98045818

98 JUN 18 AM 9: 53 MORRIS W. CARTER RECORDER

Chicago Title Insurance Company

H497840 CD SURVIVORSHIP AFFIDAVIT

	Oı	this JUNE 9, 1998 before me personally appeared (insert date) Royald C. Markovich
to m	e pe	rsonally known, who being duly sworn on oath did say that:
6	1.	Affiant resides at the address given below affiant's signature;
) Linguage	2.	Affiant is (state interest of affiant in the above premises as "owner", "son of owner", etc.)
o tine	3.	Said premises were formerly owned as joint tenants or as tenants by the entireties by Ponald C. Markovich and Allwandra Markovich
SITEME	4.	Said ALWARDLA Mandovich (fill in name of co-tenant who died)
B)Chicago Tide Insurance Company		died on
	5.	The legal description of the premises in question is: LOTS 32, 33, AND 34, BLOCK 25, UNIT 7 OF WOODMAR, IN THE CITY OF AS SHOWN IN PLAT BOOK 16, PAGE 34, IN LAKE COUNTY, INDIANA.
	6.	Is there Federal Estate or State inheritance tax liability by reason of the death of said
		decedent?
		If yes, then estimated taxes due are \$
		The taxes due are paid or unpaid.
		13 .00

FILED

3.00

JUN 17 1993

SAM ORLICH

001327

(if allower is les, identity the	e divorce proceedings:
8. Affiant's relationship to the dec	eased was SDAUSU
	Signature Souvel a Markowsky
	Printed Name Rina G. Markovic
	ocume Address: 7451 Magun Avenu
This Doci	ment is the property Hammond In 44324
ubscribed and sworn to before me by the	le affiantinty Recorder!
is 9TH DAY OF JUNE, 1998	
(insert date)	
Shuly Krasper	Shirley R. Kasper
(Notary Public	Notary Public, State of Indiana &
rinted Name	My Commission Exp. 07/31/2000
y County of Residence is:	
	MANA MOIANA MANAGER AND
the State of	

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

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(Check only one) HEALTH OFFICER On the basis of examination and/or investigation in my		No	No	79
296 SIGNATURE AND TITLE OF CRITIFIER 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/III. Mishoulam, M.D. 9725 Prairie Aven				
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H. Mishoulam, M.D. 9725 Prairie Aver	opinion, desir occurred at	29c MEDICAL LIC	CENSE NO	29d DATE SIGNED (Month, De)
H. Mishoulam, M.D. 9725 Prairie Aver		335	07	Jan. 29, 199
31 HEALTH OFFICERS SIGNATURE Dranklim. S. O.	u e, Highlar		na 46322	
	mudack	rl. D.		JAN 3 0 199
33 MANNER OF DEATH 34a DATE OF INJURY 34b TIME OF (Month Day, Year) INJURY	34c INJURY AT WORK	ORK? 34d DESCRIE	BE HOW INJURY O	DCCURRED
□ Natural □ Panding				
Investigation Accident Accident 34e PLACE OF INJURY—At home farm street fac			nd Number or Rural	Route Number, City or Town, State)
Suicide Could not be building etc (Specify) Determined	ory. office 3	34f LOCATION (Street an		