

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDED

99 OCT 27 PM 2:58

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**SURVIVORSHIP AFFIDAVIT**

LAKE COUNTY CLERK  
RECORDER

Comes now DAISY DRAKE, affiant herein, and being duly sworn upon her oath, deposes and says as follows:

1. That affiant resides at 5079 Washington St., Gary, Indiana.

Legally described as follows:

Lots No. 14 and 15, in Block No. 24, as marked and laid down on the recorded plat of Junedale Subdivision, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 19, page 3, in the Recorder's Office of Lake County, Indiana.

2. Affiant is the owner of the above-described premises which was formerly owned by Sava Drakulich, affiant's father, who died on 6-3-79, and Sara Drakulich, affiant's mother, who died on 5-11-77.

3. That Sara Drakulich and Sava Drakulich owned the property as husband and wife, tenants by the entireties. That Sara Drakulich, date of death 5-11-77, left no will and that Sava Drakulich, date of death 6-3-79, left a will leaving all his estate to the affiant, Daisy Drake a/k/a Daisy Drakulich (copy attached).

4. That the total value of the taxable estate of said decedents including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$10,000.00.

5. That to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said

**FILED**

decedents.  
6. That affiant's relationship to the deceased Sava Drakulich and Sara Drakulich was daughter, and said parties were never

OCT 27 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001870

21.00  
Cash

divorced.

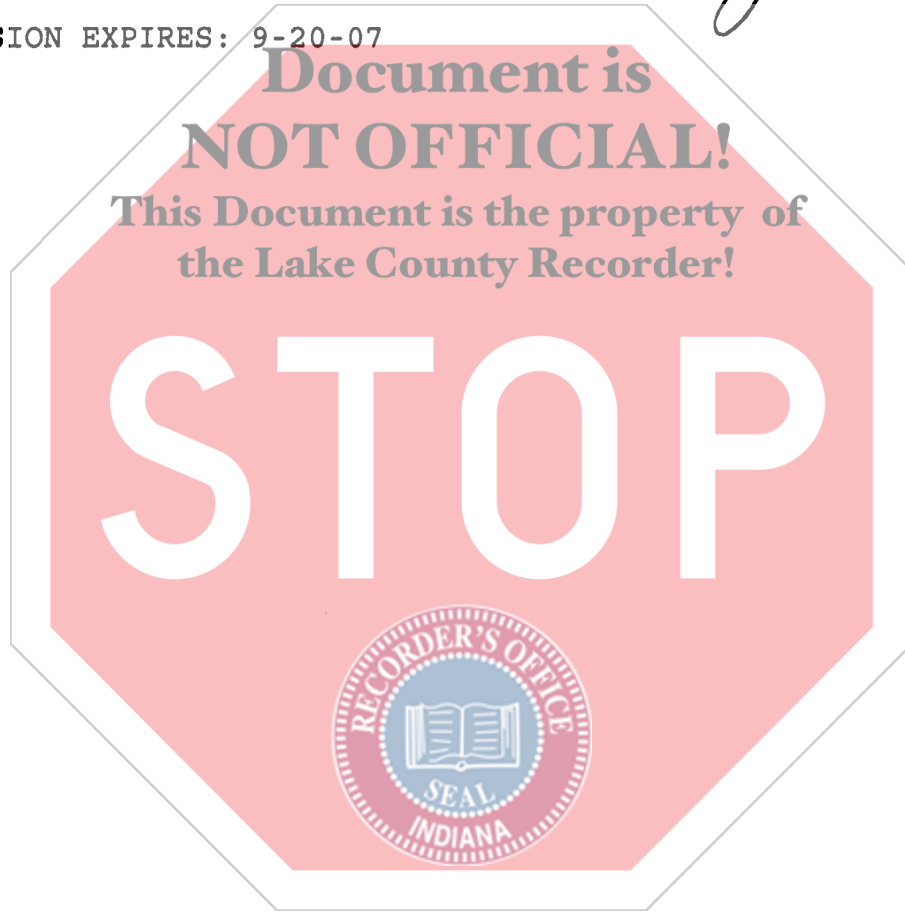
FURTHER AFFIANT SAITH NOT.

*Daisy Drake*  
\_\_\_\_\_  
DAISY DRAKE

Subscribed and sworn to before me, a Notary Public this 27th day of October, 1999.

*Lisa Trgovich*  
\_\_\_\_\_  
Notary Public, LISA TRGOVICH

MY COMMISSION EXPIRES: 9-20-07



↓ This instrument prepared by Ray L. Szarmach, Member, Indiana Bar,  
#778-45, 260 E. 90th Dr., Merrillville, IN 46410

*Daisy Drake*  
*5079 Washington*  
*Comy, In. 46408*

LAST WILL AND TESTAMENT  
OF  
SAVA DRAKULICH

I, SAVA DRAKULICH, at the age of majority and being of sound mind and memory and being further aware of the uncertainties of life and the certainty of death do herein make, declare, and publish this to be my LAST WILL AND TESTAMENT, revoking all former Wills and Codicils made before this date.

