



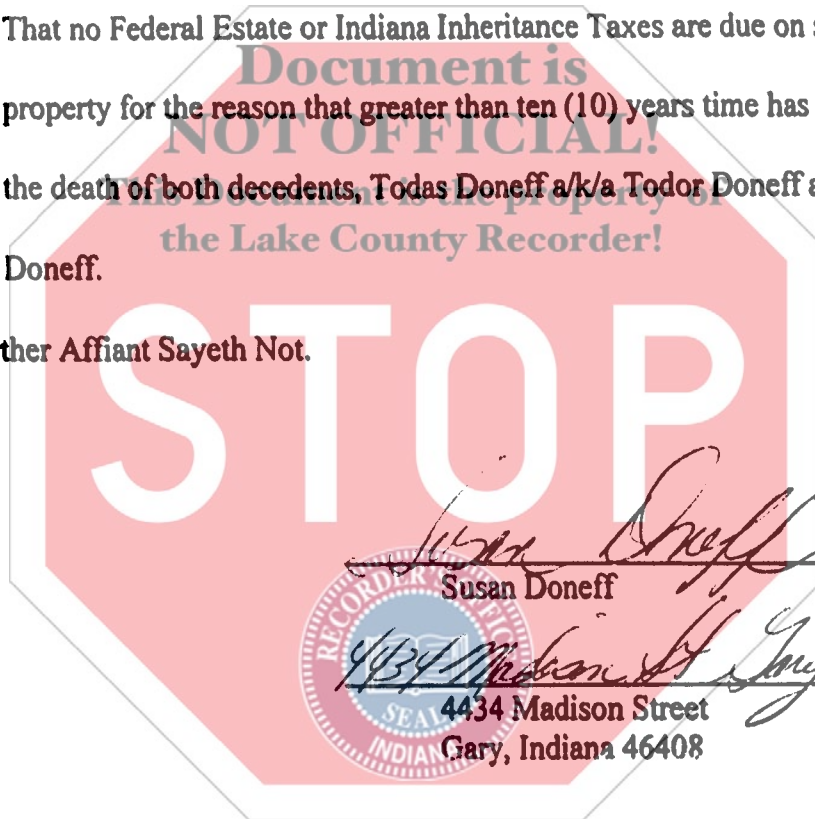
7. This affiant is entitled to delivery of the following described assets belonging to the decedent, less liens and encumbrances thereon, that property being known as the real estate legally described as :

All of the South 10 feet of Lots 31, Block 4 and  
All of Lots 32 and 33 in Block 4, the Tolleston Heights  
Addition to Gary.

(Commonly known as 4434 Madison Street, Gary, Indiana, 46408)

8. That no Federal Estate or Indiana Inheritance Taxes are due on said real property for the reason that greater than ten (10) years time has elapsed since the death of both decedents, Todas Doneff a/k/a Todor Doneff and Spasa Doneff.

Further Affiant Sayeth Not.



