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MARGARETTE CLEVELAND  
RECORDER

# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

AGNES JANJECIC, being first duly  
sworn upon oath, deposes and says:

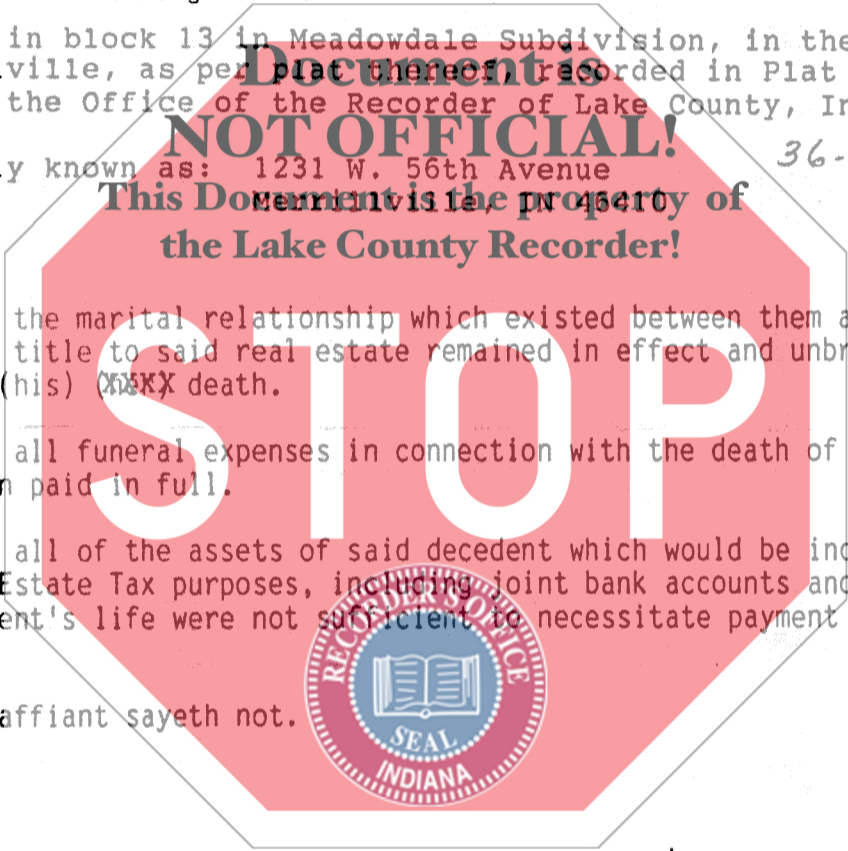
1. That GEORGE JANJECIC died on  
August 25th, 1992 at Broadway Methodist Hospital  
Merrillville, Indiana

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

LOT 12 in block 13 in Meadowdale Subdivision, in the Town of  
Merrillville, as per plat thereof recorded in Plat Book 31 page  
52, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1231 W. 56th Avenue

36-15-276-12



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) ~~DEATH~~ 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.

Agnes Janjecic  
Agnes Janjecic

Subscribed and sworn to before me, a Notary Public, this 14th day of  
October 1995.

**FILED**

NOV 13 1995

SAM ORLICH  
AUDITOR LAKE COUNTY

Mary E. Smith  
Mary E. Smith Notary Public

My Commission expires: \_\_\_\_\_

**MARY E SMITH**  
**NOTARY PUBLIC STATE OF INDIANA**  
**LAKE COUNTY**  
**MY COMMISSION EXP NOV 9, 1996**  
County of Residence: \_\_\_\_\_

000772

Lake

This Instrument prepared by Agnes Janjecic

11.00  
to  
JN

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Local No. 1826-92

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>George S. Janjecic</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>1:02A</b>	3b DATE OF DEATH (Month Day, Yr.) <b>August 25, 1992</b>
4 SOCIAL SECURITY NUMBER <b>306-09-2752</b>	5a AGE—Last Birthday (Years) <b>79</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.) <b>Feb. 16, 1913</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Croatia</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		8c PLACE OF DEATH (Check only one See instructions) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital - Southlake</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Agnes R. Fugko</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Steel Worker</b>	12b KIND OF BUSINESS/INDUSTRY <b>U.S. Steel</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>1231 W. 56th Avenue</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>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) 12</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College (1-4 or 5+)</b>		
18 FATHER'S NAME (First Middle Last) <b>Steve Janjecic</b>		19 MOTHER'S NAME (First Middle, Maiden Surname) <b>Josephine Urenic</b>		
20a INFORMANT'S NAME (Type/Print) <b>Agnes Janjecic</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1231 W. 56th Avenue Merrillville, IN. 46410</b>	20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 28, 1992 Calumet Park Cemetery</b>	21c LOCATION—City or Town, State <b>Merrillville, IN.</b>	
22a EMBALMER'S NAME <b>David Semplinski</b>		22b EMBALMER'S LICENSE NO. <b>FD08600686</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert C. Wiatrolik</i>		24b LICENSE NUMBER (of Licensee) <b>FD01001293</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PH3004435 Stilnovich &amp; Wiatrolik 7535 Taft St. 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>Acute myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death		
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		DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>AUG 31 1992</b>		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) <b>No</b>
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>Richard Buyer M.D.</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>		
29c MEDICAL LICENSE NO. <b>25233</b>		29d DATE SIGNED (Month, Day, Year) <b>Aug 31, 1992</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Dr. Buyer 8895 Broadway Merrillville, IN. 46410</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) <b>August 31, 1992</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW 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) <b>000773</b>		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



FILE ID