

Subita Arving

TICOR TITLE INSURANCE FILED

JAN 11 1995

AFFIDAVIT

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Cvita Paradina, being first duly sworn upon oath, deposes and says:

1. That Spiro Paradina died on July 16, 19 94 at Whiting, Indiana

2. That Spiro Paradina and Cvita Paradina were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 24 in Harvey's Subdivision in the City of Whiting, as per plat thereof recorded in plat book 2 page 34 in the Office of the Recorder of Lake County, Indiana.

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 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.



Cvita Paradina

BY her attorney in fact Bob Paradina

Cvita Paradina by her attorney in fact *Bob Paradina* day of

Subscribed and sworn to before me, a Notary Public, this December, 19 94.

Sherlynn Groat
Notary Public
Sherlynn Groat, Lake Co.

My Commission expires:

December 17, 1996

County of Residence: Lake

This Instrument prepared by Bob Paradina

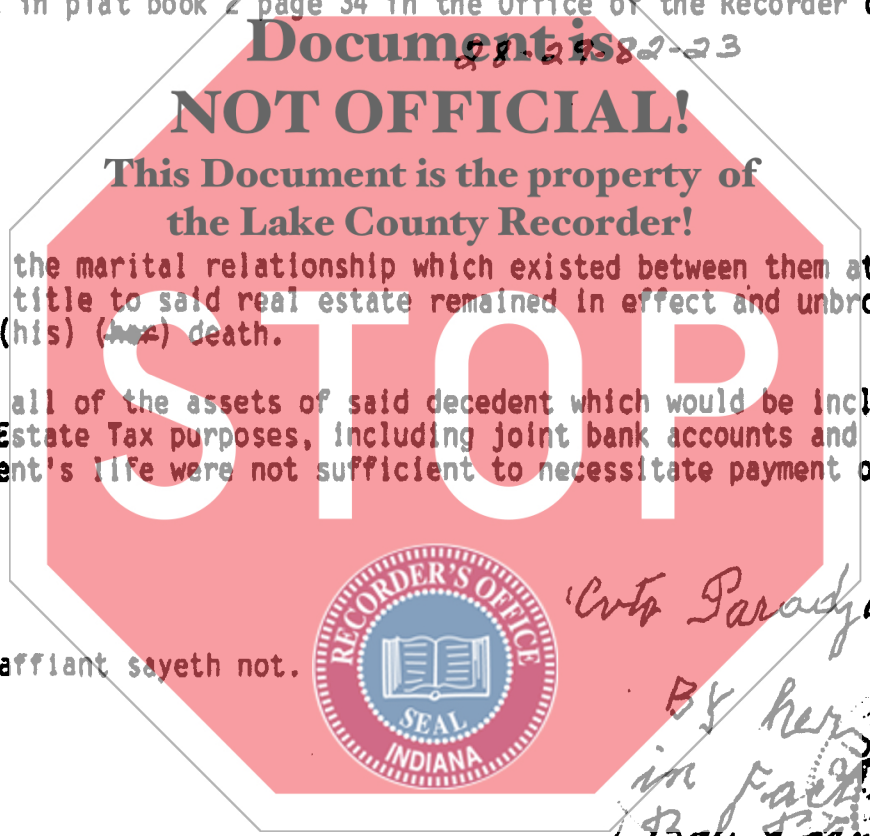
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11-80

190704
TICOR TITLE INSURANCE
Crown Point, Indiana

95002104

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 JAN 12 AM 10:30
ANASA G. COLBY
CHIEF DEP. RECORDER



ATTENTION STATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Liberty Savings

Local No. 1578-94 INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED NAME (First Middle Last) **SPIRO PARADJINA** 2 SEX **MALE** 3a TIME OF DEATH **8:45A M** 3b DATE OF DEATH (Month Day Year) **JULY 16, 1994**

4 SOCIAL SECURITY NUMBER **304-32-9012** 5a AGE - at Birth (Year) **91** 5b UNDER 1 YEAR (Months Days) 5c UNDER 1 DAY (Hours Minutes) 6 DATE OF BIRTH (Mo Day Yr) **2-11-1903** 7 BIRTHPLACE (City and State or Foreign Country) **YUGOSLAVIA**

8a WAS DECEDENT A US VETERAN? **NO** 8b YEAR LAST SERVED IN US ARMED FORCES? 9a PLACE OF DEATH (Check only one - See instructions) **HOSPITAL** Inpatient ER/Outpatient SOA **OTHER** Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not institution, give street and number) **1524 FISHRUPP ST.** 9c CITY TOWN OR LOCATION OF DEATH **WHITING LAKE** 9d COUNTY OF DEATH **LAKE**

