

L3073

140096

SURVIVORSHIP AFFIDAVIT

STATE OF CALIFORNIA §

S.S.

COUNTY OF LOS ANGELES

On this 12 day of December, 1990 before me personally appeared,

Robert Kragulac

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 one of the surviving joint tenants of the below described real estate.

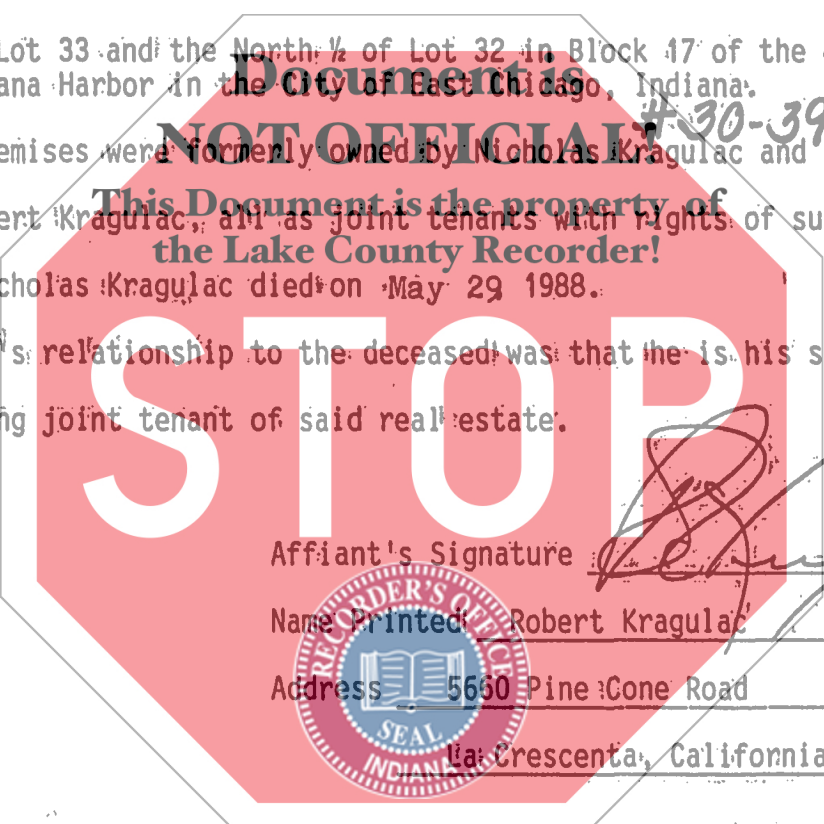
3. Said premises described as follows:

All of Lot 33 and the North 1/2 of Lot 32 in Block 17 of the 4th Addition to Indiana Harbor in the City of East Chicago, Indiana.

4. Said premises were formerly owned by Nicholas Kragulac and Sandra Kragulac and Robert Kragulac, all as joint tenants with rights of survivorship.

5. Said Nicholas Kragulac died on May 29 1988.

6. Affiant's relationship to the deceased was that he is his son and is a surviving joint tenant of said real estate.



Affiant's Signature [Signature]

Name Printed Robert Kragulac

Address 5660 Pine Cone Road

La Crescenta, California

Subscribed and sworn before me by the affiant

this 13th day of December, 1990.

[Signature]  
(Notary Public)

Carol Freed Los Angeles  
(printed name and county)

My commission expires June 20, 1994



**FILED**

This instrument prepared by: DEC 18 1990

Carol N. Anton  
MERRILLVILLE INDIANA

00834 [Signature]

00834

COMMUNITY TITLE CO.  
421 W. 81st Avenue  
Merrillville, IN 46410

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CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST			1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
Nicholas			NMN		Kragulac		May 29, 1988		2030		
3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
male	caucasian		NO		October 3, 1913			74	YEARS	MONTHS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER					10. BIRTH NAME AND BIRTHPLACE OF MOTHER					
Indiana	Stanley Kragulac /Yugoslavia					Sara unknown/Yugoslavia					
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
U.S.A.		19 n/a to 19 n/a		312-13-4205		widowed					
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS				
salesman		25yrs.		Midwest Liquor Distributors			Liquor Sales				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.		19C. CITY OR TOWN			
4016 Parrish Ave.								East Chicago			
19D. COUNTY			19E. STATE			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Lake			Indiana			Saundra Kragulac-dgtr. 5131 Dunsmore Ave. LaCrescenta, CA 91214					
21A. PLACE OF DEATH			21B. COUNTY			21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)					
St. Vincent Medical Center			Los Angeles			21D. CITY OR TOWN LaCrescenta, CA 91214					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN								
2131 W. 3rd. St.			Los Angeles								
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A.						24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		
Melastole colorectal cancer	Prostate cancer						no		yes		
25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?										
yes	no										
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	none										
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER						
3-22-88	Charles Wiseman M.D.		5-31-88		A0241132						
28E. TYPE PHYSICIAN'S NAME AND ADDRESS	201 S. Alvarado St. Los Angeles, CA										
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY		31. INJURY AT WORK?		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR				
33. LOCATION—(STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)										
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN INQUIRY INVESTIGATION	35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED								
	FILED										
36. DISPOSITION:	37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. MEALMEN'S LICENSE NUMBER AND SIGNATURE					
burial	June 3, 1988		Calumet Park Cemetery Merrillville, Indiana			6916 Jim Fubler 10791611001wiler					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR					
Douglass & Moreland SouthGate CA		F-1368		Robert Madsen		JUN 1 1988					
STATE REGISTRAR	Aunt N. Antos										

STOP

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THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JUN 1 1988

30: *Robt. Madsen*  
Director of Health Services and Registrar

*4th Add. Ind. Harbor  
1 1/2 of Rt 32 Bl. 17  
All Rt 33 Bl 17  
# 30-399-27*

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