ITEM I

I direct my Executrix or Executor, to be hereinafter named to pay all of my just debts of my estate, including the cost of last illness, if any; funeral bill; taxes; cost of the administration of my estate; and the erection of a suitable monument to commemorate my name among family and friends,

ITEM II

I give and bequeath all of my remaining estate, whether it will consist of real property, personal property, or mixed property of whatsoever nature to my beloved daughter, Daisy Drakulich, who is now residing with me in Lake County, Indiana, and to have absolutely, without any restrictions, except the expenses mentioned in the previous items and those imposed by law,

ITEM III

In the event that my daughter should predecease me, without issue, then I give all of my estate of whatsoever nature to my son, who is now also known as Lloyd Drake, residing in Millbrae, California,

ITEM IV

I herein designate Daisy Drakulich to be the Executrix of this my LAST WILL AND TESTAMENT, and in the event that she would predecease me or could not serve for reasons of her own, then I herein nominate Lloyd Drake, as alternate Executor of this my LAST WILL AND TESTAMENT, and they are to serve with a minimum bond allowed by the State of Indiana.

ITEM V

I herein recommend to my Executrix or Executor as the case may be to use John Dancy, as the attorney of this MY LAST WILL AND TESTAMENT, for I have

*S. Drakulich*

confidence in his fairness and judgement.

IN WITNESS WHEREOF, I have set my hand and seal, this 4<sup>th</sup> day of

June, 1977.

+ Sava Drakulich  
Testator

THE FOREGOING INSTRUMENT consisting of 5 items and a page and one half was on this day declared by the Testator, Sava Drakulich, to be his LAST WILL AND TESTAMENT, and at his request and in his presence and in the presence of each other have subscribed our names as attesting witnesses and we have also initialed the first page, as he has done too.

WITNESSES:

Mrs. Louise Stephens

P.O. Box 701, Gary, Indiana 46601

John Dancy

1615 W. 45<sup>th</sup> Ave.

Gary, Indiana

This instrument was prepared by:

John Dancy, Attorney at Law  
4119 Broadway, Gary, Indiana 46609

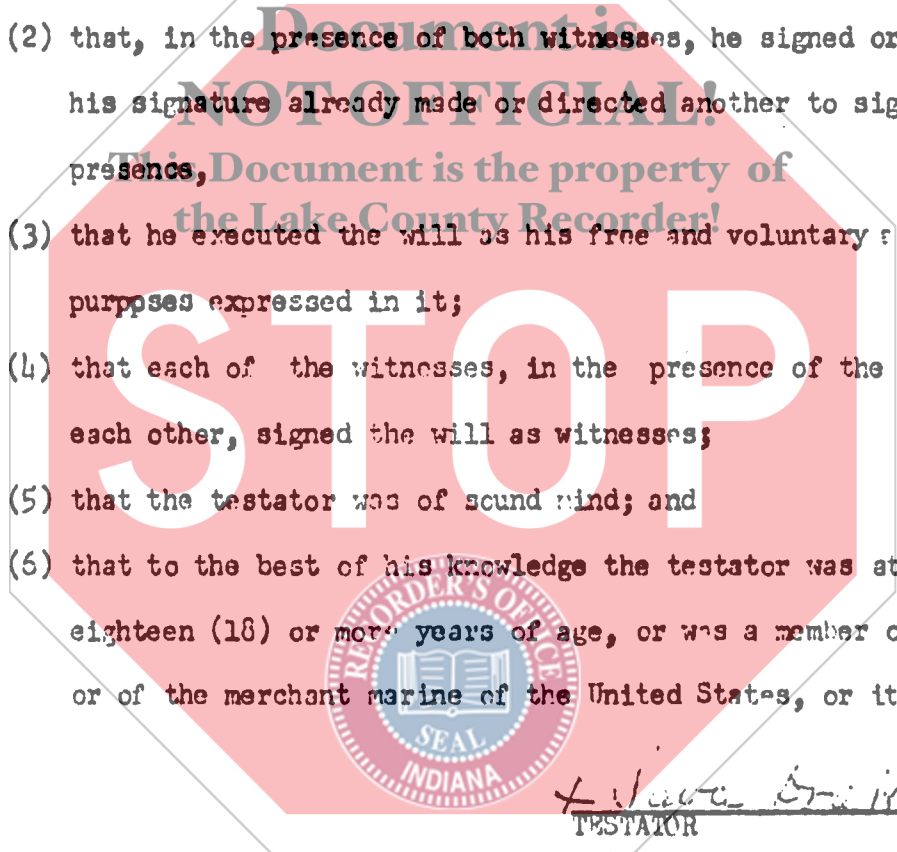


UNDER PENALTIES FOR PERJURY, WE,

John Doney, Mary Louise Sufana, AND

John Doney, the testator and the witnesses respectively, whose names are signed to the attached or foregoing instrument declare:

- (1) that the testator executed the instrument as his Will;
- (2) that, in the presence of both witnesses, he signed or acknowledged his signature already made or directed another to sign for him in his presence;
- (3) that he executed the will as his free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testator and of each other, signed the will as witnesses;
- (5) that the testator was of sound mind; and
- (6) that to the best of his knowledge the testator was at the time eighteen (18) or more years of age, or was a member of the armed forces or of the merchant marine of the United States, or its allies.



