

91024374

STATE OF INDIANA)
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

WILLIAM M. BRANCIC of 4455 Connecticut Street, Gary, Lake County, Indiana, being first duly sworn upon his oath says:

1. That he is an adult male and the Grandson of Nicholas Brancic, Jr. who was also known as Nick Brancic, Jr. and Mary Brancic, his wife and that he is the Great-Grandson of Martha Brancic.

2. That by Warranty Deed dated August 25, 1950, and recorded on August 28, 1950, as Document No. 490713 in the office of the Recorder of Lake County, Indiana, Martha Brancic conveyed the following described real estate to NICK BRANCIC, JR. and MARY BRANCIC, as husband and wife, reserving unto herself as Grantor a life estate in said real estate, to-wit:

The South One-half of Lot Six (6) and the North Three-fourths of Lot Seven (7), in Block Eight (8), as marked and laid down on the recorded plat of Great Gary Realty Company's First Addition to Gary, in Lake County, Indiana, commonly known as 4025 Delaware Street, Gary, Indiana.

KEY 43-352-9

FILED

MAY 21 1991

James N. Antos
NOTARY LAKE COUNTY

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 21 1 44 PM 1991
ROBERT BOS FEELEMAN
RECORDER

3. That the parties continuously thereafter retained their interests in and to said parcel of real estate until Martha Brancic as Life-Tenant died intestate on the 25th day of December, 1967.

4. That Nicholas Brancic, Jr. also known as Nick Brancic, Jr. and his wife Mary Brancic continuously lived together as husband and wife and retained the fee simple title to the above described real estate until the said Nicholas (also known as Nick) Brancic, Jr. died intestate on the 29th day of January, 1972.

5. That to the best of your affiant's knowledge, information and belief there was no Federal Estate or Indiana Inheritance Tax liability by reason of either death aforesaid.

6. That he makes this affidavit for the purpose of clearing the record title to the above described real estate and to show the vesting of the fee simple title in MARY BRANCIC as the surviving wife of an estate held as tenants by the entireties.

FURTHER YOUR AFFIANT SAYETH NOT.

William M. Brancic
WILLIAM M. BRANCIC

SUBSCRIBED and SWORN to before me, a Notary Public, this 20th day of May, 1991.

Roy Dakich
ROY DAKICH, Notary Public
Resident of Lake County

NOTARY PUBLIC
SEAL
IND
My Commission Expires:
5/26/92

Prepared by Attorney Roy Dakich, 100 E. 90th Drive, Merrillville, IN 46410

10.00

01270

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **72-0157**

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. Nicholas (Nick) Brancic Jr.			SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Jan. 29, 1972
RACE 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 71	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Aug. 14, 1900
CITY, TOWN, OR LOCATION OF DEATH 7a. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Mercy Hospital	
STATE OF BIRTH (IF NOT IN U.S.A.) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Mary Perez	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 11. Illinois		USUAL OCCUPATION, KIND OF WORK DONE DURING MOST OF LIFE (EVEN IF RETIRED) 12a. retired steelworker	KIND OF BUSINESS OR INDUSTRY 12b. U S Steel	
SOCIAL SECURITY NUMBER 13. 306-09-1911		CITY, TOWN OR LOCATION 14a. Ind. Lake	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14c. yes	TOWNSHIP 14b. Calumet
STREET AND NUMBER 15. 4025 Delaware St.		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, or UNKNOWN) (If yes, give war or date of service) 16. no		IS RESIDENCE ON A FARM? 17a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

18. **Nick Brancic** (FATHER—NAME FIRST MIDDLE LAST) 19. **Martha Badovinac** (MOTHER—MAIDEN NAME FIRST MIDDLE LAST)

20. NAME Gary Brancic	RELATIONSHIP 17b. wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 4025 Delaware St. Gary, Ind.
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PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE Acute myocardial infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 weeks
(b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic heart disease	
(c) DUE TO, OR AS A CONSEQUENCE OF:	

19. OTHER SIGNIFICANT CONDITIONS Diabetic Mellitus	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE & TIME OF DEATH Jan 29 1972	DATE SIGNED Jan 31 1972
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21. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE Dr. E. Mirich	22. SIGNATURE OF PHYSICIAN <i>Edward Mirich M.D.</i>
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23. MAILING ADDRESS—PHYSICIAN 6111 Harrison St.	24. CITY OR TOWN; STATE; ZIP Merrillville, Ind.
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25. BURIAL, CREMATION, REMOVAL (SPECIFY) burial	26. CEMETERY, CREMATORY, FUNERAL HOME Calumet Park Cem.	27. LOCATION Merrillville, Ind.
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28. DATE (MONTH, DAY, YEAR) Feb. 2, 1972	29. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Stilling, Ach & Palmer 4213 Broadway, Gary, Ind.
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30. HEALTH OFFICER'S SIGNATURE
Richard J. ... RECEIVED BY LOCAL HEALTH OFFICER
JAN 31 1972

