5

On this	9th day of November,	1988 fore me personally appeared,
	(insert date)	- <del></del>
	ANNA DJURICH	

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o me	pe	rsonall	y known,	who bei	ng duly	BWC	orn on	oath	a bib	ay that:		
	1.	Λffia	nt resid	es at th	e addre	aa 8	given	below	affia	nt's sig	nature	: <b>;</b>
	2.	Λffia	nt is		Joint	: 0 w	ner	<del></del>				·
			(state 1	nterest	of affi	ant	in th	e abov	e pre	mises as	owner	:)
	3.		premises									
		· · · · · · · · · · · · · · · · · · ·	orth 28							· · · · · · · · · · · · · · · · · · ·		
			1837 f.e									
			luarter									
			8 West			ıd P	rinc	i.pa1	Meric	lian, i	n	
	4.		premises			owne	an b	· 按解決主	AF/C	2-//6 than 89	tenan	ts by
		the en	tireties	by MIL	OSH VA	SO	DJUR	ICH at	ıd	ANNA	DJUR	ICH
	5.		MIL	OSH VAS	O DJUF	RICH	[					
		(fill in name of co-tenant who died)  died on October 29, 1988										
		died o										
		leavi	ig (İnsert	a or	no "no")		_ wil	1:				Koy
	6.	Where	this aff						y the	entiret	ies, w	-
			ties eve					·	-			(0)
			wer is '						nagadi			38
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	7.	Affian :	it's rela	tionship	to the	e de	cease	d was	Will E	<del></del>		
				Λ££iant'	s Signa	atur	e	MICS	a di	unicl	····	
	7			Name Pri	nted		A	NNA I	JURIO	CH		
•	•			Address			7	013 7	aft S	Street		
;										le,IN 4	6410	
	•	1.								,, -	3 110	

Subscribed  $\chi$  and sworn before me by the affiant

this 9th day of NOvember, 1988

(Motary 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 Parlage 46368

FILED

NOV 1 0 1988

and M. antow

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## Local No. 3274-88

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.	••••	••••	•••••	• • • • •	•••••

