

Proper Federal
7/15 Sept
Merrillville

784426

AFFIDAVIT OF SURVIVORSHIP

Comes now Maria Kirincic, being duly sworn upon her oath and states as follows:

aka Marie Kirincic

That Maria Kirincic is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 14 in Morton Plaza to the City of Hammond as same appears of record in Plat Book 45 page 3 in the Recorder's Office of Lake County, Indiana.
Commonly known as: 6809 Nebraska
Hammond, IN 46324

#32-243-14

And that Maria Kirincic, and Frank Kirincic, now deceased were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 30th day of March, 1976, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this affiant and Frank Kirincic, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Frank Kirincic, her husband, on the 4th day of February, 1983, at which time the affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Frank Kirincic, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate as a result of this transfer was not subject to Indiana Inheritance Tax.

FILED

DEC 13 1984

Jessie O. ...
AUDITOR LAKE COUNTY

Maria Kirincic
AFFIANT

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED IN RECORD
Dec 14 9 51 AM '84
WILLIAM BELSKI JR
RECORDER

TICOR TITLE INSURANCE
Crown Point, Indiana

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, on this 21st day of November, 1984.

Mary D. Mulroe

Notary Public
Mary D. Mulroe, Resident of Lake County, IN

My Commission Expires:
August 5, 1988

Resident of Lake County.

This Instrument Prepared By:

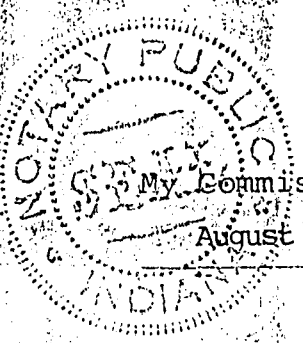
FRANK J. BOCHNOWSKI, Attorney at Law
1300 Sheffield Avenue
Dyer, IN 46311
(219) 322-2636

645

Jessie

0-121624-84

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Bad copy

People's Festival
7-15 Left
Merrillville

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

TICOR TITLE INSURANCE
Crown Point, Indiana

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **90**

DECEASED: NAME FRANK KIRINCIC		SEX MALE		DATE OF DEATH MONTH DAY YEAR FEBRUARY 4, 1983
RACE WHITE	AGE 54	UNDER 1 YEAR	1 YEAR	DATE OF BIRTH MONTH DAY YEAR MAR 19, 1928
CITY, TOWN OR LOCATION OF DEATH HAMMOND		CITY, TOWN OR LOCATION OF DEATH LAKE		
STATE OF BIRTH YUGOSLOVIA		CITY OF BIRTH C809 NEBRASKA		STATE OF BIRTH INDIANA
CITIZENSHIP U.S.A.		MARRIED <input checked="" type="checkbox"/> MARRIED	WAS DECEASED'S MARRIED SPOUSE <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER 305-62-4471		OCCUPATION WELDER		INDUSTRY STEEL
RESIDENT STATE INDIANA		COUNTY LAKE		CITY, TOWN OR LOCATION HAMMOND
STREET AND NUMBER 6809 NEBRASKA		IS RESIDENCE ON A FARM? <input type="checkbox"/> NO		INCOME TAX PAID <input checked="" type="checkbox"/> YES
IS DECEASED IN SPANISH OR OTHER LANGUAGE? <input type="checkbox"/> NO				
FATHER'S NAME IMBO		MOTHER'S MAIDEN NAME JPLICA LOVRINIC		
MARRIAGE MARIA KIRINCIC WIFE		CITY, TOWN OR LOCATION HAMMOND INDIANA 46323		
DISPOSITION BURIAL		CITY, TOWN OR LOCATION MERRILLVILLE IN		
DATE OF BURIAL FEBRUARY 7, 1983		CITY, TOWN OR LOCATION HAMMOND IN 46323		
NAME OF ATTENDING PHYSICIAN		DATE SIGNED BY PHYSICIAN		HOUR OF DEATH
SIGNATURE OF PHYSICIAN		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 9 1983		
CAUSE OF DEATH		MANNER OF DEATH		
Metastatic Carcinoma of lung				
congestive heart failure				

Below for State Use

A _____

B _____

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12 _____

EMBALMERS NAME **ANTON D. DZIG...**

FUNERAL DIRECTOR'S SIGNATURE **ANTON D. DZIG...**

LICENSE NO. **265**

FUNERAL DIRECTOR'S LICENSE NO. **242**

DECEASED

PARENTS

DISPOSITION

CAUSE

DEC 13 1984

ANTON D. DZIG

CAC

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

MAR 20 1984

Date Issued

[Signature]
HAMMOND HEALTH COMMISSIONER

