STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96026622

96 APR 23 PM 3:45

MARGARET ... RECORDER

SURVIVING SPOUSE AFFIDAVIT

Helen E. Loncaric being duly sworn, states that she resides in Lake County, Indiana, is surviving spouse of deceased JOSEPH T. LONCARIC, and is acquainted with the facts so that she can furnish an affidavit concerning the property hereinafter described. Key# 15-370-39

Lot Number 565, Unit 8, Turkey Creek Meadows, Lake County, Indiana.

1. Decedent, JOSEPH T. LONCARIC died January 3, 1996, while a resident of Lake County, Indiana as evidenced by the death certificate so attached.

2. At the time of the death of JOSEPH T. LONCARIC, the above stated land was titled to JOSEPH T. LONCARIC and HELEN E. LONCARIC, the same being husband and wife at the time of conveyance.

3. At the time of the death of JOSEPH T. LONCARIC, affiant Helen E. Loncaric was married to decedent. Said land now passes to surviving spouse, affiant herein.

4. This affidavit is made for the purpose of establising that Helen E. Loncaric is the surviving spouse and rightful sole owner of all the aforementioned propery formerly owned in part by deceased spouse.

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Helen E. Loncaric

Helen E. Loncaric

Before me, the undersigned, a Notary Public of Kankakee county, Illinois, appeared Helen E. Loncaric who acknowledged the execution of the foregoing AFFIDAVIT, and who having been duly sworn, stated that any representations therein contained are true.
Witness my hand and official seal. April 19, 1996

Patricia L Engels
Notary Public

OFFICIAL SEAL
PATRICIA L. ENGELS
NOTARY PUBLIC STATE OF ILLINOIS
My Comm. Expires Jan. 8, 1997

Instrument prepared by Patricia Engels, Attorney at Law, 112 Washington St. Lowell, Indiana 46356, 219/696-1000

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 23 1996

SAM ORLICH
AUDITOR LAKE COUNTY

001158 11⁰⁰ Su Cr#2039

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 0018-96

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

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
Joseph T. Loncaric	Male	8:30 AM	January 3, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
314-09-7534	77			Nov. 7, 1918	Gary, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital Southlake	Merrillville	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Married	Helen E. Barnes	Controlman	Steel Industry

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	7048 Van Buren Place

13e. ZIP CODE	13f. INSIDE CITY LIMITS / 13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46410	Inside city limits: [ ] No [X] Yes; On a farm: [X] No [ ] Yes	U.S.A.	[X] No [ ] Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Joseph Loncaric	Veronica Radencich

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Helen E. Loncaric	7048 Van Buren Place Merrillville Indiana 46410	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)	January 6, 1996 Calumet Park Cemetery	Merrillville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James M. Love	FD01000904	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James M. Love	FD01000904	White-Love Funeral Home 525 S. 2nd St. Chesterton, IN FH83000-891

CAUSE OF DEATH

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) Prostate Cancer

DUE TO (OR AS A CONSEQUENCE OF): (b) Renal Failure

DUE TO (OR AS A CONSEQUENCE OF): (c) Heart Failure, + Chronic Leukemia

DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
no (circled)	no (circled)	

THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT

FEB 08 1996

LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge, 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature]	01030831	1/5/96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): PETE MAVRELLIS M.D. - 8895 BROADWAY, MERRILLVILLE, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
[signature], M.D.	January 5, 1996

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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

FILED APR 23 1996 SAM ORLICH AUDITOR LAKE COUNTY

001459

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STOP

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1