KEY 43-352-9
GREAT LAKES REPLY CO'S
1ST SUB
N 34 LOT 7 52 LOT 6 828

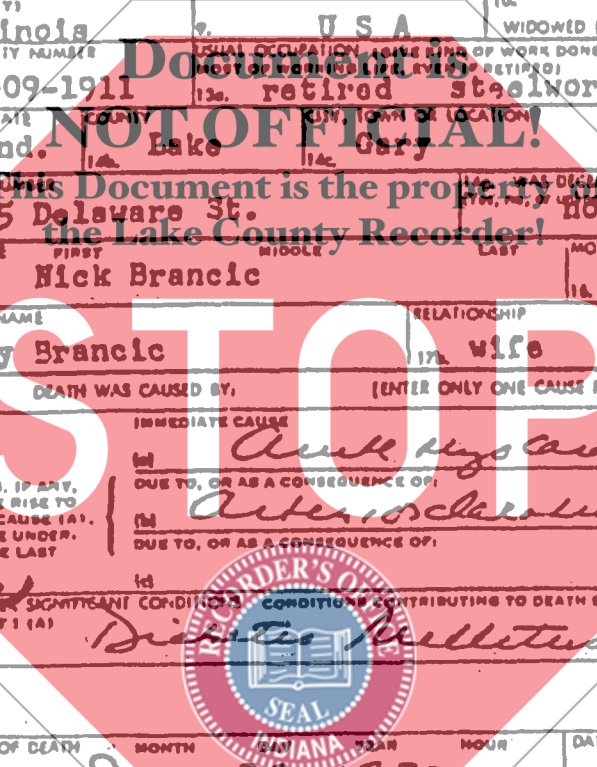
EMBALMER'S NAME
BENJIN B. COOK

FUNERAL HOME
No. 242

FUNERAL DIRECTOR'S
LICENSE No. 829

FUNERAL DIRECTOR'S
SIGNATURE
Johne Palmer

10271



INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. _____

1. PLACE OF DEATH & COUNTY Lake		1. USUAL RESIDENCE (Where deceased lived. If part-time: Residence before admission) a. STATE Indiana b. COUNTY Lake	
5. CITY, TOWN, OR LOCATION Gary		2. CITY, TOWN, OR LOCATION Gary	
3. NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		4. STREET ADDRESS 4025 Delaware	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		5. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. NICK OF DECEASED (Type or print) Martha (Bracie) Bracie		8. DATE OF DEATH Dec. 25, 1967	
6. SEX female		9. AGE (In years by birthday) 69	
10. COLOR OR RACE white		11. DATE OF BIRTH July 10, 1898	
12. MARRIAGE STATUS divorced		13. PLACE OF BIRTH (State or foreign country) Jugoslavia	
14. FATHER'S NAME unknown		15. MOTHER'S MAIDEN NAME Anja Balich	
16. INFORMANT'S NAME Nick Bracie		17. RELATIONSHIP TO DECEASED SON	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis cerebral Atherosclerotic heart disease DUE TO (a) Atherosclerotic heart disease DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (Give to same extent as in Part I of item 16.)		INTERVAL BETWEEN ONSET AND DEATH 24 hours Unknown	
19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of item 16.)		21. HEALTH OFFICER'S SIGNATURE Robert N. Anton	
22. TIME OF INJURY Hr. _____ Min. _____ Day _____ Year _____ a. m. _____ p. m. _____		23. PLACE OF INJURY (Specify or about home, farm, factory, street, office bldg., etc.)	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. CITY, TOWN, OR LOCATION Gary, Ind.	
26. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER Robert N. Anton M.D.		27. ADDRESS 6111 Harrison St	
28. DATE OF SIGNATURE 12/28/67		29. DATE SIGNED 26 Dec 1967	
30. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		31. LOCATION Gary, Ind.	
32. DATE REMOVED BY LOCAL HEALTH OFFICER DEC 26 1967		33. SIGNATURE OF HEALTH OFFICER V. J. Rosenblum	
34. SIGNATURE OF FUNERAL DIRECTOR Lach & Stillnevich		35. ADDRESS Gary, Ind.	

TYPE OR PRINT PLAINLY WITH UNFAADING INK THIS IS A PERMANENT RECORD

Make the State Office Use

KEY GREAT GARY REALTY CO'S
1 1/2 A09 N 3/4 LOT 7
S 1/2 LOT 6 B.L. 8
KEY 43-352-9

EXAMINER'S NAME
Ervin B. Cook

LICENSE No. **571**

LICENSE No. **1286**

FUNERAL DIRECTOR'S LICENSE No. _____

Disposition Permit Issued /
Professional Certificate Yes No



FILED

MAY 21 1991

01276