

Matthew P. Dogan
626 W Ridge Rd, Gary
46408

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pd

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

2

I, Anne Briski, daughter of George Rajkovich and Anna Rajkovich, husband and wife, being duly sworn upon my oath, allege and state that Anna Rajkovich died on *March 4, 1983*, (Death Certificate attached), a resident of Lake County, Indiana, leaving surviving her husband, George Rajkovich; he left a will; said George Rajkovich and Anna Rajkovich lived together as husband and wife to the date of her death; that no probate of her estate was necessary and that there are no Federal Estate Taxes or Indiana State Inheritance Taxes due and owing due to her death to the best of affiant's knowledge.

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

This affidavit is given to clear title to George Rajkovich of the following described real estate, to-wit:

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Lots 13, 14 and 15, Block 1, Schug Park South Broadway Addition to Gary, Lake County, Indiana, * (Key Nos *47-20-13, 14, 15*) *as shown in Plat Book 8, Page 9.

Further affiant sayeth not,

Anne Briski
Anne Briski

STATE OF INDIANA)
COUNTY OF LAKE) SS:



APR 23 10 14 AM '90
ROBERT FERGUSON
RECORDER

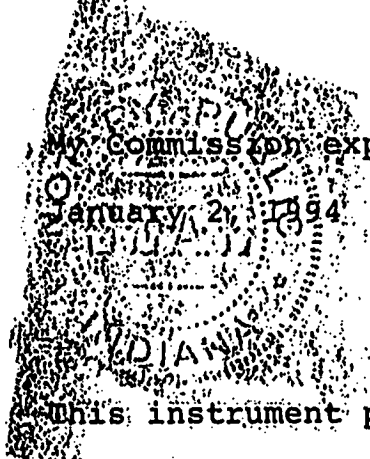
STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

Subscribed and sworn to before me, a Notary Public, on *28th* day of March, 1990.

Matthew P. Dogan
Matthew P. Dogan, Notary Public
Resident of Lake County

My Commission expires:

January 2, 1994



This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

FILED

APR 18 1990

Anne N. Anton
AUDITOR LAKE COUNTY

006652

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ct*

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A THIS CERTIFICATE IS A TRUE AND
B COMPLETE COPY OF THE CERTIFICATE OF DEATH
C ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
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460
FUNERAL HOME
No. 242
FUNERAL DIRECTOR'S
LICENSE No. 968
MAY 12 1983
JAMES CHOLSKY
Robert W. Winkler
D.O.
D.O.

Re: L. 13, 14, 15, Bl. 1, Schug Pk. So. Bdwy Add, to Gary, Lake Co., Ind.
INDIANA STATE BOARD OF HEALTH (Key No. 47-20-13, 14, 15)
MEDICAL CERTIFICATE OF DEATH
Local No. 368-83 State No. _____

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED
USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PALENTS
DISPOSITION

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED - NAME FIRST MIDDLE LAST ANNA RAJKOVICH			SEX FEMALE	DATE OF DEATH MONTH DAY YEAR MARCH 4, 1983	
RACE White	AGE - Last birthday 67 1/2	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH MONTH DAY YEAR Aug. 31, 1906	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION Name of inst. or other inst. street and number St. Mary Med-Center		IF HOSP OR INST. Indicate room Inpatient	
STATE OF BIRTH Jugoslavia	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED WIDOWED, DIVORCED, SEPARATED Married	SURVIVING SPOUSE Name and address George		WAS DECEASED EVER IN U.S. ARMED FORCES No
SOCIAL SECURITY NUMBER 312 58 8451	USUAL OCCUPATION Housewife	KIND OF BUSINESS OR INDUSTRY Self			
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) Yes
STREET AND NUMBER 3550 Maryland Street		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST Peter Vlahinich		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Eva Spraitz			
INFORMANT - NAME (Type or grade) George Rajkovich		RELATIONSHIP Husband	MAILING ADDRESS 3550 Maryland St.	CITY OF TOWN STATE ZIP Gary, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cem.		LOCATION CITY OF TOWN STATE Merrillville, Ind.	
DATE MONTH DAY YEAR March 7, 1983		FUNERAL HOME - NAME AND ADDRESS Stilinovich & Wiatrolik		CITY OF TOWN STATE ZIP Gary, Ind.	
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. J. Saha		DATE SKINED (Date) 7 March 1983	HOUR OF DEATH 3-483-830 AM		
MAILING ADDRESS - PHYSICIAN 790 Broadway		Merrillville, Indiana			
HEALTH OFFICER (Type or Print) Peter J. Saha		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-7-83			
PART I (a) Cause of Death Cerebrina of Ovary		AUDITOR LAKE COUNTY Wm. H. Anton			
PART I (b) Generalized metastases of abdominal organs.					
PART II (a) Other Significant Conditions - Conditions contributing to death but not related to those given in PART I (a) Ascites		AUTOPSY (Specify Yes or No) No			

SBH 06-003 State Form 35430
REV. 10/77

CHICAGO TITLE INSURANCE COMPANY

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APR 18 1990