

**FILED**

MAR 10 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF INDIANA )

COUNTY OF LAKE )

SS: 016859

**AFFIDAVIT REGARDING EXECUTION AND DELIVERY OF DEED**

The undersigned, being duly sworn upon her oath, alleges and states to the best of her knowledge as follows:

1. That she is the daughter-in-law of Josephine R. Mirich, who died on the 2nd day of June, 1992 and the wife of David Mirich.

2. That she is familiar with the Deed executed by Josephine R. Mirich on the 16th day of April, 1991 conveying the following described real estate:

Lots 47 and 48 in Block 3 in Broadway Realty and Investment Company's Addition to Gary, as per plat thereof, recorded in Plat Book 9 page 31, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 4501 Massachusetts, Gary, Indiana.

to Bernard Mirich, Charles Mirich, David Mirich and Ernest C. Mirich, as joint tenants with the right of survivorship and not as tenants in common, subject to the life estate of Josephine R. Mirich, a copy of which Deed is attached hereto, made a part hereof and marked Exhibit "A".

3. That at the time of the execution of the Deed, Josephine R. Mirich was cognizant of the document which she was signing and intended to transfer the real estate as provided therein and said Deed was in fact delivered to the Grantees. However, due to an oversight, said Deed was not recorded with the recorder of Lake County, Indiana.

4. That Josephine R. Mirich continued to reside in the property until the date of her death on June 2, 1992.

5. That Bernard Mirich resided in the real estate until the time of his death.

6. That Bernard Mirich died on the 20th day of October, 1999 as evidence by his death certificate, a copy of which is attached hereto as Exhibit "B". That the gross value of the estate of Bernard Mirich as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return. That any Indiana inheritance tax due and owing as a result of decedent, Bernard Mirich's, ownership interest in this property will be paid prior to any transfer of the real estate by the surviving joint tenants.

99-201-450

RETURN TO Arlene Mirich  
5401 VAN BUREN ST.  
Merrillville, IN 46410

7. That the surviving joint tenants pursuant to the Deed are Charles Mirich, David Mirich and Ernest C. Mirich.

This Affidavit is being made to induce Tigor Title Insurance Company to record the Deed and issue a title commitment with regard to the above-referenced property in the name of the surviving joint owners.

Further, affiant sayeth not.

Dated this 7th day of March, 2000.

Document is  
*Arlene R. Mirich*  
NOTARIAL  
ARLENE R. MIRICH

This Document is the property of  
the Lake County Recorder!

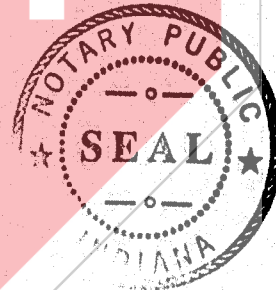
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7th day of March, 2000.

*Denise Kessler*  
Denise Kessler, Notary Public

My Commission Expires: June 25, 2008

County of Residence: Lake

*Prepared by Richard Anderson  
ATTORNEY AT LAW*



# Warranty Deed



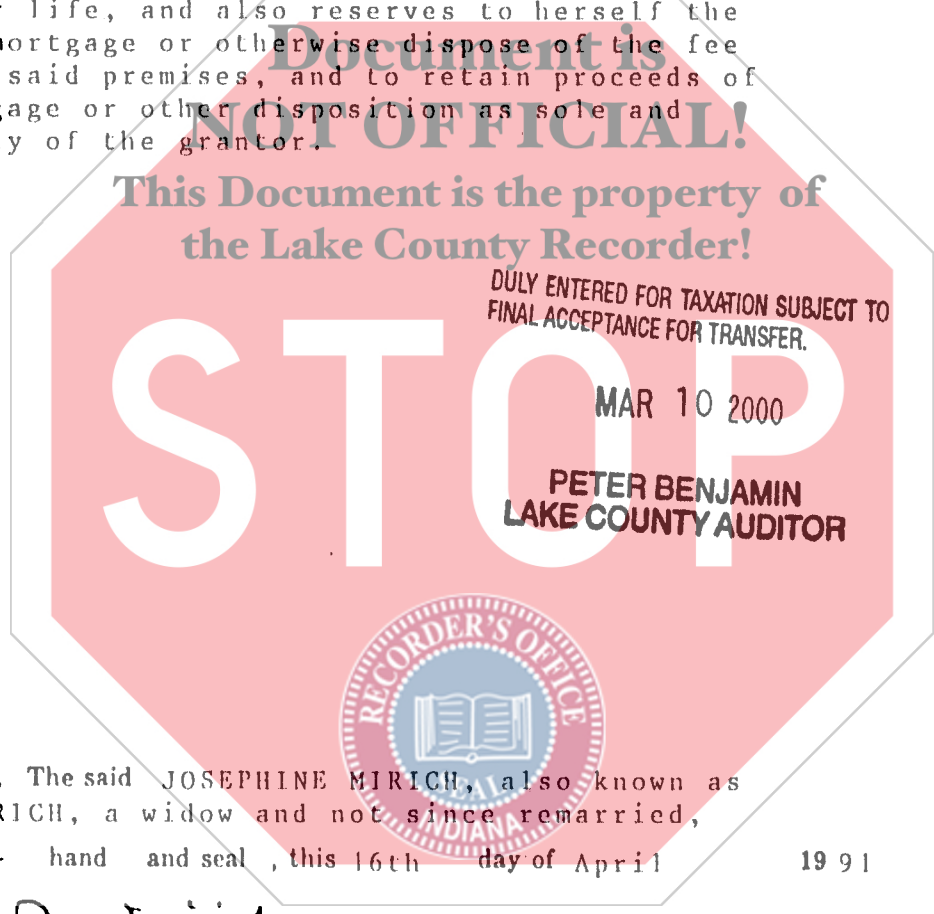
THIS INDENTURE WITNESSETH, That JOSEPHINE MIRICH, also known as JOSEPHINE R. MIRICH, a widow and not since remarried,

