

TICOR TITLE INSURANCE

STATE OF INDIANA
LAKE COUNTY

AFFIDAVIT FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

2000 JAN 12 AM 8:58

SS:

MORRIS W. CARTER
RECORDER

Nick Gurgevich, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Magdaline Gurgevich died ~~(without leaving a will)~~ (leaving a will) on November 8 19 99 at 12:33 p.m.

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 17, Ramsgate, as per plat thereof, recorded in Plat Book 70 page 12, in the Office of the Recorder of Lake County, Indiana.

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 ~~(her)~~ (her) death. ~~xxxx~~

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.



Nick Gurgevich

FILED

JAN 11 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, this 31st day of December, 19 99.

Angela Dowell-Lott
Notary Public

My Commission expires:

ANGELA DOWELL-LOTT
Notary Public, State of Indiana
County of Lake
My Commission Expires 04/26/2008

County of Residence:

00577

This Instrument prepared by Nick Gurgevich

Return: CFS
707 Ridge
Munster

12-31-99
11

25 x 11

C-99208035

TICOR TITLE INSURANCE
Crown Point, Indiana

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN		2. SEX	3. DATE OF DEATH
Magdaline Gurgevich Spirovich		Female	November 8, 1997
4. DATE OF BIRTH	5. AGE (IN YEARS) MO DAYS HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
March 5, 1933	64	Yugoslavia	303-32-1055
8. RACE	9a. WAS THE DECEASED OF HISPANIC ORIGIN? YES NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEASED EVER IN U.S. ARMY (Y/N) YES NO
Caucasian	NO		NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
13		Nikola Gurgevich	
12. MARITAL STATUS (X) MARRIED () NEVER MARRIED () WIDOWED () DIVORCED		14a. DECEASED'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
		Sales	Retail
15a. RESIDENCE STREET ADDRESS			15b. CITY OR TOWN
13741 Jennings Lane			Crown Point
15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Lake	Indiana	46307	XX YES () NO
18. FATHER'S NAME		17. MOTHER'S MAIDEN NAME	
Josif Spirovich		Vasilka Apostoloff	
18. PLACE OF DEATH (CHECK ONLY ONE)			
HOSPITAL: (X) INPATIENT () ER/OUTPATIENT () DOA OTHER: () NURSING HOME () RESIDENCE () OTHER (SPECIFY)			
19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)	
Harris	Houston	M. D. Anderson Cancer Center	
22. INFORMANT - SIGNATURE & RELATIONSHIP		23. MAILING ADDRESS OF INFORMANT	
Nikola Gurgevich (Husband)		46307 13741 Jennings Lane-Crown Point, Indiana	
24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section	26. NAME & ADDRESS OF FUNERAL HOME
(X) BURIAL () CREMATION () REMOVAL FROM STATE () DONATION () OTHER (SPECIFY)	Calumet Park Cemetery		Stilinovich-Wiatrolik Funeral Home
	26. LOCATION (CITY, STATE)	Block	7535 Taft Street
	Merrillville, Indiana	Lot	Merrillville, Indiana 46410
	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	Space	
	<i>[Signature]</i>	Unknown (X)	
		28. DATE OF DISPOSITION	
		11/13/1997	
30. CERTIFIER			
(X) CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED			
() MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED			
() JUSTICE OF THE PEACE			
31. SIGNATURE & TITLE OF CERTIFIER		32. DATE SIGNED MO DAY YEAR	33. TIME OF DEATH
<i>[Signature]</i> M.D.		11 17 97	12:33 p.m.
34. PRINTED NAME & ADDRESS OF CERTIFIER			
Sergio Giralte, M.D. - 1515 Holcombe Blvd., Box 81 - Houston, Texas 77030			
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING 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. CHRONIC MYELOGENOUS LEUKEMIA			1 yr
DUPLICATE TO (OR AS A LIKELY CONSEQUENCE OF)			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			
b. _____ DUPLICATE TO (OR AS A LIKELY CONSEQUENCE OF)			
c. _____ DUPLICATE TO (OR AS A LIKELY CONSEQUENCE OF)			
d. _____ DUPLICATE TO (OR AS A LIKELY CONSEQUENCE OF)			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)			36a. AUTOPSY? YES () NO (X)
37. DID TOBACCO USE CONTRIBUTE TO DEATH? YES () PROBABLY () NO (X) UNKNOWN ()			36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES () NO (X)
38. DID ALCOHOL USE CONTRIBUTE TO DEATH? YES () PROBABLY () NO (X) UNKNOWN ()			
39. WAS DECEASED PREGNANT AT TIME OF DEATH? YES () NO (X)			
40. MANNER OF DEATH (X) NATURAL () ACCIDENT () SUICIDE () HOMICIDE () PENDING INVESTIGATION () COULD NOT BE DETERMINED			
41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK? YES () NO (X)	41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
			N 11 2000
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)			
41f. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
02-15835		November 19, 1997	PETER BENJAMIN LAKE COUNTY AUDITOR

Texas Department of Health - Bureau of Vital Statistics
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)
VS-112 REV. 9/95

2959533

CERTIFIED COPY OF VITAL RECORDS

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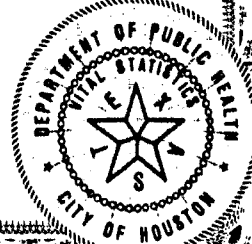
STATE OF TEXAS
COUNTY OF HARRIS

DATE ISSUED NOV 19 1997

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanks
R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LAMINATION MAY VOID CERTIFICATE



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

25 x 10