



COMMUNITY TITLE COMPANY

— An Indiana Corporation —
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

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

L4237

92012917

L-4237

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STANA MIKIC, being _____, st _____
sworn upon oath, deposes and says:

1. That Affiant's spouse, RAY MIKIC
died ~~(without leaving a will)~~ (leaving a will) on 10-1
19 77 at ST. CATHERINE Hospital

2. That they were duly and legally married at the time they
acquired title as husband and wife to the following described
real estate:

LOT "A", RESUBDIVISION OF LOTS 16, 17, 18, 19, 20 AND 21, PARK
ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS PER
PLAT THEREOF, RECORDED OCTOBER 19, 1923, IN PLAT BOOK 16 PAGE 15,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

**This Document is the property of
the Lake County Recorder! # 30-480-1**

3. That the marital relationship which existed between them
at the time they acquired title to said real estate remained
in effect and unbroken until the date of ((his)) (her) death.

4. That all funeral expenses in connection with the death of
said decedent have been paid in full.

5. That all of the assets of said decedent which would be
includable for Federal Estate Tax purposes, including joint
bank accounts and life insurance on decedent's life were not
sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Stana Mikic

STANA MIKIC

Subscribed and sworn to before me, a Notary Public, this 24th
day of February, 19 92.

Patricia Ludington
Notary Public
PATRICIA LUDINGTON

My Commission expires:

4-15-94

County of Residence:

Lake

This Instrument prepared by STANA MIKIC

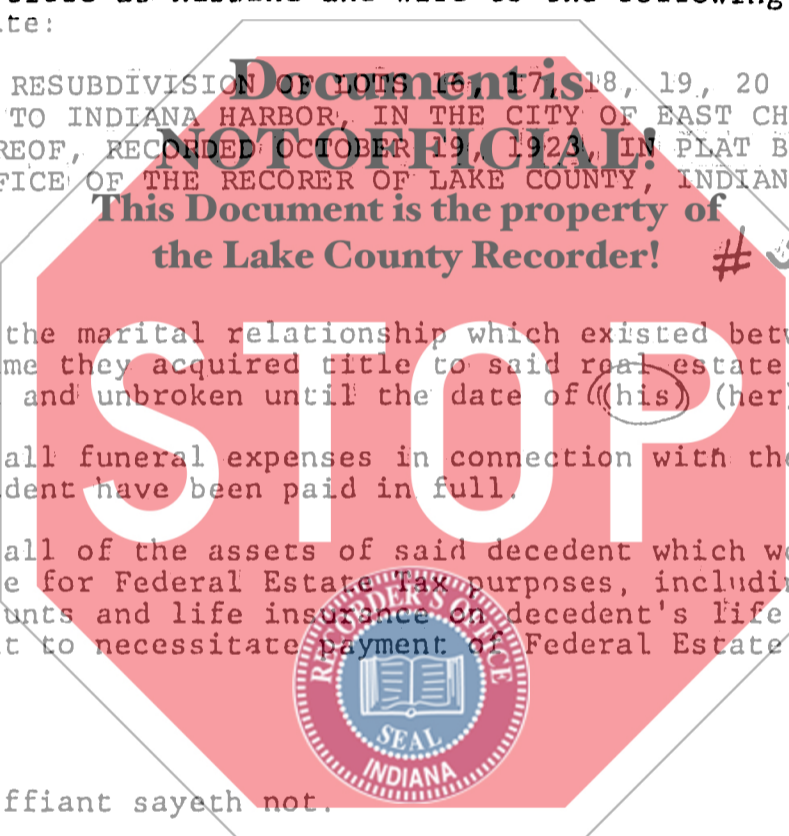
FILED

FEB 28 1992

Ann N. Antos
AUDITOR LAKE COUNTY

01582

STATE OF INDIANA, S.H.C.
LAKE COUNTY
FILED FOR RECORD
MAR 3 11 28 AM '92
ROBERT (BOB) FREELAND
RECORDER



for OK

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

Local#No. 637

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1.		RAY		ADOVAN	MIKICH	2. MALE	3.	10-1-77			
RACE		AGE—LAST BIRTHDAY (YEAR)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH				
4. WHITE		5a. 33	5b.	5c.	6. 7-2-1944		7a. LAKE				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YEAR OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. EAST CHICAGO		7c. 1953		7d. ST. CATHERINE HOSPITAL							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. JUGOSLAVIA		9. U.S.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. STANA					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. 317-50-11959		13a. STEEL WORKER		13b. GENERAL AMERICAN							
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YEAR OR NO)		TOWNSHIP				
14a. INDIANA		14b. LAKE	14c. EAST CHICAGO		14d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14e. NORTH				
STREET AND NUMBER		14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service)		15. IS RESIDENCE ON A FARM?							
14f. 1906 COLUMBUS DR.		14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME		MIDDLE	MOTHER—MAIDEN NAME		FIRST		MIDDLE	LAST			
15. ZIKA		MIKICH	16. STOJANKA		STEFANOVICH						
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. ZIKA MIKICH		17b. FATHER		17c. 1906 COLUMBUS DR. EAST CHICAGO							
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		(a) Massive myocardial infarction							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b)		myocardial infarction							
CAUSE		(c)		myocardial infarction							
PART II.		OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I. (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.		DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED		MONTH	DAY	YEAR
20.		10/1/77		10	1	77	9 13 PM		10	3	77
PHYSICIAN'S NAME (TYPE OR PRINT): LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		CODE NO.							
22a. 10/1/77		22b. [Signature]									
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE					
23. 622 W. Chicago Ave. East Chicago Ind.		23a. Chicago Ind.		23b. East Chicago Ind.		23c. 4631A					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN					
24a. BURIAL		24b. ST. SAVA CEM.		24c. LIBERTYVILLE, ILLINOIS							
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. 10-1-77		25a. OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, INDIANA									
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER									
25b. [Signature]		26b. 10-7-77									

Below for State Office Use:
 Park
 Bl 4
 to
 21
 to
 1/6
 Add. Ind. No.
 # 30-480-1
 CHARLES WELLS
 Mary O Pastrik

FUNERAL HOME
 FEB 28 1992
 DECEASED
 USUAL RESIDENCE
 WHERE DECEASED
 LIVED OR DEATH
 OCCURRED IN
 INSTITUTION, GIVE
 RESIDENCE BEFORE
 ADMISSION.
 LICENSE NO. 42
 FUNERAL DIRECTOR'S
 LICENSE NO. 960
 CHARLES WELLS
 Mary O Pastrik

Disposition Permit Issued / /

Provisional Certificate

Yes No

STOP
 NOT OFFICIAL
 This Document is the property of
 the Lake County Recorder!



01583