

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

I, Dina Papafilis, being first duly sworn upon her oath, deposes and says:

1. That Mary G. Papafilis, aka Mary Papafilis, died on 3/31/22, a resident of Lake County, Indiana.
2. That Mary G. Papafilis, was not married on the date of her death.
3. That Dina Papafilis is the only child of the decedent and the property is held jointly between the decedent and Dina Papafilis on the date of her death.
4. That Dina Papafilis is the closest person to the decedent on the date of her death.
5. That the real estate in Lake County, specifically, 2225 West 95th Avenue, Crown Point, Indiana 46307, with a legal description of: LOT 162, WHIRTZ CROWN HEIGHTS, UNIT 4, AS SHOWN IN PLAT BOOK 39, PAGE 86, IN LAKE COUNTY, INDIANA; SUBJECT, HOWEVER, TO TAXES, RESTRICTIONS, CONTRACT FOR SUBDIVISION DEVELOPMENT AND UTILITY EASEMENTS CONTAINED IN INSTRUMENT RECORDED AS DOCUMENT NUMBER 624829; CONTRACT FOR SUBDIVISION DEVELOPMENT RECORDED AS DOCUMENT NUMBER 618613; AMENDMENT TO DECLARATION OF RESTRICTIONS RECORDED AS DOCUMENT NUMBER 708623; 30 FOOT BUILDING LINE AFFECTING THE NORTH 30 FEET OF SAID LOT AND THE EAST 30 FEET OF SAID LOT AS INDICATED ON THE PLAT OF SUBDIVISION; 10 FOOT EASEMENT AFFECTING THE WEST 10 FEET AND 3 FOOT EASEMENT AFFECTING THE SOUTH 3 FEET OF SAID LOT AS INDICATED ON THE PLAT OF SUBDIVISION. *Property Number: 23-113-32*
6. That the title to said real estate remained in effect and unbroken until the date of death.
7. That all funeral expenses in connection with the death of said decedent have been paid in full.
8. I affirm that I have taken reasonable care to redact each Social Security number in this document.

Dina Papafilis

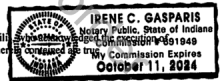
Dina Papafilis (Affiant)

ACKNOWLEDGEMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Dina Papafilis the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are truly and correctly stated.

Witness my hand and Notary Seal this 12th day of April, 2022:



Irene C. Gasparis

Notary

This instrument prepared by The Law Offices of Gasparis & Zembillas, 301 South Main Street, Crown Point, IN 46307 (219) 661-6000

FILED

APR 12 2022

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

"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]*

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NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 321177

Local No 001546

EDR No 00001266643

State No 2022-020019

1. Decedent's Legal Name (First, Middle, Last) Mary G. Papafilis				1a. Maiden Name (If Female) Vlahos		2. Gender Female		3. Time Of Death 01:37 AM		4. Date Of Death (Month/Day/Year) 03/31/2022		
5. Social Security Number [REDACTED]		6a. Age Yrs 85		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 04/12/1936		8. Birthplace (City and State of Foreign Country) Solomo, Greece		
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"/> Died 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) Franciscan Health Crown Point												
12. City or Town, State, and Zip Code Crown Point, Indiana 46307						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name						15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State IN				18a. County Lake				18b. City or Town Crown Point				
16c. Street And Number 2225 W 95th Avenue				18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) John Vlahos				23. Parent's Name (First, Middle, Last) Panagoula Vlahos				23a. Parent's Last Name Before First Marriage Panagioti				
24. Informant's Name Dina G. Papafilis				24a. Relationship To Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 2225 W 95th Avenue, Crown Point, IN, 46307				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Geisen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number EH10700031				
27b. Signature Of Indiana Funeral Service Licensee Larry Allen Geisen				Electronically Signed				27c. License Number (Of Licensee) FD0900013				
28. Part I. Enter The Cause 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.										Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. congestive heart failure										unknown		
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												
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 checked="" type="checkbox"/> No												
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 Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input checked="" type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown (Pregnant Within 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 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												
41. Signature, Of Person Certifying Cause Of Death: Milton Stanley Gasparis				42. Central (Check Only One) <input checked="" type="checkbox"/> Carrying Physicist <input type="checkbox"/> Coroner <input type="checkbox"/> Return Coroner				43. Manner Of Death NOT VALID UNLESS				
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 04/04/2022				
46. Additional Funeral Service Provider:												
46. Signature of Local Health Officer: Chandana Varshita				Electronically Signed				47. Date: 04/04/2022				
49. For Registrar Only & Data File (Month/Day/Year)										04/04/2022		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

LAKE COUNTY HEALTH OFFICER