*Susan Doneff*  
\_\_\_\_\_  
Susan Doneff

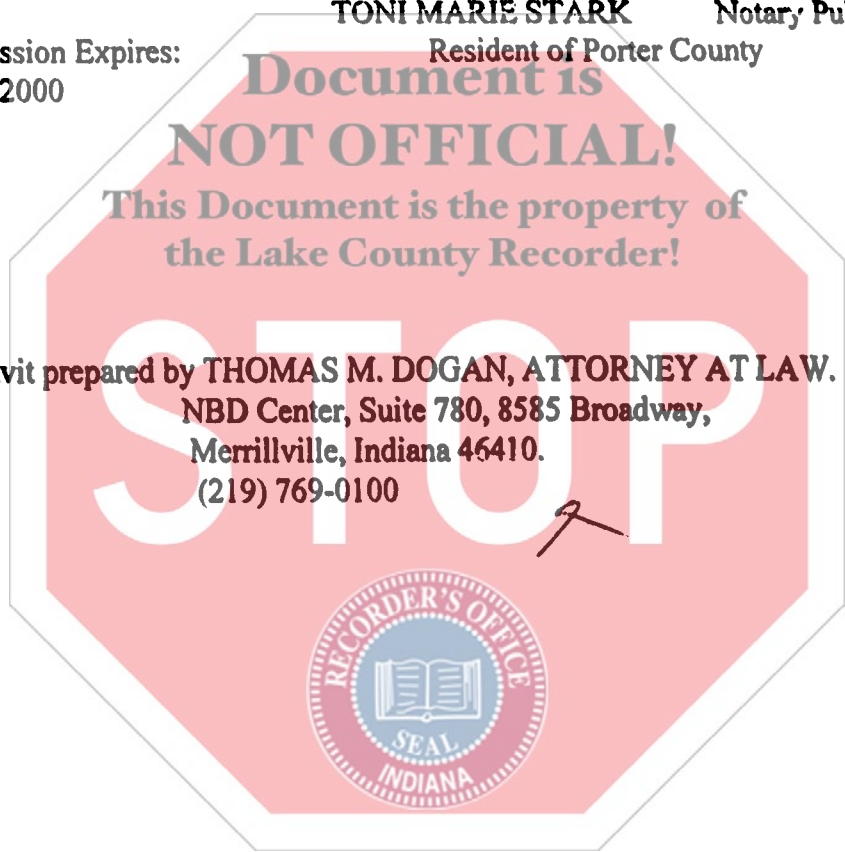
*4434 Madison St Gary IN 46408*  
\_\_\_\_\_  
4434 Madison Street  
Gary, Indiana 46408

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public for said County and State,  
this 7<sup>th</sup> day of March, 1997.

Toni Marie Stark  
TONI MARIE STARK Notary Public  
Resident of Porter County

My Commission Expires:  
August 18, 2000



This Affidavit prepared by THOMAS M. DOGAN, ATTORNEY AT LAW.  
NBD Center, Suite 780, 8585 Broadway,  
Merrillville, Indiana 46410.  
(219) 769-0100

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# INDIANA STATE BOARD OF HEALTH HEALTH OFFICER'S CERTIFICATE OF DEATH

Local No. **68 1749**

State No. \_\_\_\_\_

|  |  |   |                              |   |                        |                                     |                    |
|--|--|---|------------------------------|---|------------------------|-------------------------------------|--------------------|
| PERMANENT INK DECEASED—NAME  |  | FIRST   | MIDDLE                       | LAST  | SEX                    | DATE OF DEATH (MONTH, DAY, YEAR)    |                    |
| 1. <b>Spasa</b>  |  |   |                              | <b>Doneff</b>                               | <b>female</b>          | <b>Dec. 15, 1969</b>                |                    |
| FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK. |  | 2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | 3. AGE—LAST BIRTHDAY (YEARS) | 4. UNDER 1 YEAR MOS.                        | 5. UNDER 1 DAY HOURS   | 6. DATE OF BIRTH (MONTH, DAY, YEAR) | 7. COUNTY OF DEATH |
| 4. <b>white</b>  |  | 5a. <b>80</b>   | 5b.                          | 5c.   | <b>6 Aug. 22, 1889</b> | <b>Lake</b>                         |                    |
| DECEASED   |  | 7b. <b>Gary</b>                                       |                              | 7d. <b>4434 Madison St.</b>                 |                        |                                     |                    |
| 7a. <b>Gary</b>  |  | 7c. <b>yes</b>  |                              | 7e. <b>4434 Madison St.</b>                 |                        |                                     |                    |
| 8. <b>Jugoslavia</b>   |  | 9. <b>U S A</b>                                       |                              | 10. <b>Widowed</b>                          |                        | 11.                                 |                    |
| 12. RESIDENCE—STATE  |  | 13a. <b>housewife</b>                                 | 13b. <b>self</b>             |   |                        |                                     |                    |
| 14a. <b>Ind.</b>   |  | 14c. <b>Gary</b>                                      | 14d. <b>yes</b>              |   | 14e. <b>Calumet</b>    |                                     |                    |
| 14f. <b>1434 Madison St.</b>   |  | 14g. YES <input type="checkbox"/>                     |                              | 14h. NO <input checked="" type="checkbox"/> |                        |                                     |                    |

