

FILED

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

APR 7 1993

*Ann R. Carter*  
AUDITOR LAKE COUNTY

AFFIDAVIT

Cheryl A. Regan, after being duly sworn upon her oath alleges and says:

1. That she is the daughter of Anne Zabrdac, deceased.  
2. That this affiant along with David S. Zabrdac are the owners in fee of the following described real estate located in Lake County, Indiana, subject to the Life Estate of Anne Zabrdac:

Lot eighteen (18) in Block "N", Meadowland Estate, Part No. 2 of Unit No. 2, as shown in Plat Book 31, page 18 in Lake County, Indiana. Key # 15-1256-18.

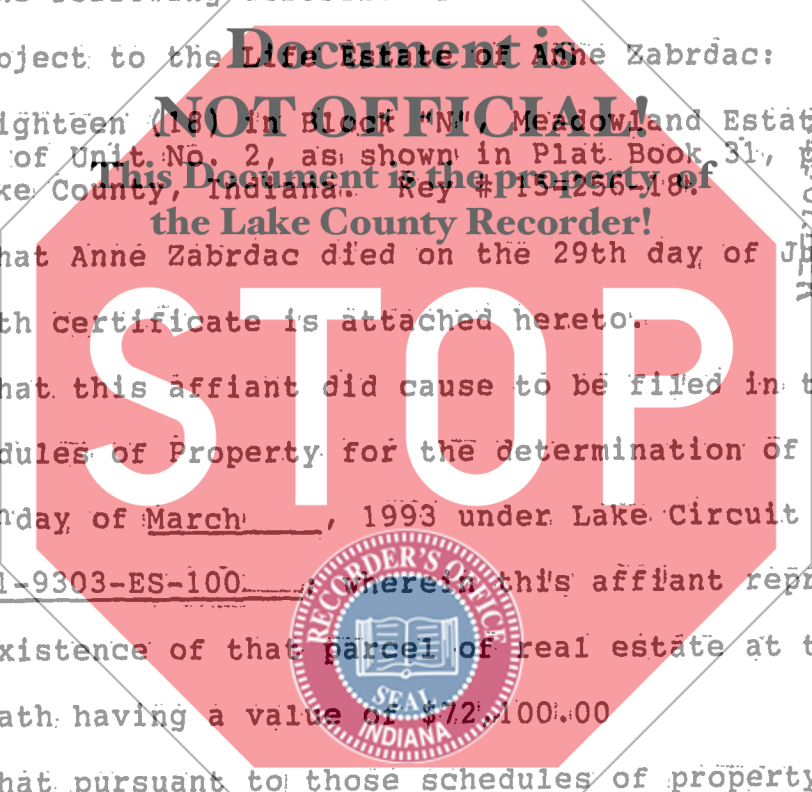
3. That Anne Zabrdac died on the 29th day of June, 1992, a copy of said death certificate is attached hereto.

4. That this affiant did cause to be filed in the Lake Circuit Court, Schedules of Property for the determination of inheritance tax, on the 16th day of March, 1993 under Lake Circuit Court Cause Number 45C01-9303-ES-100, wherein this affiant represented to the Court the existence of that parcel of real estate at the time of decedent's death having a value of \$72,100.00

5. That pursuant to those schedules of property filed in said cause, the Court did on the 1st day of April, 1993 enter an order for the payment of inheritance tax in the sum of \$593.94.

6. That this affiant did cause said tax to be paid to the Treasurer of Lake County, Indiana and she attaches hereto her receipts showing payment thereof.

7. That this affidavit is given to induce the Auditor of Lake County to remove the Life Estate of Anne Zabrdac from the title to that parcel of real estate located in Lake County described as:



STATE OF INDIANA  
LAKE COUNTY  
FILED  
APR 7 8 11 AM '93  
AUDITOR  
NOTICE

10.00

Lot eighteen (18) in Block "N", Meadowland Estates, Part No. 2 of Unit No. 2, as shown in Plat Book 31, page 7, in Lake County, Indiana. Key # 15-256-18.

Affiant further sayeth not

*Cheryl A. Regan*  
CHERYL A. REGAN

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public this 5th day of April, 1993.

*Notary Alexander*  
NOTARY PUBLIC

Commission Expires: 10/96

County of Residence: Notary



This instrument was prepared by: Frank J. Koprčina  
Attorney at Law  
5681 Broadway  
Merrillville, IN 46410

INDIANA STATE BOARD OF HEALTH

Local No. 1434-92

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>ANNE ZABRDAC</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>12:05p</b>	3b DATE OF DEATH (Month, Day, Yr) <b>June 29, 1992</b>
4 SOCIAL SECURITY NUMBER <b>304-22-8341</b>	5a AGE—Last Birthday (Years) <b>68</b>	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>June 7, 1924</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony Nursing Home</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name):	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Secretary</b>	12b KIND OF BUSINESS/INDUSTRY <b>E.J. &amp; E. Railroad</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>5570 Jackson Street</b>	
13e ZIP CODE <b>46410</b>	13f INSIDE CITY LIMITS? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+) <b>2</b>		18 FATHER'S NAME (First, Middle, Last) <b>Philip Koprčina</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Badovinac</b>		20a INFORMANT'S NAME (Type/Print) <b>Cheryl Regan</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>411 Liverpool Road, Hobart, Indiana 46342</b>		20c Relationship <b>Daughter</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b LOCATION—City or Town, State <b>Merrillville, Indiana</b>		21c PLACE OF DEATH (Specify) <b>Calumet Park Cemetery</b>
22a EMBALMER'S NAME <b>Ronald J. Mesarch</b>		22b EMBALMER'S LICENSE NO. <b>FDO1005912</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>		24b LICENSE NUMBER (of Licensee) <b>FDO8600505</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, FH8300762 7905 Broadway, Merrillville, IN 46410</b>	
26 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <b>BREAST CANCER</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last <b>THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH.</b>				
PART II. Other significant conditions contributing to death but not previously stated in Part I.		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER/ On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>M. Gasparis</i>		29c MEDICAL LICENSE NO. <b>01037515</b>	29d DATE SIGNED (Month, Day, Year) <b>7/1/92</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Milton W. Gasparis, 1356 S. Lake Park Ave., Hobart, IN</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Milton W. Gasparis</i>				32 DATE FILED (Month, Day, Year) <b>July 2, 1992</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		



DECEDENT

PARENTS:

INFORMANT

DISPOSITION:

CAUSE OF DEATH:

CERTIFIER

HEALTH OFFICER:

CORONER USE ONLY