John Doney  
TESTATOR

Mary Louise Sufana  
WITNESS

John Doney  
WITNESS

DATE June 4, 1977



300

77-0393

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

Local No. \_\_\_\_\_

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

FUNERAL HOME  
No. 242

FUNERAL DIRECTOR'S  
LICENSE No. 968

FUNERAL DIRECTOR'S  
SIGNATURE Robert C. Wiatroch

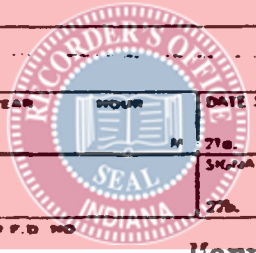
5371

LICENSE No.

Erwin B. Cook

EMBALMER'S NAME

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. SARA		DRAKULICH			2. FEMALE	3. MAY 11, 1977
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOO	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH	COUNTY OF DEATH
4. White	5a. 75	5b.	5c.		6. May 10, 1902	7a. Lake
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Gary		7c. Yes	8. 5079 Washington Street			
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. Jugoslavia		10. U.S.A.		11. SAVO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12.		13a. Housewife		13b. Self		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana	14b. Lake	14c. Gary		14d. Yes	14e. Calumet	
STREET AND NUMBER		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM?		
14f. 5079 Washington St.		No		14i. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. LAZO		Tatalovic			Milica Tatalovic	
INFORMANT—NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Savo		17b. Husband	17c. 5079 Wash, St. Gary, Ind.			
PART I DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.		IMMEDIATE CAUSE				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) <i>Myocardial infarction</i>				<i>10 min</i>
		(b) <i>hypertension and aortic stenosis</i>				<i>10 years</i>
		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>
						19b. YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH DAY YEAR
70.					71a. <i>May 12, 1977</i>	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.		
72a. Dr. H. Lebioda		72b. <i>[Signature]</i>				
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
73. 5490 Broadway				Merrillville,	Indiana	46410
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION CITY OR TOWN STATE		
74a. Burial		74b. Calumet Park Cem.		74c. Merrillville, Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
75a. May 13, 1977		75b. Stilianovich, Palmer & Wiatroch		213 Edwy. Gary, Ind		
75c.		DATE SIGNED BY LOCAL HEALTH OFFICER		75d. <i>[Signature]</i> MAY 12 1977		



NOT OFFICIAL  
This Document is the property of the Lake County Recorder

PRINT  
WITH  
INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
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- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

Disposition Form  
Issued 1/1  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME: STAN B. COOK LICENSE No. 5371

FUNERAL DIRECTOR'S SIGNATURE: John Palmer LICENSE No. 829

FUNERAL HOME No. 242

30

Local No. 761-79

# LAKE COUNTY BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME <b>Sava Drakulich</b> , male		DATE OF BIRTH <b>June 3, 1979</b>	
RACE <b>white</b>	AGE <b>89</b>	DATE OF BIRTH <b>Jan. 1, 1890</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCALITY OF DEATH <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION <b>Hobart Mercy Hospital</b>	
STATE OF BIRTH <b>Jugoslavia</b>	COUNTRY OF WHAT COUNTRY <b>U S A</b>	MARRIED, NEVER MARRIED A SEPARATED OR DIVORCED <b>widowed</b>	ALL AGENCIES ADVISED <b>no</b>
SOCIAL SECURITY NUMBER <b>312-05-2892</b>	USUAL OCCUPATION <b>retired steelworker</b>	END OF BUSINESS OR AVIATION <b>U S Steel</b>	
RESIDENCE - STATE <b>Ind.</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCALITY <b>Gary</b>	
STREET AND NUMBER <b>5079 Washington St.</b>		RESIDENCE ON A FARM <input type="checkbox"/>	APPLICABLE TO DEATHS IN INSTITUTIONS <b>yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY IN SPANISH, CUBAN, PORTUGUESE, ETC. <b>no</b>			
PARENTS <b>not available</b>		<b>not available</b>	
INFORMANT - NAME <b>Daisy Drakulich</b>		MAILING ADDRESS <b>5079 Washington St. Gary, Ind.</b>	
BURIAL, CREMATION, REMOVAL, OTHER <b>burial</b>		LOCALITY <b>Herrillville, Ind.</b>	
DATE <b>June 5, 1979</b>		STILLINOVICH, PALMOR & WISTROLIK 4213 Bldwy .Gary, Ind.	
NAME OF ATTENDING PHYSICIAN <b>John T. Scully, M.D.</b>		DATE SIGNED <b>June 4, 1979</b>	TIME OF DEATH <b>2:05 A.</b>
MAILING ADDRESS - PHYSICIAN <b>6111 Harrison St. Merr., Ind. 46410</b>			
HEALTH OF PHYSICIAN <b>Good</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>6-5-79</b>	
CAUSE <b>Vertebral-Basilar Artery Thrombosis</b>		<b>4 days</b>	
<b>Cerebral Arteriosclerosis</b>			
<b>Pulmonary Emphysema</b>			

SDH 08 003  
REV. 10/77