

Please Return To:

ARNOLD KREVITZ
Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

97008369

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MIKE FRANKOVICH, being first duly sworn upon his oath, deposes and says:

1. That he was married to HELENE FRANKOVICH, who is a resident of Hammond, Lake County, Indiana, on July 30, 1985, as evidenced by a Certified Death Certificate attached hereto and a part hereof.

2. That at the time of her death, MIKE FRANKOVICH and HELENE FRANKOVICH, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

Lot Twenty-eight (28), in Block Two (2), as marked and laid down on the recorded plat of the subdivision of that part lying East of the Chicago, Indiana and Southern Railroad, of the North Half (1/2) of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section Four (4), Township Thirty-six (36) North, Range Nine (9) West of the Second Principal Meridian, in the City of Hammond, Lake County, Indiana.

3. That the Affiant and the Decedent, HELENE FRANKOVICH, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate to the time of her death on July 30, 1985.

4. That the Estate of HELENE FRANKOVICH, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

MIKE FRANKOVICH

Mike Frankovich

By: *Richard Sertic* P.O.A.
RICHARD SERTIC, his Attorney-in-Fact

FILED

FEB 11 1997

SAM ORLICH
NOTARY LAKE CO. IN.

10th Subscribed and sworn to before me, a Notary Public, this day of FEBRUARY, 1997.

Arnold Krevitz
ARNOLD KREVITZ Notary Public
Resident of LAKE County

My Commission Expires:

JAN. 24, 2001

This Instrument Prepared by:

ARNOLD KREVITZ, Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

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see

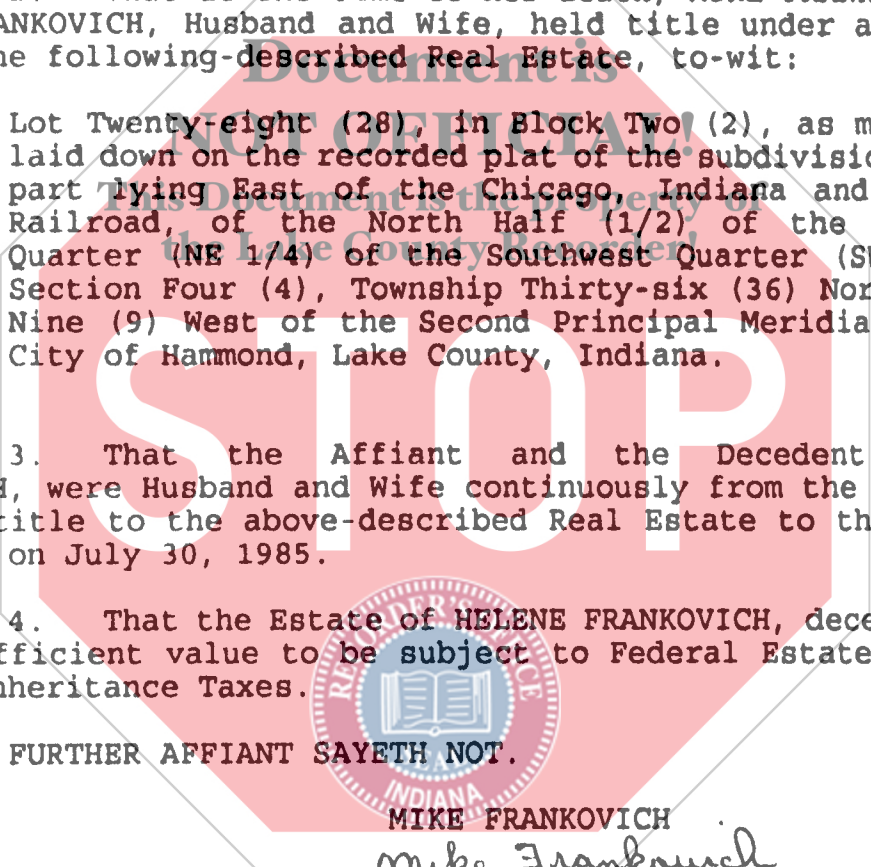
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97FEB 11 AM 10:05

NOTARY PUBLIC
RECORDS



INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 288

1 DECEASED - NAME Helene Frankovich		SEX Female		DATE OF DEATH (MONTH DAY YEAR) July 30, 1985	
2 RACE (to a white South American woman get 1 Specify) WHITE		3 AGE (Last Birth Day) 68		4 DATE OF BIRTH (MONTH DAY YEAR) 11-28-1916	
5 CITY TOWN OR LOCATION OF DEATH EAST CHICAGO		6 HOSPITAL OR OTHER INSTITUTION (Name of hospital give street and number) ST CATHERINE HOSPITAL		7 IS HOSP OR INST (Indicate POC UP 1 per Sec. 1699 (Specify) INPATIENT	
8 STATE OF BIRTH (to age 16 U.S. 17 Foreign Country) ILLINOIS		9 CITIZEN OF WHAT COUNTRY U. S. A.		10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED	
11 SOCIAL SECURITY NUMBER 306 24 8118		12 USUAL OCCUPATION (to kind of work done during most of life) HOUSEWIFE		13 SURVIVING SPOUSE (to wife give maiden name) MIKE FRANKOVICH	
14 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INDIANA LAKE		15 RESIDENCE STATE COUNTY INDIANA LAKE		16 KIND OF BUSINESS OR INDUSTRY HOME	
17 STREET AND NUMBER 6119 ALEXANDER AVE.		18 IS RESIDENCE ON A FARM? NO		19 INSIDE CITY LIMITS (Specify Yes or No) YES	
20 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO					
21 FATHER NAME (FIRST MIDDLE LAST) FRANK SORDER		22 MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) MARY E. BOZAK			
23 INFIRMANT NAME (to age 14) MIKE FRANKOVICH		24 RELATIONSHIP SON		25 MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 6119 ALEXANDER HAMMOND, INDIANA	
26 BURIAL (to date of removal of body) BURIAL		27 CEMETERY OR CREMATORY FUNERAL HOME ELMWOOD		28 LOCATION (CITY OR TOWN STATE) HAMMOND, INDIANA	
29 DATE (MONTH DAY YEAR) 8-2-85		30 FUNERAL HOME NAME AND ADDRESS VIRGIL HUBER, 7051 KENNEDY, HAMMOND, INDIANA		31 STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
32 SIGNATURE (to be signed by physician) <i>Walter Stodol</i>		33 DATE SIGNED (Month Day Year) 7-31-85		34 HOUR OF DEATH 10:15PM	
35 NAME OF ATTENDING PHYSICIAN (to be printed) Walter Stodol		36 MAILING ADDRESS (to be printed)			
37 HEALTH OFFICER SIGNATURE <i>E. A. Campagnone</i>		38 DATE RECEIVED BY LOCAL HEALTH OFFICER 7-31-85			
39 PART I (to be printed) Cardiomyopathy arrest		40 Interval between onset and death			
41 PART II (to be printed) Sick sinus node syndrome		42 Interval between onset and death			
43 PART III (to be printed) Coronary artery disease		44 Interval between onset and death			
45 PART IV (to be printed) Hypertension & Hypertensive heart disease		46 AUTOPOST (Specify Yes or No)			

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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LICENSE No. 1061

FUNERAL DIRECTOR'S LICENSE No. 2497

EMBALMER'S NAME JOHN W. KEMMER
FUNERAL DIRECTOR'S NAME SAM ORLICH
SIGNATURE *John W. Kemmer*

FILED
FEB 11 1987
INDIANA