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TICOR TITLE INSURANCE

93080995

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

STATE OF INDIANA, S.NO.
LAKE COUNTY
FILED FOR REC'D
Dec 3 10 10 AM '93
SAMUEL J. COLE
RECORDER

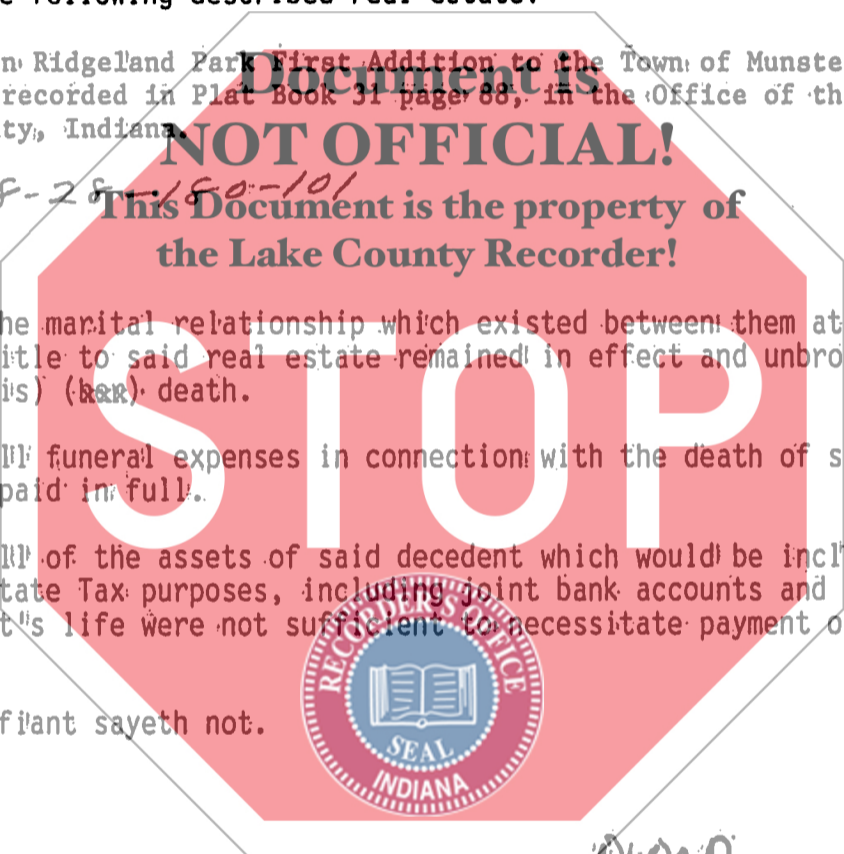
Gospova Dukic, being first duly sworn upon oath, deposes and says:

1. That Stevo Dukic died on Sept. 25, 1989 at Dyer, Ind.

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

Lot 101 in Ridgeland Park First Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 31 page 88, in the Office of the Recorder of Lake County, Indiana.

18-28-180-101



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.

Gospova Dukic

Gospova Dukic

Subscribed and sworn to before me, a Notary Public, this 11th day of November, 1993.

FILED

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:

NOV 30 1993

1-26-95

County of Residence:

Anna N. Anton
AUCTIONEER LAKE COUNTY

Lake

This Instrument prepared by Gospova Dukic

01149

800
th
11-17-93

INDIANA STATE BOARD OF HEALTH

Local No. 6245-89

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK-INK

1 DECEASED—NAME FIRST MIDDLE LAST STEVO DUKIC (DJUKIC)			2 SEX MALE	3 DATE OF DEATH (See Part 1) SEPT. 25, 1989
4 SOCIAL SECURITY NUMBER 304-34-3973	5a AGE—Last Birthday 78^{yr}	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) APRIL 25, 1913
7 BIRTHPLACE (City and State or Foreign Country) PEULJE, YUGOSLAVIA				

DECEDENT

8 YEAR LAST SERVED IN U.S. ARMED FORCES? NO		9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) OUR LADY OF MERCY HOSP.		9c CITY/TOWN OR LOCATION OF DEATH DYER		9d COUNTY OF DEATH LAKE

DECEASED

10 MARITAL STATUS—Married Never Married Widowed MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) GOSPAVA SORMAZ	12a DECEASED'S USUAL OCCUPATION (Do not list work done during most of working life) RETIRED STEEL EMPLOYEE INLAND STEEL CORP	12b KIND OF BUSINESS/INDUSTRY
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DECEASED

