Community Title CTC 14064


# COMMUNITY TITLE COMPANY

— An Indiana Corporation —
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810


97070261

~~DAVID~~ **FILED**

OCT 03 1997

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

KIRE BALOVSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~XXXXXX~~ FATHER, ILIJA BALOVSKI died (without leaving a will) ~~XXXXXXXXXXXXXXXX~~ on DECEMBER 18, 1990 at GARY, IN.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
LOT 40 IN WIRTZ CROWN HEIGHTS UNIT 4, AS PER PLAT THEREOF, RECORDED APRIL 7, 1969 IN PLAT BOOK 39 PAGE 86, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 2150 W. 95th AVE., CROWN POINT, IN. 46307

UNIT 33 KEY NO. 23-113-1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 16 AM 10:58
MORRIS CARTER
RECORDER

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~XXXX~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

KIRE BALOVSKI

Subscribed and sworn to before me, a Notary Public, this 23rd day of September, 1997.

Traci R. Hurst Notary Public

My Commission expires:

08/21/00

County of Residence:

Jasper

000239

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

# 3168

# INDIANA STATE BOARD OF HEALTH

Local No. ..... CERTIFICATE OF DEATH State No. .....

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.) |
|---|---|---|---|---|
| Ilija | Balovski | Male | 05:24P M | December 18, 1990 |

| 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) |
|---|---|---|---|---|---|
| 303-62-8250 | 60 | | | JUN 15, 1930 | Velogsti, Macedonian |

| 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 | | 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 |
|---|---|---|
| 4484 Broadway | 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 |
|---|---|---|---|
| Married | Vera Baloski | Business Man | Tailor/Misc. |

| 13a. RESIDENCE—STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Indiana. | Lake | Crown Point | 2150 W. 95th. Ave. |

| 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+) |
| 46307 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | Macedonian | White | 6 | |

PARENTS

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Angele Baloski | Shana Buntashoska |

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 |
|---|---|---|
| Vera Baloski | 2150 W.95th Ave., Crown Point, IN. | 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 |
|---|---|---|
| ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | DEC 22, 1990 Calumet Park Cemetery | Merrillville, Indiana 4641 |

| 22a. EMBALMER'S NAME | 22b. EMBALMER'S LICENSE NO. | 23. WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Henry Blake | FDE1019406 | ☐ No ☒ Yes |

| 24a. SIGNATURE OF FUNERAL DIRECTOR | 24b. LICENSE NUMBER (or Licensed Agent) | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| Paul Wiatrolik | FDE1001293 | FH3004455 Stilinovich & Wiatrolik Funeral Home 7535 Taft Street, Merrillville, IN 4641 |

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. Gunshot wound of head and brain | Unknown |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last | b. DUE TO (OR AS A CONSEQUENCE OF): | |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. DUE TO (OR AS A CONSEQUENCE OF): | |

| 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 | Yes | Yes |

CERTIFIER

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) |
|---|---|---|
| David D. Thomas, M.D. | 16120 | December 21, 1990 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
M.D. Dr. Daniel Thomas, 2293 N. Main, Crown Point, IN. 46307

HEALTH OFFICER

| 31. HEALTH OFFICER'S SIGNATURE | 32. DATE FILED (Month, Day, Year) |
|---|---|
| | |

CORONER USE ONLY

| 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 | Dec.18, 1990 | Unknown | Yes | Gunshot wound |

| 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) |
|---|---|
| Vacant Store | 4484 Broadway Gary, Indiana 46408 |

| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. |
|---|---|
| December 18, 1990 | No |