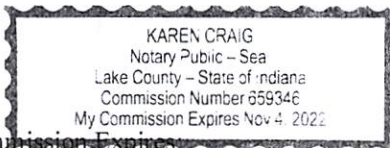
Commonly known as: 7049 Van Buren Place, Merrillville, Indiana 45410  
Parcel No. 45-12-16-205-008.000-030.

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) (her) death. *See attached death certificate*
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 included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

*Katherine Kogler, as attorney in fact for Victoria Gyftakis*  
Katherine Kogler, as attorney in fact for VICTORIA GYFTAKIS

Subscribed and sworn to before me, a Notary Public, this 1<sup>st</sup> day of May, 2020.



My Commission Expires: 11/4/22

Notary Public

*Karen Craig*

County of Residence: Lake

This Instrument prepared by Katherine Kogler

*\$2500*

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. *Katherine Kogler*

1820801701

*[Signature]*

CHICAGO TITLE INSURANCE COMPANY





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 226790

Local No 000947

EDR No 000000765317

State No 012241

1. Decedent's Legal Name (First, Middle, Last) <b>PETE A GYFTAKIS</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>04:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/07/2020</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>90</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>04/01/1929</b>	
8. Birthplace (City and State or Foreign Country) <b>DORION, GR</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>JOURNEY SENIOR LIVING OF MERRILLVILLE</b>		12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</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>VICTORIA GYFTAKIS</b>		15a. Last Name Before First Marriage <b>DEDE</b>		16. Decedent's Usual Occupation <b>LABORER</b>		17. Kind Of Business/Industry <b>STEEL</b>	

18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>		18d. Apt. No.		18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>7049 VAN BUREN PLACE</b>		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> NOT HISPANIC		21. Decedent's Race <input checked="" type="checkbox"/> White		23a. Parent's Last Name Before First Marriage <b>NA</b>			

22. Parent's Name (First, Middle, Last) <b>ATHANASIOS GYFTAKIS</b>		24. Informant's Name <b>KATHERINE KOGLER</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1075 SOUTH LAKE PARK AVE, HOBART, IN 46373</b>		27a. Funeral Home License Number <b>FH83002445</b>			
---	--	---	--	--	--	--	--	---	--	--	--

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) <b>CALUMET PARK CEMETERY</b>		25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>			
--	--	--	--	--	--	---	--	---	--	--	--

27b. Signature Of Indiana Funeral Service Licensee <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD20700059</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) <b>A. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>  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.				Approximate Interval Onset To Death	
--	--	--	--	---	--	--	--	-------------------------------------	--

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 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		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <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 checked="" 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)		<b>NOT VALID UNLESS</b>			
----------------------------------	--	--	--	-------------------------	--	--	--

41. Signature Of Person Certifying Cause Of Death <b>MILTON STANLEY GASPARIS, BY ELECTRONIC SIGNATURE COPY OF</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>01087515A</b>		45. Date Certified <b>03/10/2020</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>MILTON STANLEY GASPARIS, 1352 SOUTH LAKE PARK AVE, HOBART, IN 46342</b>		46. Additional Funeral Service Provider		47. Axiat		48. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	

49. For Registrar Only <b>MAR 12 2020</b>		Date Filed (Month/Day/Year) <b>MAR 11 2020</b>	
--	--	---	--

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

*[Signature]*  
LAKE COUNTY HEALTH OFFICER

