

95 NOV 14 AM 10:01

MARGARETTE CLEVELAND
RECORDER

95069432

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

3

AFFIDAVIT OF SURVIVORSHIP

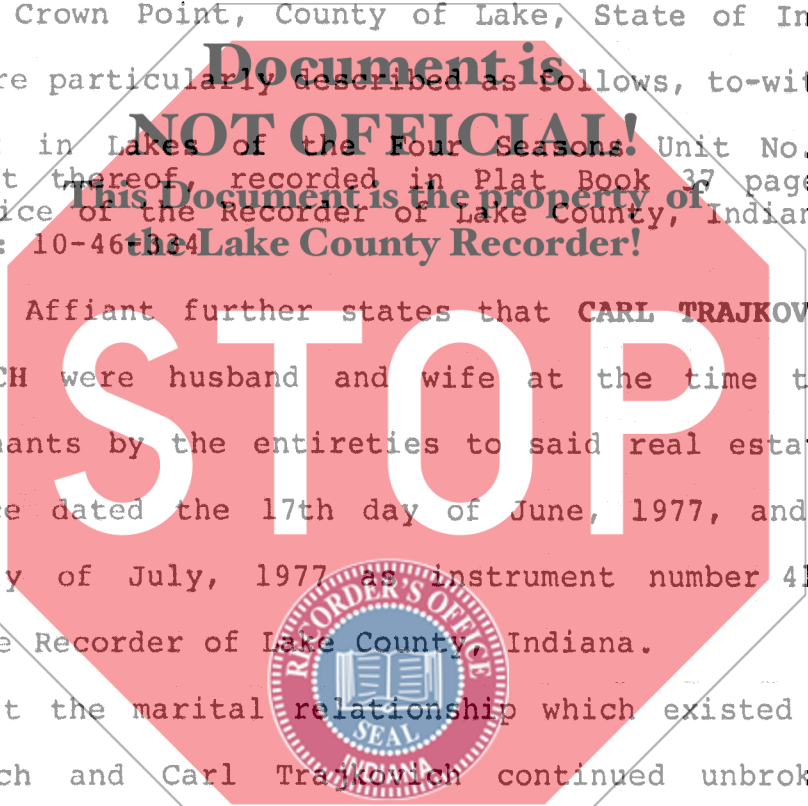
RITA A. TRAJKOVICH, being of legal age and duly sworn upon her oath, deposes and states as follows:

1. That she is the owner in fee simple title of the following described real estate commonly known as 3658 Kingsway Drive in the City of Crown Point, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit;

Lot 622 in Lakes of the Four Seasons. Unit No. 2, as per plat thereof, recorded in Plat Book 37 page 76 in the Office of the Recorder of Lake County, Indiana. Tax Key No.: 10-46134

2. The Affiant further states that CARL TRAJKOVICH AND RITA A. TRAJKOVICH were husband and wife at the time they acquired title as tenants by the entireties to said real estate by a deed of conveyance dated the 17th day of June, 1977, and recorded on the 20th day of July, 1977 as instrument number 419149 in the office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between Rita A. Trajkovich and Carl Trajkovich continued unbroken from the time they so acquired title to the real estate until the death, of Carl Trajkovich on the 12th day of September, 1994, at which time this Affiant acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death certificate of Carl Trajkovich marked as "Exhibit A".



FILED

NOV 14 1995

SAM ORLICH
AUDITOR LAKE COUNTY

000868

13.00
SW
CS

4. That no administration has been held upon the estate of Carl Trajkovich and none is contemplated, and his estate was not subject to any Federal Estate Tax.

5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the office of the Auditor of Lake County, Indiana.

Rita A Trajkovich
RITA A. TRAJKOVICH

STATE OF INDIANA)
COUNTY OF LAKE)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said county and state this 9th day of NOVEMBER, 1995.

STOP

Bonnie Berk
NOTARY PUBLIC

Bonnie Berk
NOTARY PUBLIC (printed)

County of Residence: LAKE
Commission Expires: 9.14.98



This instrument prepared by: Frank J. Koprčina, Attorney at Law, 105 E. 61st Avenue, Suite E, Merrillville, Indiana 46410, (219) 985-9999

7

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

EXHIBIT A

INDIANA STATE DEPARTMENT OF HEALTH

64 VETS

Local No. 2195-99

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) CARL TRAJKOVICH		2 SEX MALE	3a TIME OF DEATH 1:25 A	3b DATE OF DEATH (Month Day Yr) SEPTEMBER 12, 1994	
4 SOCIAL SECURITY NUMBER 309-42-6718	5a AGE—Last Birthday (Years) 55	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) OCT. 6, 1938	
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1967	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 3658 KINGSWAY DRIVE	9c CITY TOWN OR LOCATION OF DEATH CROWN POINT	9d COUNTY OF DEATH LAKE			
10 MARITAL STATUS MARRIED	11 SURVIVING SPOUSE (If deceased, give maiden name) RITA FINLEY	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEEL WORKER	12b KIND OF BUSINESS/INDUSTRY U.S. STEEL		
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION CROWN POINT	13d STREET AND NUMBER 3658 KINGSWAY DRIVE		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary; Secondary (10-12) 12 College (1-4 or 5 +)		18 FATHER'S NAME (First Middle Last) STEVE TRAJKOVICH			
19 MOTHER'S NAME (First Middle Maiden Surname) MARY		19 N/A			
20a INFORMANT'S NAME (Type/Print) RITA TRAJKOVICH		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3658 KINGSWAY DRIVE, CROWN POINT, IN		20c Relationship WIFE	
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 (Institution, cemetery, crematory or other place) SEPTEMBER 16, 1994 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a EMBALMER'S NAME DAVID SEMPLINSKI		22b EMBALMER'S LICENSE NO. FD08600686		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolik</i>		24b LICENSE NUMBER (of Licensee) FD01001293		24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH3004455-STILLIMOVICH & WIATROLIK 7535 TAFT STREET, MERRILLVILLE, IN	
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. Lung Cancer COPI				Approximate Interval Between Onset and Death months years	
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					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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 R. Devanathan M.D.			
		29c MEDICAL LICENSE NO. 01040141		29d DATE SIGNED (Month, Day, Year) 9/14/94	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. DEVANATHAN, 1500 S. LAKE PARK, HOBART, INDIANA 46342					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>				32 DATE FILED (Month, Day, Year) September 15, 1994	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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 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)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

