R-66201
4398

Chicago Title Insurance Company

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Jeannine B. Pavic and Raymond D. Pavic, after being duly sworn upon their oaths state as follows:

1) That Jeannine B. Pavic and Raymond D. Pavic held the following real estate in Lake County, Indiana, as tenants in common and Emil C. Pavic as to a life estate, more particularly described as:

Lot 50, Block 2, in Young's Dunelands Sub. in the City of Gary, as shown in Plat Book 21, Page 44 and re-recorded in Plat Book 28, Page 11, in Lake County, Indiana. Key #47-372-50

2) Emil C. Pavic died testate on the 28th day of March, 1995. No estate has been opened for Emil C. Pavic nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Emil C. Pavic's death certificate is attached hereto and made a part hereof.

3) Jeannine P. Pavic and Raymond D. Pavic are the sole heirs at law entitled to inherit the above described real estate.

Dated this 12th day of February, 1997.

Jeannine B. Pavic, Affiant

Raymond D. Pavic, Affiant

97010855

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 FEB 21 PM 1:24

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State this 12th day of February, 1997 personally appeared **Jeannine B. Pavic and Raymond D. Pavic** and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
3-26-97
Resident of ~~Porter~~ County, Indiana

Debra L. Volk, Notary Public

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.

970

TTENTION ESTATE: Disclosure of the # we seek to pursue our responsibilities voluntary and there is no penalty for usal.*

INDIANA STATE DEPARTMENT OF HEALTH

ical No. 95-0266

CERTIFICATE OF DEATH

State No. .....

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

YPE/PRINT IN ERMANENT BLACK INK

CEDENT

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
EMIL	C.	PAVIC, JR.	MALE	6:32 AM	MARCH 28, 1995

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)
317-09-8596	80			APRIL 13, 1914	SEWICKLEY, PA

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	NONE	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
700 N. WELLS STREET	GARY	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
WIDOWED	NONE	OWNER/OPERATOR	HEATING & AIR COND.

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
IN	LAKE	GARY	700 N. WELLS STREET

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 +)
46403	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	12	

\RENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
EMIL PAVIC, SR.	MATILDA

FORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
JEANNINE PAVIC	700 N. WELLS STREET, GARY, IN 46403	DAUGHTER

SPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____ ☐ Entombment	MARCH 30, 1995 CALUMET PARK CEMETERY	MERRILLVILLE, IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
D.W. SEMPLINSKI	FD08600686	☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Robert C. Wiatrolik	FD01001293	FH3004455-STILINOVICH & WIATROLIK 7535 TAFT STREET, MERRILLVILLE, IN 46410

AUSE OF EATH

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 in each line

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. End Stage Renal Disease	18 months
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF) Diabetes Mellitus	3 years
	c. DUE TO (OR AS A CONSEQUENCE OF)	
	d.	

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

ERTIFIER

29a CERTIFIER (Check only one)
☒ 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)
X	01025771	4-6-95

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print)
DR. D. ASHBACH, 4802 BROADWAY, GARY, IN

EALTH FFICER

31 HEALTH OFFICER'S SIGNATURE

32 DATE FILED (Month Day Year) APR 06 1995

FILED

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK (Yes or no)	34d [illegible] OF 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)
	[illegible]

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

AUDITOR [illegible] COUNTY

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