of LAKE County, in the State of INDIANA Convey and Warrant to BERNARD MIRICH, CHARLES MIRICH, DAVID MIRICH and ERNEST C. MIRICH, as Joint Tenants with the right of survivorship, and not as Tenants in Common of LAKE County, in the State of INDIANA, for and in consideration of the sum of TEN DOLLARS (\$10.00) AND OTHER GOOD AND VALUABLE CONSIDERATION

the receipt whereof is hereby acknowledged, the following described Real Estate in LAKE County, in the State of Indiana, to-wit:

Lots 47 and 48 in Block 3 in Broadway Realty and Investment Company's Addition to Gary, as per plat thereof, recorded in Plat Book 9 page 31, in the Office of the Recorder of Lake County, Indiana.

Grantor reserves to herself an estate in the above described premises for her life, and also reserves to herself the power to sell, mortgage or otherwise dispose of the fee simple title to said premises, and to retain proceeds of such sale, mortgage or other disposition as sole and absolute property of the grantor.



In Witness Whereof, The said JOSEPHINE MIRICH, also known as JOSEPHINE R. MIRICH, a widow and not since remarried, has hereunto set her hand and seal, this 16th day of April 19 91

Josephine R. Mirich (Seal) JOSEPHINE MIRICH, also known as JOSEPHINE R. MIRICH (Seal)

STATE OF INDIANA, Lake COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this 16th day of April 19 91, came, 8, 8 JOSEPHINE MIRICH, also known as JOSEPHINE R. MIRICH, a widow and not since remarried, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires August 15, 1994 Estelle R. Brumfield Notary Public ESTELLE R. BRUMFIELD

This instrument prepared by: George Krstovich, Attorney at Law Resident of Lake County

EXHIBIT "A"

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 99-0753

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

1 DECEASED—NAME (First Middle Last) <b>BERNARD MIRICH</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:05 P.M.</b>	3b DATE OF DEATH (Month Day Yr) <b>October 20, 1999</b>
4 *SOCIAL SECURITY NUMBER <b>304-42-4713</b>	5a AGE—Last Birthday (Years) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>October 10, 1924</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input 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 checked="" type="checkbox"/> Residence	
9b FACILITY NAME (If not institution give street and number) <b>4501 Massachusetts Street</b>	9c CITY TOWN OR LOCATION OF DEATH <b>Gary</b>	9d COUNTY OF DEATH <b>Lake</b>	10 MARITAL STATUS (Specify) <b>Divorced</b>	
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) <b>Real Estate Broker</b>	12b KIND OF BUSINESS/INDUSTRY <b>Real Estate Agency</b>	13a RESIDENCE—STATE <b>Indiana</b>	
13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>4501 Massachusetts Street</b>	14 ZIP CODE <b>46409</b>	
13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>5+</b>		18 FATHER'S NAME (First Middle Last) <b>Charles V. Mirich</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Josephine Janesik</b>			20a INFORMANT'S NAME (Type/Print) <b>David Mirich</b>	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5401 Van Buren Street, Merrillville, Indiana 46410</b>		20c Relationship <b>Brother</b>		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>October 26, 1999 Calumet Park Cemetery</b>	21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>		
22a EMBALMERS NAME <b>Ronald J. Mesarch</b>	22b EMBALMER'S LICENSE NO. <b>FD01005912</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>	24b LICENSE NUMBER (of Licensee) <b>FD01005912</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. #FH8300776, 7905 Broadway, Merrillville, IN 46410</b>		
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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cerebral hemorrhage</b>		Approximate Interval Between Onset and Death <b>10 years</b>		
DUE TO (OR AS A CONSEQUENCE OF) <b>Hypertension</b>		DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		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) <b>No</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
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>Ernest C. Mirich MD</i>		29c MEDICAL LICENSE NO. <b>1N18811</b>	29d DATE SIGNED (Month Day Year) <b>10/25/99</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Ernest C. Mirich, M.D., 9001 Broadway, Merrillville, Indiana 46410</b>				
31 HEALTH OFFICER'S SIGNATURE			32 DATE FILED (Month Day Year)	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a 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. <b>EXHIBIT "B"</b>		