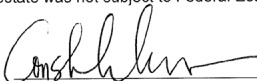


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5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Constance Dedelow, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of June, 2023 Personally appeared: Constance Dedelow and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Lesa A. Potacki, Notary Public
My commission expires: 2/13/2026
Resident of Lake County



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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

27606

Local No 002711

EDR No 00000401745

State No 038965

1. Decedent's Legal Name (First, Middle, Last) CHRIS G KARABATSOS		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:14 PM	4. Date Of Death (Month/Day/Year) 06/24/2014	
5. Social Security Number		6a. Age - Yrs 91	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) 04/06/1923
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 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 <input type="checkbox"/> Other (Specify)		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	

11. Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN		12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
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15. Surviving Spouse's Name ANN KARABATSOS		15a. (If Wife) Give Maiden Last Name SUBOTIC		16. Decedent's Usual Occupation POLICE OFFICER		17. Kind Of Business/Industry EAST CHICAGO POLICE DEPT	
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18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	
18c. Street And Number 9736 PARKWAY DRIVE						18e. Zip Code 46322	

19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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22. Father's Name (First, Middle, Last) GUS KARABATSOS		23. Mother's Name (First, Middle, Last) SOPHIA KARABATSOS		23a. Mother's Maiden Last Name KARKALATOS	
24. Informant's Name ANNE KARABATSOS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9736 PARKWAY DRIVE, HIGHLAND, IN 46322	

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) RIDGELAWN CEMETERY		25c. Location - City, Town, And State GARY, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307		27a. Funeral Home License Number FH88800070	

27b. Signature Of Indiana Funeral Service Licensee ELI VUJKO, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01008300	
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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) ACUTE RENAL FAILURE		Cause Of Death (See Instructions And Examples) ACUTE RENAL FAILURE		Approximate Interval - Onset To Death 5 DAYS	
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 ANOREXIA		DEMENTIA			
		D.			

Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given in Part I NSTEMI, DEBILITY, FAILURE TO THRIVE, CONGESTIVE HEART FAILURE, URINARY TRACT INFECTION		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were A Forensic Physician or Medical Examiner Present At 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: 32a. Pregnant Within Past Year: <input type="checkbox"/> Not Pregnant <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 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	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
				38c. Apt. No.	
				38c. 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	
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41. Signature, Of Person Certifying Cause Of Death LINUS B. GANDHI, BY ELECTRONIC SIGNATURE		42. Certifier (Check 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: LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322	
46. Additional Funeral Service Provider.		44. License Number 01057584A		49. Date Certified 08/30/2014	

48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filled (Month/Day/Year): SEP 02 2014	
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)