•										
TYPE/PRINT	,		IDDLE	LAST		2. SEX	3 DATE OF DEAT	TH (Ms. Day, Yr)		
IN		MILOSH		JURICH		M		9-1228		
PERMANENT	4. SOCIAL SECURITY NUMBER	5e. AGE-Last Birthday (Years)	Sh UNDER I YEAR		6. DATE OF BIR	TH (Moner, 7. BHRTHE	LACE (City and State	or Foreign Country)		
BLACK INK	308-32-3778	75	75 Morens Deys Hours Mirruss 04/24/191					.3 Yugoslavia		
	8 YEAR LAST SERVED IN U.S. ARMED FORCES?				ATH (Check only one S	ee netructions.)				
	none	HOSPITAL Ince	bent DER/Outpatient [	DOA OTH	Nursing Home	☐ Reerdence □	Other (Specify)			
DECEDENT	96 FACILITY NAME (If not inestration.	give street and number)			WN OR LOCATION OF		COUNTY OF DEATH			
	St. Anthony I	Hospital	·		Point		ake			
	10. MARITAL STATUS—Merned		SURVIVING SPOUSE 12a DECEDENTS USUAL OCCUPATION (Give land of work done during most of w				12b. KIND OF BUSINESS/INC			
	Orverced (Specify) Married	d   Anica Vuka	alich	Do not use retired) 2	nd Helper		. Steel			
	13a. RESIDENCE—STATE 13	b. COUNTY	13c. CITY, TOWN, OR LO	OCATION	13d STREE	T AND NUMBER				
	Indiana	Lake	Merrillvil	lle		13 Taft Street				
•	13e. INSIDE CITY 13f. FARM	13g. ZIP CODE	13g. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN? 15.			n Indian.	16 DECEDENT'S EDUCATION			
	LIMITS7 (Yee or no)	46410		<i>H yea, apaçıfy Cuba</i> n. ≿an.asc.) 23 No. □ Ye	Black, White, etc (Specify)		Specify only highest g			
	Yes No	46410	Specify:		White		y/Secondary (0-12) th	College (1-4 or 5 + )		
PARENTS	17. FATHERS NAME (First Middle La	et)		IE. MOT	ERS NAME (First Midd	le Maiden Surnemel		<u> </u>		
	Vaso Djurich				lara		/A			
INFORMANT	19a INFORMANTS NAME (Type/Prin	rð		ADDRESS (Street and Num				lelezonenio		
	Anica Djurich			aft St. Mer			Wif			
1		Removal from State	other place)	OF DISPOSITION (Name o	cemesary, cremesory, or	20e. LOCA	TION—City or Town. S	5t <b>ano</b>		
DISPOSITION	Donasson Dother (Specify)		November 2	, 1988 Calur	net Park	Merri	llville,	Indiana		
2	21a. SIGNATURE OF FUNERAL DIREC	TOR : /	/ 21b. Li	CENSE NUMBER	<del>~~~~~~~</del>	S. AND LICENSE NUM				
10	1/0/01/	( in the inf	' <i>L</i>	of Licensee)	Stilinovi	ch & Wiat	rolik FH3	3004455		
PRONOUNCING	icover	V) Carrie	ve Fl	DE1001293	7535 Taft	<u>St. Merr</u>	<u>illville,</u>	IN 46410		
PRONOUNCING  PHYSICIAN ONLY	Complete items 23e-c only when certifying physician is		36. LICENSE NUMBER		DATE SIGNED					
	not available at time of death to certify cause of death	Signature and Title <	Jean Bu	chuk 1	12	3/7/7		10/29/87		
ITEIRS 2928 MUST BE COMMPLETED BY	24. TIME OF DEATH	25. DATE PRONOUNCED				26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?				
PERSONNO PRONOLINCES DEATH	1725 W		29/88	•		(Yee or no) N3				
		1								
$\mathcal{C}$	27 PART I From the decease	instrume or complement that co	average the death. Do not only	with a most of dump of the			<u> </u>	Angentum		
$\sim \sim$	27. PART I. Ereer the cleasess. arrest, shock, or he	injuries, or complications that ca art failure. List only one cause o	suced the death. Do not enter on each line.	or the mode of dying, such a	cardiac or respiratory	· · · · · ·	<u> </u>	Approximate Interval Between		
30			suced the death. Do not enter on each line.	or the mode of dying, such a	cardiac or respiratory		62	Onest and Death		
30 y	errest, shock, or he	· Kilner	eveed the death. Do not erectly seach line. The High to				<u> </u>	Onest and Death  Williams SG		
30	arrest, shock, or he	Colora Tour	in each the death. Do not ered in each the.  I'm Mary i Tu  OR AS A CONSEQUENCY  THE	afertion in		Trat	<i>&amp;.</i>	Onest and Death		
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HEALTH OF STEEL ST. 17 T. S. SEELS OF STEELS OF ST.	AUDITORILART COL  To the Check only one)  296. SIGNATURE AND TITLE OF CERT On the Check only one)  296. SIGNATURE AND TITLE OF CERT On the Check only one)  31. HEALTH OFFICERS SIGNATURE  33. MANNER OF DEATH    Natural   Pending   Pendin	DUE TO COMPLETED CAUSE 12110 Grant  34a DATE OF INJUI (Month, Dey, Ye	TOR AS A CONSEQUENCE  TO	given in Peril.  OP:  OP:  OP:  OP:  OP:  OP:  OP:  OP	Trucke   In the cause(a) and many	28b. WERE AL AVAILAB COMPLE OF DEATH  28d. DATE SIGN  32. DATE FILED  OCCUMPED	Ones and Deeph Mile Sold M			