

**Small Estate Affidavit**

I, Barbara Blashill, of 2605 Kickbush Drive, Valparaiso, Porter County, Indiana, 46385, hereinafter known as the "Affiant" certify that all of the following statement are true in regards to the Estate of Arnold M. Zingo who has passed away in the State of Indiana, County of Lake:

1. Decedent, Arnold M. Zingo, died on December 2, 2020, in the County of Lake, in the State of Indiana.
2. A copy of the decedent's death certificate will be submitted along with this Affidavit.
3. The value of the assets of the decedent's estate does not exceed the estate's known liabilities.
4. The Decedent has liabilities and/or debts owed to creditors described as:
  - A. \$30,000.00 owed to People's Bank;
  - B. \$215.05 owed to Nipsco;
  - C. \$3,482.92 owed to GreenSky (personal loan);
  - D. \$260.53 owed to Lincare;
  - E. \$911.06 owed to Cardiovascular Consultants, P.C.; and
  - F. Additional amounts owed to creditors unknown at this time.
5. The value of the decedent's estate does not exceed the monetary limit of \$50,000.00 imposed by the State of Indiana.
6. There is no pending administration of the decedent's estate.
7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
8. The total number of heirs or devisees to the decedent is Three (3): (See Exhibit "A")

Mark Zingo is the decedent's son and is entitled to the following property: 1/3 of the real estate located at 7420 Magoun, Avenue, Hammond, Lake County, Indiana valued under \$5,000.00;

Barbara Blashill is the decedent's daughter and is entitled to the following property: 1/3 of the real estate located at 7420 Magoun, Avenue, Hammond, Lake County, Indiana valued under \$5,000.00; and

Brian Zingo is the decedent's son and is entitled to the following property: 1/3 of the real estate located at 7420 Magoun, Avenue, Hammond, Lake County, Indiana valued under \$5,000.00.

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**2021-017781**

2:46 PM 2021 Feb 26

**FILED**

**FEB 26 2021**

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 257755

Local No 005126

EDR No 00000822320

State No 067950

1. Decedent's Legal Name (First, Middle, Last) <b>ARNOLD MICHAEL ZINGO</b>		2. Sex <b>MALE</b>		3. Time of Death <b>03:58 AM</b>		4. Date of Death (Month/Day/Year) <b>12/02/2020</b>	
5. Social Security Number [REDACTED]		6a. Under 1 Year <b>81</b>		6b. Under 1 Month Months		6c. Under 1 Day Days	
6d. Under 1 Hour Hours		6e. Under 1 Minute Minutes		7. Date of Birth (Month/Day/Year) <b>10/02/1939</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</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 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		10b. Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>							
12. City Or Town, State, And Zip Code <b>MUNSTER, IN 46321</b>				13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage <b>LAKE</b>		16. Decedent's Usual Occupation <b>ELECTRICIAN</b>	
15b. Last Name Before First Marriage				17. Kind Of Business/Industry <b>STEEL MILL</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>			
19. Street And Number <b>7420 MAGOON AVENUE</b>				18c. Apt. No.		18d. Zip Code <b>46324</b>	
						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Parents Name (First, Middle, Last) <b>GEORGE MICHAEL ZINGO</b>		23. Parents Name (First, Middle, Last) <b>AURELIA C ZINGO</b>		23a. Parents Last Name Before First Marriage <b>SANCYA</b>			
24. Informant's Name <b>BARBARA LYNN BLASHILL</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2605 KICKBUSH DRIVE, VALPARAISO, IN 46383</b>			
25. Place Of Disposition							
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) <b>KELLY CARROLL CREMATORY</b>		25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324</b>				27a. Funeral Home License Number <b>FH1100004</b>	
27b. Signature Of Indiana Funeral Service Licenses <b>JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE</b>				27c. License Number Of Licenses <b>FD20900076</b>			
Cause Of Death (See Instructions And Examples)							
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>COVID 19 VIRAL PNEUMONIA LEADING TO RESPIRATORY FAILURE</b> Approximate Interval: Onset To Death <b>1 DAY</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							
B. _____							
C. _____							
D. _____							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female, <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Not Pregnant, but Pregnant At Time Of Death		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury <b>LAKE COUNTY HEALTH OFFICER</b>		36. Location Of Injury - State <b>IN</b>		36a. City Or Town <b>DEC 03 2020</b>	
38. Location Of Injury - State		36a. City Or Town		36b. Apt. No.		38b. Zip Code	
39. Describe How Injury Occurred							
41. Signature Of Person Certifying Cause Of Death <b>FOUAD KUTUBY, BY ELECTRONIC SIGNATURE</b>				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 <b>FOUAD KUTUBY, 901 MACARTHUR BLVD, MUNSTER, IN 46321</b>				44. License Number <b>01080676A</b>		45. Date Certified <b>12/03/2020</b>	
46. Additional Funeral Service Provider				47. Registrar		48. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	
				49. For Registrar Only		Date Filed (Month/Day/Year) <b>DEC 03 2020</b>	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

# NOT AN OFFICIAL DOCUMENT

- 9. All heirs or devisees will be given notice of this Affidavit within 30 days of filing.
- 10. This document is governed under the laws in the State of Indiana and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Further your Affiant sayeth not.

Dated: February 26, 2021

Barbara Blashill  
 Barbara Blashill

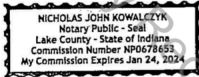
STATE OF INDIANA     )  
                                   ) SS:  
 COUNTY OF PORTER    )

I, Nicholas John Kowalczyk, the undersigned authority in and for said County in the State of Indiana, hereby certify that Barbara Blashill, whose name is signed as the Affiant in this Small Estate Affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, executed the same voluntarily on February 26, 2021.

My Commission Expires:

January 24, 2024

Nicholas John Kowalczyk  
 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 LAW."  
 PREPARED BY: [Signature]

Prepared By: Barbara Blashill

NOT AN OFFICIAL DOCUMENT

Property of Lake County Recorder

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WOODMAR UNIT 7 L.9 BL. 11 S. 10 FT. OF L.8 BL. 11 ALL L. 10 BL. 11

Parcel I.D. No. 45-07-17-130-033.000-023

Commonly known as: 7420 Magoun Avenue, Hammond, Lake County, Indiana 46324

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Exhibit A