[redacted]

006727

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA §
S.S.
COUNTY OF LAKE §

On this 9th day of November, 1988 before me personally appeared,
(insert date)
ANNA DJURICH

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

1. Affiant resides at the address given below affiant's signature;

2. Affiant is Joint Owner
(state interest of affiant in the above premises as owner)

3. Said premises described as follows:
The North 284.4 feet of the South 830 feet of the West 1837 feet of the North half ($N\frac{1}{2}$) of the North-east quarter ($NE\frac{1}{4}$) of Section 17, Township 35 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana.

#13-116-24

4. Said premises were formerly owned as ~~joint tenants~~ or as tenants by the entireties by MILOSH VASO DJURICH and ANNA DJURICH

5. Said MILOSH VASO DJURICH
(fill in name of co-tenant who died)
died on October 29, 1988
leaving no will:
(insert "a" or "no")

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no
(If answer is "yes", identify the divorce proceedings:)

7. Affiant's relationship to the deceased was Wife

Affiant's Signature Anica Djurich

Name Printed ANNA DJURICH

Address 7013 Taft Street
Merrillville, IN 46410

Subscribed and sworn before me by the affiant
this 9th day of NOvember, 1988
(insert date)

Betty Jean Gesin
(Notary Public)

Betty Jean Gesin, County of Lake
(printed name and county)

My commission expires March 6, 1992

This instrument prepared by: Mark A. Roscoe
Attorney at Law
3437 Airport Rd. Portage 46368

NOV 10 9 35 AM '88
FILED FOR RECORD
LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

FILED

NOV 10 1988

Anna N. Anton
AUDITOR LAKE COUNTY

693

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INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 2274-88 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First / Middle / Last	2. SEX	3. DATE OF DEATH (Mo. Day, Yr.)
Milosh Djurich	M	10-29-1988

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
308-32-3778	75			04/24/1913	Yugoslavia

8. YEAR LAST SERVED IN U.S. ARMED FORCES? none

9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Anthony Hospital	Crown Point	Lake

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Anica Vukalich	2nd Helper	U.S. Steel

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	7013 Taft Street

13e. INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION Elementary/Secondary (0-12)	College (1-4 or 5+)
Yes	No	46410	☒ No ☐ Yes Specify:	White	8th	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Vaso Djurich	Mara N/A

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c. Relationship
Anica Djurich	7013 Taft St. Merrillville, IN 46410	Wife

DISPOSITION

20a. METHOD OF DISPOSITION	20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	November 2, 1988 Calumet Park	Merrillville, Indiana

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER (of Licensee)	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Robert Wiatrolik	FDE1001293	Stilinovich & Wiatrolik FH3004455 7535 Taft St. Merrillville, IN 46410

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title	23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)
George Balchuk, MD	31717	10/29/88

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH	25. DATE PRONOUNCED DEAD (Month, Day, Year)	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
1725 M	10/29/88	No

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Gram Negative Shock	[illegible] 36
Sequentially list conditions, if any, leading to immediate cause. b. DUE TO (OR AS A CONSEQUENCE OF):	[illegible] infection in urinary tract	weeks
c. DUE TO (OR AS A CONSEQUENCE OF):	[illegible] and [illegible]	[illegible]
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. DUE TO (OR AS A CONSEQUENCE OF):		

FILED NOV 10 1988

AUDITOR LAKE COUNTY

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
[illegible], Coronary Heart Disease [illegible] [illegible] Coronary [illegible]	Yes	

CERTIFIER (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

I HEREBY CERTIFY THE ABOVE IS A TRUE AND COMPLETE COPY OF THE DEATH CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
[illegible] Gabato, MD	[illegible]	11 [illegible] 88

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)
Dr. Gabato 12110 Grant St. Crown Point, Indiana

NOV 3 1988

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
[illegible]	NOV 3 88

LAKE COUNTY HEALTH COMMISSIONER

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PENNa S.17 T.35 R8 12a N.12 of 35 R 30X #15-116-84

SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1

[illegible]