

645818

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

VIOLET KOSANOVICH, residing at 117 West 47th Avenue, Gary, Lake County, Indiana, being first duly sworn upon her oath says:

1. That she is an adult and that on the 11th day of November, 1946, she and Lazo Kosanovich were duly married and that thereafter they did continuously live and cohabit together as husband and wife until the said Lazo Kosanovich died intestate on the 22nd day of November, 1973.

2. That during the course of their marriage they acquired the fee simple title as tenants by the entireties to the following described real estate situated in Lake County, Indiana, to-wit:

Lot No. Three (3) and the West 15 feet of Lot No. Four (4), in Block No. Fourteen (14), as marked and laid down on the recorded plat of Junedale Subdivision, in the City of Gary, being a subdivision of the South Half of the Northeast Quarter and the Northeast Quarter of the Southeast Quarter of Section 33, Township 36 North, Range 3 West of the 2nd Principal Meridian, in Lake County, Indiana, as the same appears of record in Plat Book 19, page 3 in the Recorder's Office of Lake County, Indiana.

3. That the total value of the taxable estate of said decedent on the date of his death did not exceed the sum of \$5,000.00 and to the best of your affiant's knowledge and belief there is no Federal Estate Tax or Indiana Inheritance tax liability by reason of the death of said decedent.

4. That she makes this affidavit for the purpose of establishing that she is now the sole owner of the above described real estate as the surviving wife an estate held as tenants by the entireties.

5. My husband was also known as Lazo A. Kosanovich.

FURTHER YOUR AFFIANT SAYETH NOT.

FILED
SEP 30 1981

STATE OF INDIANA, SS. NO. _____
LAKE COUNTY
FILED FOR RECORD
SEP 30 1 28 PM '81
WILLIAM BIELSKI JR
RECORDER

[Signature]
NOTARY PUBLIC
LAKE COUNTY

Violet Kosanovich
VIOLET KOSANOVICH

Subscribed and sworn to before me a Notary Public this 25th day of September, 1981.

Roy Dakich
ROY DAKICH, Notary Public
Resident of Lake County



Prepared by Attorney Roy Dakich, 5429 Braodway, Merrillville, IN 46410

OHIO DEPARTMENT OF HEALTH

Reg. Dist. No. 72

DIVISION OF VITAL STATISTICS

State File No. _____

Primary Reg. Dist. No. 7201

CERTIFICATE OF DEATH

Registrar's No. 424

DECEASED—NAME First Middle Last			SEX	DATE OF DEATH (Month, Day, Year)	
1. LAZO A. KOSANOVICH			2. Male	3. November 22, 1973	
RACE (White, negro, american indian, etc. (Specify))	AGE—Last birthday (years)	UNDEF 1 YEAR Mos. Days	UNDEF 1 DAY Hours Min.	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH
4. White	5a. 55	5b.	5c.	6. 12-25-1917	7a. Sandusky
CITY, VILLAGE, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		
7b. Fremont			7d. DOA Memorial Hospital		
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
8. Gary, Indiana		9. USA	10. Married		11. Violet Bundalo
SOCIAL SECURITY NUMBER		WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)			
12a. 314-09-6545		12b. Yes W.W. II			
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13a. Marker-Plate Mill			13b. United States Steel		
RESIDENCE—STATE	COUNTY	CITY, VILLAGE OR LOCATION		INSIDE CITY LIMITS (Specify yes or no)	STREET AND NUMBER
14a. Indiana	14b. Lake	14c. Gary		14d. yes	14e. 117 W. 47th Ave.
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
15. Sam Kosanovich			16. Unknown		
INFORMANT—NAME			MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)		
17a. Mrs. Violet Kosanovich			17b. 117 W. 47th Ave., Gary, Indiana		
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) Acute Coronary Occlusion					Instantly
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Previous Coronary					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a))					AUTOPSY (Yes or no) in determining cause of death
					19a. NO 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)		
20a.	20b.	20c. M.	20d.		
INJURY AT WORK (Specify yes or no)	PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	LOCATION (Street or R.F.D. no., city or village, state, zip)			
20e.	20f.	20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	Month Day Year	Month Day Year	AND LAST SAW HIM/HER ALIVE ON Month Day Year	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR) At the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21a.	21b.	21c.	21d.	21e. M.	
CERTIFICATION—COPONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.		Hour of death	The decedent was pronounced dead Month Day Year		Hour
22a.		8:50 A M.	22b. November 22, 1973		9:30 A M.
CERTIFIER—NAME (Type or print)		SIGNATURE		DATE SIGNED	
23a. Ervin L. Koons, M.D.		23b. Ervin L. Koons, M.D.		23c. 11-23-73	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR VILLAGE	STATE	ZIP
23d. 925 Napoleon St., Fremont, Ohio					
EMERIAL, CREMATION, DATE (Specify)	NAME OF CEMETERY OR CREMATORY	LOCATION (City, village, or county) (State)			
24a. Burial	24b. 11-24-73	24c. Calumet Park	24d. Merrillville, Indiana		
NAME OF EMBALMER	(LIC. NO.)	FUNERAL DIRECTOR'S SIGNATURE		(LIC. NO.)	
25. Dennis Wohlever	6295 A	26. Dennis Wohlever		5332	
FUNERAL FIRM AND ADDRESS (STREET NO.)		(CITY)	(STATE)	(ZIP)	
27. Stilinovich-Palmer-Wiatrolik, 4213 Broadway, Gary, Indiana		46408			
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	DATE PERMIT ISSUED	SIGNATURE OF PERSON ISSUING PERMIT		DIST. NO.
28. 1-27-73	29. Genevieve McClory	30.	31.		

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RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

5152.06 Rev. 1/68

This is a certified copy of the record as filed in the Sandusky County General Health District.

Genevieve McClory Local Registrar

SEP 30 1981

Genevieve McClory
AUDITOR LAKE COUNTY

FILED

1287

INFORMATION CONCERNING THE BURIAL OF DECEASED VETERANS

FUNERAL DIRECTORS ARE REQUIRED BY LAW TO FURNISH THE FOLLOWING
ADDITIONAL INFORMATION ON A VETERAN'S CERTIFICATE OF DEATH

Name of deceased Lazo A. Kosanovich

Date of birth 12-25-1917 Date of death 11-22-1973 Date of burial 11-24-1973

Name of War or dates of service WW II

Was deceased honorably discharged? Yes Date 8-14-1945

Rank or grade at discharge Staff Sgt.

Service (as Army, Navy, Marine, Coast Guard, Woman's Army Corps, etc.) Army

Organization (as Regiment, Battalion, Fleet, Squadron, Command, Wing, Station, Group, etc.) _____

Unit in Organization (as Company, Battery, Ship, Flight, etc.) Company C

Branch of service (as Infantry, Coast Artillery, Airborne Engineers, etc.) 344th Eng. Regiment

Name of Cemetery Calumet Park

Location of Cemetery

County Lake

Township Ross

Village _____

City Merrillville, Ind.

Name or number of section in cemetery 1

Number of lot 213

Number of grave NW #2

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers