

STATE OF INDIANA
LAKE COUNTY
PUBLIC RECORDS

STATE OF INDIANA
COUNTY OF LAKE

98041645

98 JUN - 1 AM 9:00

SURVIVORSHIP AFFIDAVIT

SAMUEL S. LA BARBERA, being first duly sworn, upon his oath states as follows:

1. His aunt, Marie Thomas Zagorac, also known as Marie Zagorac, who held title to certain real estate located at 13729 Birch St., Cedar Lake, Indiana 46303 described as:

Lot 16 in Cedar Brook 1st Addition to Cedar Lake as per plat thereof recorded in Plat Book 27, page 44, in Lake County, Indiana. (Key No. 24-138-16; Tax Unit: Cedar Lake-Hanover),

as co-tenant with her husband, Joseph Zagorac, who died a resident of Lake County, Indiana, on December 3, 1994. Marie Thomas Zagorac died a resident of Lake County, Indiana, on March 17, 1998.

2. Marie Thomas Zagorac left a Will which was admitted to probate in the Lake Circuit Court, Crown Point, Indiana, in Estate No. 45C01-9803-EU-98. Samuel S. LaBarbera was appointed Executor pursuant to this Will and he is named as the sole beneficiary of said decedent in this Will. An Indiana Inheritance Tax return was filed for said decedent and the tax determined in said estate and has been or will be paid. There was no federal estate tax in connection with said decedent's estate.

3. Marie Thomas Zagorac and Joseph Zagorac were husband and wife on the date they took title to said real estate, and remained husband and wife continuously up to the date of his death on December 3, 1994.

4. There was no Indiana Inheritance Tax or federal estate tax due or payable in connection with the death of Joseph Zagorac.

5. Further affiant sayeth not.

IN WITNESS WHEREOF, Affiant has signed his name, this 6th day of May, 1998, at Crown Point, Indiana.

FILED

JUN 03 1998

Samuel S. LaBarbera
SAMUEL S. LA BARBERA

SAM ORLICH

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 6th day of May, 1998.

James R. Bielefeld
JAMES R. BIELEFELD, NOTARY PUBLIC

My Commission Expires:
April 14, 1999.
Resident: Lake County, Indiana.

THIS INSTRUMENT PREPARED BY: James R. Bielefeld, Attorney. 000382

Joseph
2/19/98

11/00
2

ATTENTION ESTATE: Disclosure of the information we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3.102-94.....

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF
PATH

TIFIER

ALTH
ICER

1 DECEASED—NAME (First Middle Last) Joseph Zagorac		2 SEX Male	3a TIME OF DEATH 4:30pm	3b DATE OF DEATH (Month Day Year) December 3, 1994	
4 *SOCIAL SECURITY NUMBER 323-01-1299	5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Year) September 15, 1915	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center	9c CITY TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Marie Thomas	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker (Foreman)	12b KIND OF BUSINESS/INDUSTRY Wisconsin Steel Corp.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Cedar Lake	13d STREET AND NUMBER 13729 Birch Street		
13e ZIP CODE 46303	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 1					
18 FATHER'S NAME (First Middle Last) Nicholas Zagorac	19 MOTHER'S NAME (First Middle Maiden Surname) Deva Konjevich				
20a INFORMANT'S NAME (Type/Print) Marie Zagorac	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13729 Birch St., Cedar Lake, IN 46303		20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 8, 1994 St. Casimir Cemetery		21c LOCATION—City or Town, State Chicago, Illinois		
22a EMBALMER'S NAME William E. Burdan	22b EMBALMER'S LICENSE NO. FD01007697	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>	24b LICENSE NUMBER (If Licensed) FD01007697	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURDAN FUNERAL HOME FH83002461 12901 Wicker Ave., Cedar LK, IN 46303			
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. lung cancer (Immediate Cause) essential HTN (Condition contributing to death) essential HTN (Condition contributing to death)					
				Approximate Interval Between Onset and Death 1 year years years	
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 50 DAYS POSTPARTUM? (Yes or no)		28a WERE AUTOPSY FINDINGS PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Dr. Misch</i>		29c MEDICAL LICENSE NO. 02000900	29d DATE SIGNED (Month Day Year) 12/5/94		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Ron Misch, 13963 Morse St., Cedar Lake, Indiana 46303					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Bellens, M.D.</i>			32 DATE FILED (Month Day Year) December 7, 1994		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
		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)	
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		000383	