

JULIAN BLASTICK
L.C. RECORDER

REC'D
DEC 14 1987

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

954265

AFFIDAVIT OF SURVIVORSHIP

Comes now KILIA J. PIROVSKY, a/k/a KILA J. PIROVSKY, the Affiant herein, and for her Affidavit of Survivorship, deposes and states that:

1. She is the Affiant herein.
2. On the 25th day of November, 1955, the Affiant and John K. Pirovsky acquired a parcel of real estate located in Gary, Lake County, Indiana, and commonly known as 4926 Georgia Street, which parcel of real estate is more particularly described as follows, to-wit:

The North 50 feet of Lot No. 3, in Block No. 1, as marked and laid down on the recorded Plat of Broadway Gardens, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 19, page 14, in the Recorder's Office of Lake County, Indiana.

41-152-3

3. The aforementioned parcel of real estate was conveyed to John K. Pirovsky and Kilia J. Pirovsky, Husband and Wife, as tenants by the entireties.
4. On the 13th day of January, 1987, John K. Pirovsky died, as reflected by the certified copy of the Indiana State Board of Health Medical Certificate of Death, which is attached hereto and marked Exhibit A.
5. The purpose of this Affidavit is to change the record title holder to the aforementioned parcel of property from John J. Pirovsky and Kilia J. Pirovsky, Husband and Wife, to Kilia J. Pirovsky, only.

FILED

FURTHER AFFIANT SAYETH NAUGHT.

DEC 14 1987

Anna M. Anton
AUDITOR LAKE COUNTY

Kilia J. Pirovsky
KILIA J. PIROVSKY, a/k/a
Kila J. Pirovsky

Subscribed and Sworn to before me, a Notary Public, in and for said County and State, this 10th day of December, 1987.

Ann A. Stare
NOTARY PUBLIC

My Commission Expires: 4/21/91

My County of Residence is: Lake County

This document prepared by: ALLEN & SARKISIAN, Attorneys at Law

ALLEN & SARKISIAN
ATTORNEYS AT LAW
5825 BROADWAY
MERRILLVILLE, IN
46410
219 001-1710

700

5.50

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
K
L
1
2
3
4
5
6
7
8

EXHIBIT

EMBALMER'S NAME James W. Gholston 1510
FUNERAL HOME No. 242
FUNERAL DIRECTOR'S SIGNATURE Robert C. Wiest

FUNERAL HOME No. 242
FUNERAL DIRECTOR'S LICENSE No. 968
COUNTY LAKE COUNTY INDIANA

Local No. 73-87
DECEASED
RESIDENT WHERE DECEASED LIVED - IF DEATH OCCURRED IN RESIDENCE, GIVE RESIDENCE BEFORE ADMISSION
DISPOSITION
M.D. OR D.O.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1		John	K.	Pirovsky	Male	January 13, 1987
RACE - (See White, Black, American Indian etc.) (Specify)	AGE - Last Birthday (Yrs)	LINDER 1 YEAR		LINDER 1 DAY	DATE OF BIRTH (See 10a, 10b)	COUNTY OF DEATH
4 White	5a 77	5b	5c		Oct. 24, 1909	Lake
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number)			IF HOSP OR INST. Indicate DOA (See 10a, 10b, 10c) (Specify)	
7b Hobart		7c ST. Mary's Hospital-Hobart			7d Inpatient	
STATE OF BIRTH (If not in U.S. & name of country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Yugoslavia	9 U.S.A.	10 Married	11 Kila Beidou		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life - specify)		KIND OF BUSINESS OR INDUSTRY		
13 07-01-7582		14a Retired		14b Gary Sanitary District		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
14 Indiana	15b Lake	15c Gary		15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No)
16 4926 Georgia Street		15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
16		Krist		Pirovsky	17 Christine Pinzos	
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)		
18a Kila Pirovsky		Wife		18b 4926 Georgia Street, Gary, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION (CITY OR TOWN STATE ZIP)		
19a Burial		19b Calumet Park		19c Merrillville, Indiana		
(DATE (MONTH DAY YEAR))		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)		46410		
20a Jan. 16, 1987		20b Stilinovich & Wiatrolik, 7535 Taft, Merrillville, Ind				
To the best of my knowledge, death occurred at the time, date and place and due to the reasons stated				DATE SIGNED (M/D/Day Yr)		HOUR OF DEATH
21a (Signature) <i>E.T. Pappas</i>				21b		21c M
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d Dr. E.T. Pappas, M.D.						
MAILING ADDRESS - PHYSICIAN						
21e 6111 Harrison Street, Merrillville, Indiana 46410						
HEALTH OFFICER - SIGNATURE <i>Paul Johnson</i>					DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a					22b 1-14-87	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c))						
PART I (a) Respiratory insufficiency						
DUE TO OR AS A CONSEQUENCE OF						
(b)						
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)						
Arteriosclerosis & myocardial insufficiency						
24						