

GINA PIMENTEL  
RECORDER 2023-009154  
STATE OF INDIANA  
LAKE COUNTY 10:20 AM 2023 Mar 24  
FILED FOR RECORD

Affidavit of Survivorship

Return to: Rae Bodonyi / Accurate Group, LLC  
5455 Detroit Rd, STE B SE  
Sheffield Village, Ohio 44054  
440.716.1820

State of Indiana  
County of Lake

7392480-03

a

I Elizabeth A Bianchi, residing at 3115 Duluth St., and whose tax address is, 3115 Duluth St. Highland, IN. 46322, being of legal age, do state the following:

1. That by Deed dated January 12<sup>th</sup>, 1974 and recorded on February 6<sup>th</sup>, 1974 as Instrument Number: 238612, of the Lake County records, the Affiant Elizabeth A Bianchi and her husband, Peter A Bianchi, became the owner of the property legally described in Exhibit A, attached hereto and commonly known as 3115 Duluth St. Parcel number: 45-07-21-227-042.000-026
2. That Peter A Bianchi expired on January 13<sup>th</sup>, 2021, and his Death Certificate is attached hereto.
3. This affidavit is made for the purpose of furnishing a recordable document showing the termination of interest held by Peter A Bianchi, upon his death, transferring to Elizabeth A Bianchi only .

I certify under penalty of perjury that I know the contents of this Affidavit and that the statements are true and correct.

Elizabeth A. Bianchi  
Elizabeth A Bianchi

Date 2-21-23

On this 21<sup>st</sup> day of February, 2023, before me personally appeared Elizabeth A Bianchi, known to me to be the individual described in and who has executed the foregoing instrument in my presence.



TAMMY SLATHAR, Notary Public  
Lake County, State of Indiana  
My Commission Expires December 15, 2023

Tammy Slathar  
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 (Matt Repka)

PREPARED BY: Matt Repka  
FIRST FINANCIAL BANK  
225 PICTORIA DRIVE  
CINCINNATI, Ohio 45246

**FILED**  
MAR 24 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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624714  
LK  
E  
LST



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000728

EDR No 00001073380

State No 2021-011103

1. Decedent's Legal Name (First, Middle, Last) <b>Peter A Bianchi</b>				1a. Maiden Name (if female)		2. Gender <b>Male</b>		3. Time Of Death <b>08:43 PM</b>		4. Date Of Death (Month/Day/Year) <b>01/13/2021</b>					
5. Social Security Number <b>73</b>		6a. Age - Yrs <b>73</b>		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) <b>02/04/1947</b>		8. Birthplace (City and State or Foreign Country) <b>East Chicago, Indiana</b>					
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Hospital <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. 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		10c. 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		10d. 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					
11. Facility Name (If Not Institution, Give Street and Number) <b>Community Hospital Munster</b>															
12. City Or Town, State, And Zip Code <b>Munster, Indiana, 46321</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							
16. Surviving Spouse's Name <b>Elizabeth Bianchi</b>				15a. Last Name Before First Marriage <b>Brzoskowski</b>				16. Decedent's Usual Occupation <b>Assistant Fire Chief</b>				17. Kind Of Business/Industry <b>Public Safety</b>			
18. Residence - State <b>IN</b>				18a. County <b>Lake</b>				18b. City Or Town <b>Highland</b>				18c. Street And Number <b>3115 Duluth Street</b>			
18d. Apt. No.				18e. Zip Code <b>46322</b>				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				19. Decedent's Education <b>Associate's degree (e.g., AA, AS)</b>			
20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>				22. Parent's Name (First, Middle, Last) <b>Mary Bianchi</b>				23a. Parent's Last Name Before First Marriage <b>Canonio</b>			
24. Informant's Name <b>Elizabeth Bianchi</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3115 Duluth Street, Highland, IN, 46322</b>				25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Hosler Crematory</b>			
25a. 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>Burns-Klay Funeral Home Inc-Munster 8415 Calumet Ave, Munster, Indiana, 46321</b>				27a. Funeral Home License Number: <b>FH83004988</b>			
27b. License Number (If Licensee): <b>FD8601763</b>				27c. License Number (If Licensee): <b>FD8601763</b>				27d. License Number (If Licensee): <b>FD8601763</b>				27e. License Number (If Licensee): <b>FD8601763</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) A. <b>CONGESTIVE HEART FAILURE</b> B. <b>CORONARY ARTERY DISEASE</b> C. <b>CHRONIC KIDNEY DISEASE STAGE 3</b> D. Separately 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															
29. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause (Disease Or Injury) <b>None</b>															
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: 32a. 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 To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year <input type="checkbox"/>				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				40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: <b>Abd Ahsnuf Noghnoh</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other				43. Local Health Officer <b>61043772A</b>				44. Date Certified <b>03/02/2021</b>			
45. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Abd Ahsnuf Noghnoh 8230 Calumet Avenue 110, Munster, IN 46321</b>				46. For Registrar Only - Date Filed (Month/Day/Year) <b>03/02/2021</b>				47. Year				48. Signature of Local Health Officer: <b>Chandana Vatsala</b>			
49. Signature of Local Health Officer: <b>Chandana Vatsala</b>															
50. Signature of Local Health Officer: <b>Chandana Vatsala</b>															

**THIS IS A TRUE COPY Electronically Signed**

**NOT VALID UNLESS**

**RECORDED ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT**

**MAR 03 2021**

**LAKE COUNTY HEALTH OFFICER**

State Form 55995 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

**RAISED SEAL AFFIXED**