

18-96LL01
HARSH
JOSEPH

636009

AFFIDAVIT

PIONEER NAT'L TITLE INS.
HIGHLAND, INDIANA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Radosav Milich, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Maria Milich died (without leaving a will) ~~leaving a will~~ on September 28 19 75 at Crown Point, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 16 in Block 8 in Junedale Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 3, in the Office of the Recorder of Lake County, Indiana.

45-172-18

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~his~~ (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Radosav Milich

Radosav Milich

Subscribed and sworn to before me, a Notary Public, this 8th day of July, 19 81.

Terrence Bley
Terrence Bley Notary Public

My Commission expires:

9-8-84

COUNTY OF RESIDENCE: Lake

This instrument was prepared by: Radosav Milich

FILED

JUL 10 1981

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James O. ...
AUDITOR LAKE COUNTY

P. H.
358

STATE OF INDIANA
LAKE COUNTY
RECORDS & DEEDS
JUL 13 8 43 AM '81
WILLIAM BIELESKI JR.
RECORDER

107799-81
JOSEPH

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 999-75

State No. 05

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST Maria Milich		2. SEX female	3. DATE OF DEATH (MONTH, DAY, YEAR) Sept. 28, 1975	
4. RACE white	5a. AGE—LAST BIRTHDAY (YEARS) 67	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Mar. 23, 1908
7a. CITY, TOWN, OR LOCATION OF DEATH Crown Point		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Anthony Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Yugoslavia		9. CITIZEN OF WHAT COUNTRY U S A		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Radosav
11. SOCIAL SECURITY NUMBER 12303-18-1649		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) housewife		13b. KIND OF BUSINESS OR INDUSTRY self
14a. RESIDENCE—STATE Ind.		14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Gary	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
14e. STREET AND NUMBER 4724 Madison St.		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. RESIDENCE ON A FARM? no
15a. FATHER—NAME FIRST MIDDLE LAST unknown		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST unknown		
17a. DECEASED—NAME Radosav Milich		17b. RELATIONSHIP husband	17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4724 Madison St. Gary, Ind.	
PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE (a) Rheumatic heart disease with embolus				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Aortic stenosis				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. YES <input type="checkbox"/> NO <input type="checkbox"/>				
20. DATE & TIME OF DEATH Sept. 28 1975		21. DATE SIGNED Sept 30 1975		
22a. M. D. OR D. O. Dr. E. Mirich		22b. SIGNATURE OF PHYSICIAN E. Mirich M.D.		PHY. CODE NO.
23. MAILING ADDRESS—PHYSICIAN 500 W. Lincoln Highway Merrillville, Ind.				
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		24b. CEMETERY, CREMATORY, FUNERAL HOME Calumet Park Cem.	24c. LOCATION Merrillville, Ind.	
DISPOSITION				
24d. DATE (MONTH, DAY, YEAR) Oct. 1, 1975		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Stilinovich, Palmer & Piastrolik 4213 Broadway Gary, Ind.		
25b. HEALTH OFFICER'S SIGNATURE Pete Jacey M.D.		26b. DATE RECEIVED BY LOCAL HEALTH OFFICER Sept. 30, 1975		

EMBALMER'S NAME: Erwin B. Cook
FUNERAL DIRECTOR'S SIGNATURE: John J. Palmer
LICENSE NO. 5371
FUNERAL HOME: J. J. Palmer & Sons
ADDRESS: 809 Auditor Laks County

FILED

Disposition Permit Issued / /
Provisional Certificate
 Yes No

Juniata Sub.
45-172-18
2.16 Bl. 8