13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY/TOWN OR LOCATION MUNSTER	13d STREET AND NUMBER 7906 MONROE ST.
13e RACE (Yes or No) YES	13f FARM <input type="checkbox"/>	13g ZIP CODE 46321	14 WAS DECEASED IN U.S. ARMY OR NAVY (Specify No or Yes. If yes, specify branch. Mexican Puerto Rican etc.) NO
15 RACE—American Indian Black White or Mexican Puerto Rican etc. SERBIAN		16 DECEASED'S BIRTHPLACE (City and State or Foreign Country) PEULJE, YUGOSLAVIA	

PARENTS

17 FATHER—NAME (Last, First, Middle) STEVO DJUKIC	18 MOTHER'S NAME (Last, First, Middle) MILICA CALIC
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INFORMANT

19a INFORMANT'S NAME (Last, First, Middle) GOSPAVA DUKIC	19b ADDRESS AND CITY/TOWN OR LOCATION, STATE AND ZIP CODE 7906 MONROE ST., MUNSTER, INDIANA 46321	19c RELATIONSHIP TO DECEASED WIFE
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DISPOSER

20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Specify date, time, and place) SEPT. 27, 1989 OF GOD'CEM, GRAYSLAKE, ILLINOIS
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PRONOUNCING PHYSICIAN ONLY

21a SIGNATURE OF FUNERAL DIRECTOR <i>Ed. Tejko</i>	21b LICENSE NUMBER (of License) 1008300	21c FIRM ADDRESS AND CITY/TOWN OR LOCATION, STATE AND ZIP CODE 88800070 LINCOLN RIDGE FUNERAL HOME 7607 W. LINCOLN HWY., C.D. IND.
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ITEMS TO BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

22a Complete items 23a-c only when certifying physician is not available. State of death to certify cause of death. Signature and Title: <i>Richard J. Walton, M.D.</i>	23a To the best of my knowledge, death occurred at the time, date, and place stated. 01020643	23b TIME OF DEATH 9:25/89
24a TIME OF DEATH His 2:30 A.M.	24b DATE PRONOUNCED (Month Day Year) Sept 25, 1989	24c WAS CASE REFERRED TO LOCAL HEALTH DEPARTMENT? No

CAUSE OF DEATH

25a UNDERLYING CAUSE (If fatal disease or condition resulting in death)
ACUTE MYOCARDIAL INFARCTION

25b IMMEDIATE CAUSE (If fatal disease or condition resulting in death)
CORONARY ARTERY DISEASE

25c CAUSE (If fatal disease or condition resulting in death)
ATHEROSCLEROSIS (Coronary & Cerebral)

25d OTHER SIGNIFICANT CONTRIBUTING CAUSES (Do not exceed the mode of dying, such as trauma or temperature)
Cerebrovascular Accident, Hypertension

CAUSE OF DEATH

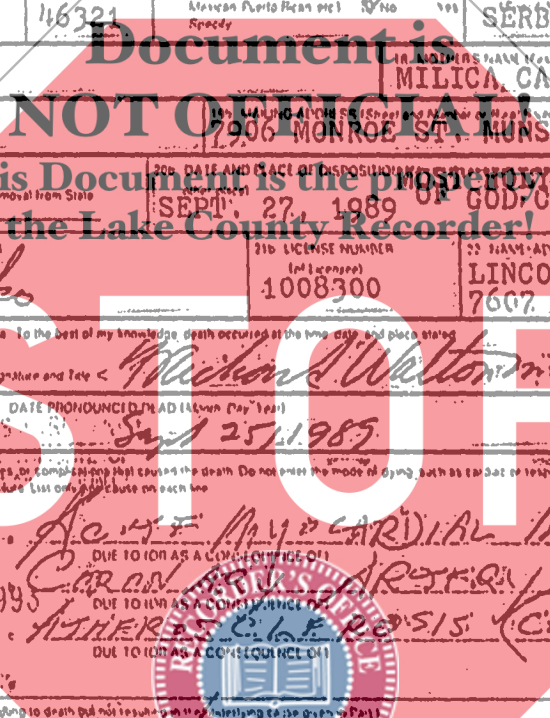
26a CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has previously so done and signed the form. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.)
 PRONOUNCING AND CERTIFYING PHYSICIAN (Physician pronouncing death and certifying cause of death. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated.)
 MEDICAL EXAMINER CORONER HEALTH OFFICER (On the basis of examination and/or investigation in my domain, death occurred at the time, date and place and due to the cause(s) and manner as stated.)

26b SIGNATURE AND TITLE OF CERTIFIER
Richard J. Walton, M.D.
AUDITOR, LAKE COUNTY

CAUSE OF DEATH

CERTIFIER

CERTIFIER



182-442
 18-28-80-101
 Kidney and Pancreas
 all set 101

TICOR TITLE INSURANCE
 Crown Point, Indiana

NOV 30 1993

David R. Untch
AUDITOR, LAKE COUNTY