|                         |  |                    |  |                                       |      |                    |  |       |        |      |
|-------------------------|--|--------------------|--|---------------------------------------|------|--------------------|--|-------|--------|------|
| PARENTS                 |  | FATHER—NAME        |  | MIDDLE                                | LAST | MOTHER—MAIDEN NAME |  | FIRST | MIDDLE | LAST |
| 15. <b>un known</b>     |  | 16. <b>unknown</b> |  |                                       |      |                    |  |       |        |      |
| 17. <b>James Doneff</b> |  | 17b. <b>son</b>    |  | 17c. <b>4715 Penn. St. Gary, Ind.</b> |      |                    |  |       |        |      |

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18).

|  |  |  |  |
|--|--|--|--|
| 18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |  |
| (a) IMMEDIATE CAUSE: <b>arteriosclerotic cardiac disease</b>                           |  | <b>sudden</b>                                |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |
| 18. PART II. OTHER SIGNIFICANT CONDITIONS  |  | 19a. <b>NO</b>                               |  |
| 19b. <b>NO</b>   |  |  |  |

CERTIFICATION HEALTH OFFICER

**Dr. P.J. Rosenbloom**

**P.J. Rosenbloom M.D.**

19c. **NO**

19d. **NO**

20. DEATH OCCURRED AT: **12A M.**

21. THE DECEDENT WAS PRONOUNCED DEAD ON: **Dec. 15 1969 AT 12A M.**

CERTIFIER

21a. NAME AND SIGN: **P.J. Rosenbloom M.D.**

21b. MAILING ADDRESS: **1409 Virginia St.**

21c. STREET OR R.F.D. NO. **1409 Virginia St.**

21d. CITY TOWN STATE ZIP **Gary, Ind. 46407**

21e. DATE SIGNED **12/16/69**

|  |  |                                |  |                                      |  |                 |  |
|--|--|--------------------------------|--|--------------------------------------|--|-----------------|--|
| 22. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b> |  | 22b. <b>Calumet Park Cem.</b>  |  | 22c. <b>Crown Point, Ind.</b>        |  | 22d. <b>242</b> |  |
| 23a. <b>Dec. 18, 1969</b>                              |  | 23b. <b>Stilinovich Palmer</b> |  | 23c. <b>4213 Broadway Gary, Ind.</b> |  |                 |  |
| 23d. <b>George Stilinovich</b>                         |  | 24a. <b>P.J. Rosenbloom</b>    |  | 24b. <b>DEC 31 1969</b>              |  |                 |  |

EMBALMER'S NAME **Erwin B. Cook**  
 5377  
 APPLICATOR LICENSE No. **LAKE COUNTY 9821**  
 SAM ORLICHER  
 APR 22 1997  
 955256  
 FUNERAL DIRECTOR'S LICENSE No.



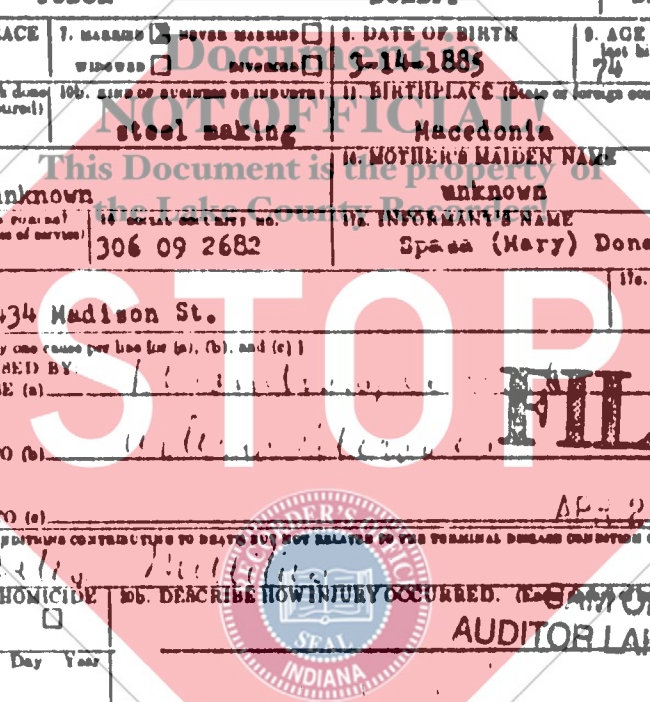
**INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH**