DECEDENT

10 MARITAL STATUS (Specify) **MARRIED** 11 SURVIVING SPOUSE (If wife, give maiden name) **CVITA BOROVIĆ** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **CITY EMPLOYEE RETIRED MUNICIPAL** 12b KIND OF BUSINESS/INDUSTRY **MUNICIPAL**

13a RESIDENCE - STATE **INDIANA** 13b COUNTY **LAKE** 13c CITY TOWN OR LOCATION **WHITING** 13d STREET AND NUMBER **1524 FISHRUPP ST.**

14a ZIP CODE **46394** 15 INSIDE CITY LIMITS No Yes 16 CITIZEN OF WHAT COUNTRY? **U.S.** 17 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes specify Cuban Mexican Puerto Rican etc) 18 RACE - American Indian Black White etc (Specify) **WHITE** 19 DECEDENT'S EDUCATION (Specify only highest grade completed) **12** (Elementary, Secondary (0-12) College (13-16) etc)

PARENTS

18 FATHER'S NAME (First Middle Last) **LUKA PARADJINA** 19 MOTHER'S NAME (First Middle Maiden Surname) **BARBARA VIDOSEVIC**

INFORMANT

20a INFORMANT'S NAME (Type/Print) **BOZO PARAGINA** 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8108 JEFFERSON AVE. MUNSTER, IND.** 20c Relationship **SON**

DISPOS

21a METHOD OF DISPOSITION Burial Cremation Removal from State Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Date of primary interment) **JULY 19-1994 CALUMET PARK CEMETERY** 21c LOCATION - City or Town, State **MERRILLVILLE, IND**

CAUSE OF DEATH

22a EMBALMER'S NAME **CHARLES WELLS** 22b EMBALMER'S LICENSE NO. **FDO1042372** 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR *[Signature]* 24b LICENSE NUMBER (of license) **FDO1008300** 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **LINCOLN RIDGE F.H. 88800070 7607W. LINCOLN HWY. CROWN POINT, IND**

26 PART I Enter the diseases, 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. Approximate interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. *[Handwritten]*** **DUPLICATE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.**

Conditions if any which gave rise to the immediate cause, stating the underlying cause last **b. *[Handwritten]***

Other significant conditions - Conditions contributing to death but not previously noted in Part I **c. *[Handwritten]***

27 WAS DEATH PREGNANT OR POSTPARTUM (Yes or no) **No** 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **No**

CERTIFIER

29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN To me, the physician, the death occurred at the time, date, and place and due to the cause(s) as stated. 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. 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 **SAM ORLICH** 29c MEDICAL LICENSE NO. **AUDITOR LAKE COUNTY** 29d DATE SIGNED (Month Day Year) **JUN 20 1994**

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) **MERRILLVILLE, IND**

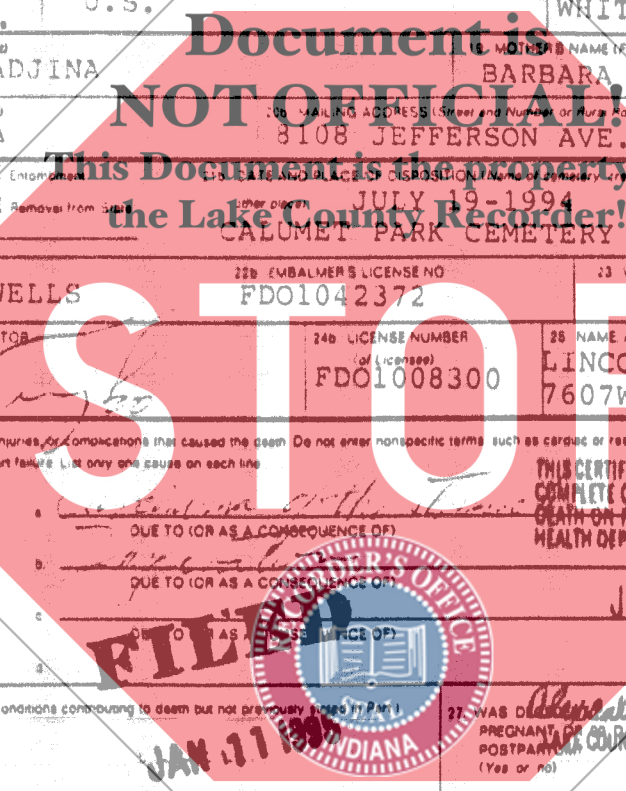
31 HEALTH OFFICER'S SIGNATURE **Alexander S. Williams, MD** 32 DATE FILED (Month Day Year) **JUN 20 1994**

33 MANNER OF DEATH Natural Pending investigation Accident Suicide Could not be Determined Homicide

34a DATE OF INJURY (Month, Day, Year) 34b TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d DEGREE OF INJURY OCCURRED

34e PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 34f 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) 34i OTHER MEANS OF TRANSPORTATION? (Specify)



RECOR TITLE INSURANCE 190704 Crown Point, Indiana