2/2502 TICOR TITLE INSURANCE

FILED



SAM ORLICH SAM ORLICH TORLAKE COUNTY STARRICH MARKET COUNTY STARRICH MARKET COUNTY FILEUR COUNTY MORRIS V. CARIER MORRIS V. CARIER MORRIS COUNTY MO

AUDITOR LAKE COUNTY

AFFIDAVIT

STATE OF INDIANA)	cc.
COUNTY OF LAKE)	55:

DOROTHY KOSICH		, being first duly
swarn upon oath, deposes	s and says:	
1. That JOHN S. KOSICH		died on
May 10	, 19 96 at Hot	oart, Indiana .
2. That <u>JOHN S. KOSICH</u> were duly and legally ma wife to the following de	irried at the time they acqui	KOSICH red title as husband and
LOTS 23 AND 24 IN BLOCK HOBART, AS PER PLAT THER	9 IN F.D. BARNES' SECOND GARY EOF, RECORDED IN PLAT BOOK 13 NTY, INDIANA. 17-60-14	
	ationship which existed betw real estate remained in effec th.	
Federal Estate Tax purpo	ts of said decedent which workses, including joint bank according to necessitate	counts and life insurance
Further affiant sayeth n	oot.	
Subscribed and sworn to	before me, a Notary Public,	Folly Josich HY KOSICH this 26TH day of
SEPTEMBER	, 19_97	
		Notary Public
My Commission expires:	JACALYN L. SMITH	·
County of Residence:	NOTARY PUBLIC STATE OF INDIANA Resident of Lake County My Commission Expires December 8, 1999	´
This Instrument present	by Dorothy Kosich	

* ATTENTION ESTATE: Disclosure of the

e voluntilly and i		o penalty for		INDIANA S							EALT	Ή					
Local No	A	************				TIFICA	ATE C)F DI	EAT	Н		State	No)	*******	••••••	
TYPE/PRINT				E CONFIDENTIAL PE	R IC 10-1-	19-3		10.00	~		la -	IME OF DEATH					
IN	I. DECEMBED HAME (PUT IMAGE Lang JOHN S. KOSICH								a sex Male			HAM	•	May 10, 19		Clay 14)	
PERMANENT	EEO 48 7400 111111 mg			Months Days Hours			ER I DAY	1		SMITH (Me	Day Yrj		7. BIRTHPLACE (City and State or Ferrign Country)				
BLACK INK	SA. WAS DECED A U.S. VETER		•	YEAR LAST SERVED IN LA ARMED PORCES					Jun 19, 1923			hock only one.	_	uartz, CA			
	No N/A				HOSPITAL Impations			. [7]				Nursing Hom	no 🗆 Other (Speelly)				
DECEDENT		ME (If not help.	SE CHTY TO				OWN OR LOCATION OF DEATH				BL COUNTY OF DEATH						
	St. Mary Medical Center 10. MARITAL STATUS 11. SURVINING SPOUSE				Hobart				L OCCUPATION (Give laind of work working life. De not use retred)				Lake				
	Married		Dorothy McKaly					during most of working life. Department			He. De not use retred)			Maintenance			
	136. RESIDENCE - STATE		13b. COUNTY		134. CITY TOWN OR LOCATION Hobart						3821 Montgome						
	134 ZP COOE	131 INSIDE CT		14 CITIZEN OF		O DECEDENT					16. RACE - American Inden			17. DRCED	ENT'S ED	UCATION	
	46342	13g. ON A FAR			Mondours, Puerte Ricers, etc.)			speally Cut	iposity Cubers		Blast, White, etc. (Specify)		De	(Openity only highest grade completed) Immentary/Secondary (0-12) College (1-4 or		College (1-4 or 5+)	
	10 PATHER'S M	CR No C								White				11			
PARENTS	Samuel Ko								be La		• •	as, meseri eu		•			
INFORMANT	Dorothy K	COLOR	***	•									MA, E	tute, Zip Code)			
	SIA METHOD O			lombment	21b. OA	3821 M							21 a.	Wife LOCATION - Oilty or Town State			
	Desired	Cremeton		movel from State	May 14, 1996 Calvary Crematory							İ	ο-				
DISPOSITION		Donation C Other (Specify)					LICENSE N	α.		22	WAS DE	ATH REPORTE		ortage, IN			
	James J. I				FD	010064	33			23. WAS DEATH REPORTED TO CORONER?							
:	See SIGNATUR	OF PUHERAL OF	MECTOR			340	(of Usersee) FH83003069										
	box	aer	\mathcal{T}	Drano		FDO1006463				Rees Funeral Home, Inc. 600 W. Old Ridge Road , Hobart, IN 46342							
;	26. PART ! Enter the describe triation or complications that caused the death. Do not order nonspecific terms such as cardiac or respiratory THIS CERTIFIESTREADING (1941) Alphania one cause on each time. Institute the description of the cardinal descri																
	MMEDIEN AND	te copy of th Mefals:With t	E CERTI	SHEATE -	weinding infus				us	Ave-				Orest and Quality			
CAUSE OF	Country in death	ASPT.	A CONSEQUENCE OF)				cha	haune			Ч,	CANA					
DEATH	Conditions II any	MAY 1	4 19	CHIEF TO	A &A RO) O	CONSEQUE	NCE OF)			· * · · · · · · · · · · · · · · · · · · ·					1		
	staing the under				A BA RO) O	CONSEQUE	NCE OF)						_				
	Alexa	Jes 9	B	- AB													
-	LAKE COUNTY HEALTH COMMISSIONER				ut not previously stated in Part I. 27			PR	27. WAS DECEDENT 28s. PREGNANT OR SO DAYS POSTPARTUM?			PERFOR	MAS AN AUTOPSY SSS. PERFORMEDY (Yee or ne)		A. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Dalues miletino				,				(Yee or no) NO		No				OF DEATHS (Yee or no)		
	SIL CERTIFIER CERTIFYING PHYSICIAN TO the best of my						Try knowledge, death occurred at the time, date, and place and										
	(Cheek only one) HEALTH OFFICER On the besid 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 eause(s) and manner as stated.																
CERTIFIER	SIN. BIOMATURE AND TITLE OF CENTIFIES							7			an Medical License no OI 033357			5	S 13 96		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Typo/Philip Michael Kovacich MD, 111 E. 89th Avenue, Merriliville, IN 46410																
HEALTH	MICHAEL ROYACION MID, 111 E. OSIN AVENUE, IMENTILIVILIE, IN 40410 31. HEALTH OFFICER'S SIGNATURE 32. DATE FILED (North Day You													(Month Day Year),			
OFFICER						Wedgeth Stol					<u> (20</u>	MD		Ma	May 14 1776		
	39. MANNER OF	DEATH	345. TIME OF 346. HAURY AT WORK?					SIÉ DESCRISÉ HOW INJURY COCUMED									
	Makeral Pending Investigation											•					
,	Accident S46. PLACE OF HAUF Determined S46. PLACE OF HAUF Determined			RY • At hern eally)	Y - At home, form, street, fastery, effice only)				84L LOCATION (Street and Number or Fund Reute Number Oily or Town Blade)								
	345. DATE PRONOUNCED DEAD (Merit), Day, Year) 341. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes aposity diver, passenger, pedietries, etc.																
	80H08-004	State Form 1	0110-04	(74 / 5-83) DEATHOR	NPO I												