State No. \_\_\_\_\_

Local No. 52-673

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lake</u>  |                                  | 1. USUAL RESIDENCE (Where deceased lived if institution; Employer before admission)<br>a. STATE <u>Indiana</u> b. COUNTY <u>Lake</u>                                 |   |
| 2. CITY, TOWN, OR LOCATION<br><u>Gary</u>   |                                  | 3. Length of stay in 1b<br><u>53 yrs.</u>  |   |
| 2. NAME OF HOSPITAL OR INSTITUTION<br><u>Methodist Hosp.</u>  |                                  | 2. STREET ADDRESS<br><u>4434 Madison St.</u>   |   |
| 3. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  | 3. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |
| 4. NAME OF DECEASED<br>(Type or print)<br><u>TODOR</u> <u>DONEFF</u>  |                                  | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>26</u> Year <u>1959</u>  |   |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>3-14-1885</u>  |
| 9. AGE (in years last birthday)<br><u>74</u>  |                                  | 10. EPISODES   10a.   10b.   10c.   10d.<br>Months   Days   Hours   Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired steelworker</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>steel making</u>   |   |
| 11. FATHER'S NAME<br><u>unknown</u>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><u>Macedonia</u>  |   |
| 12. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13. WAS DECEASED EVER IN U.S. ARMY SERVICE (Yes, no, or unknown) (If yes, give grade and dates of service)<br><u>NO</u>   |                                  | 14. SOCIAL SECURITY NO.<br><u>306 09 2682</u>  |   |
| 15. INFORMANT'S NAME<br><u>Spasa (Mary) Doneff</u>  |                                  | 16. INFORMANT'S NAME<br><u>Spasa (Mary) Doneff</u>   |   |
| 17a. INFORMANT'S ADDRESS<br><u>4434 Madison St.</u>   |                                  | 17b. RELATIONSHIP TO DECEASED<br><u>wife</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Heart failure</u>  |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u>  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST<br>DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) <u>hypertension</u>  |                                  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c).<br><u>chronic pulmonary emphysema</u>   |                                  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20. DESCRIBE HOW INJURY OCCURRED. (See General Instructions or Part II of form 16.)<br><u>CAUTION ONLY</u>   |   |
| 21. TIME OF INJURY<br>Hour _____ a. m. _____ p. m.  |                                  | AUDITOR LAKE COUNTY  |   |
| 22. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 24. CITY, TOWN, OR LOCATION   |                                  | 25. COUNTY STATE   |   |
| 26. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>5-19-59</u> to <u>5-29-59</u> and last saw <u>him</u> alive on <u>5-29-59</u> . Death occurred at <u>his home</u> in (C.S.T.) on the date stated above; and to the best of my knowledge, from the cause stated. |                                  | 27. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ in (C.S.T.) from causes stated and on above date. |   |
| 28. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER  |                                  | 29. ADDRESS  |   |
| 30. SIGNATURE OF HEALTH OFFICER   |                                  | 31. DATE SIGNED  |   |
| 32. BURIAL OR CREMATION DATE<br>Final <u>5-29-1959</u>  |                                  | 33. NAME OF CEMETERY OR CRYMATORY<br><u>Columet Park Cen.</u>  |   |
| 34. BURIAL OR CREMATION LOCATION<br><u>Crown Point, Ind.</u>  |                                  | 35. FURNERAL DIRECTOR<br><u>LACH &amp; STILIBOVICH, GARY, IND.</u>   |   |

EXAMINER'S NAME 4526  
 LICENSE No. 1285  
 MEDICAL CERTIFICATION  
 FUNERAL DIRECTOR'S LICENSE No.



00125