

615797



Pol 389248 LD Matthew P. Dogan, Atty 626 W Ridge Rd, Gary, In
Chicago Title Insurance Company CHICAGO TITLE INSURANCE COMPANY

615797 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE

On this December 15, 1980 before me personally appeared
(insert date)
Edward Carija

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is son of owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Marko Carija and Mary Carija, husband and wife
- Said Mary Carija
(if in name of co-tenant who died)
died on January 18, 1955
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$5,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No
(If answer is "Yes," identify the divorce proceedings:)
- Affiant's relationship to the deceased was son

FILED
JAN 27 10 37 AM '81
MILLIAM GILLESPIE JR
REGISTRAR

Signature: Edward Carija
Address: 6350 Taft Street
Merrillville, Indiana 46410

Subscribed and sworn to before me by the affiant
this December 15, 1980
(insert date)

Lots 17 to 20, bl, Block 16,
Junedale Sub, Gary PB 19/3.
Key No. 45-180-19+21

Matthew P. Dogan
Notary Public
Matthew P. Dogan, Resident of Lake County
My Commission Expires January 2, 1982

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY

8-10

61570

Re: Lts. 17-20, Bl. 16, Junedale Sub., Gary, Lake Co., Ind.
INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH
Local No. 55-70
Death No.

1. PLACE OF DEATH a. COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE Indiana b. COUNTY Lake	
3. CITY (If outside corporate limits, write RURAL) OR TOWN Gary		4. CITY (If outside corporate limits, write RURAL) OR TOWN Gary	
5. FULL NAME OF DECEASED HOSPITAL OR INSTITUTION Mercy Hospital		6. STREET ADDRESS 3795 Van Buren St.	
1. NAME OF DECEASED Mary	2. SEX Female	3. RACE White	4. DATE OF BIRTH Feb 3, 1905
5. MARRIAGE STATUS Married	6. DATE OF DEATH Jan 13th 1955	7. AGE (In years, months, days) 49	8. PLACE OF BIRTH Pennsylvania
9. OCCUPATION Housewife	10. KIND OF BUSINESS OR INDUSTRY Self	11. STATE OF BIRTH U.S.A.	12. MOTHER'S MAIDEN NAME Barbara Buzas
13. FATHER'S NAME George Soljkovac	14. SOCIAL SECURITY NO. NO	15. MARRIED IN U.S. NO	16. MOTHER'S MAIDEN NAME Barbara Buzas
17. INFORMANT - NAME AND ADDRESS Wife Carlja 3795 Van Buren St.			
18. CAUSE OF DEATH Enter only one cause, but include the direct cause, the indirect cause, and the remote cause. Myocardial infarction		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial infarction ANTICIPATED CAUSES of atherosclerosis OTHER SIGNIFICANT CONDITIONS None	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT OR SUICIDE		23. PLACE OF INJURY	
24. TIME OF INJURY		25. HOW DID INJURY OCCUR	
26. ATTENDING PHYSICIAN		27. HEALTH OFFICER	
28. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER		29. SIGNATURE OF HEALTH OFFICER	
30. SERIAL NO. OF LOCAL HEALTH OFFICER		31. NAME OF CEMETERY OR CREMATORY	
32. DATE		33. LOCATION	
34. SIGNATURE OF HEALTH OFFICER		35. ADDRESS	

FURNERAL DIRECTOR'S LICENSE No. 1285

FILED

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CERTIFIED COPY

E. W. P. P. M. D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE DEC 12 1990