

2

FA# F32211

LEGAL DESCRIPTION:

Part of the East 1/2 of the Southeast 1/4 of Section 24, Township 35 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as commencing at the Southwest corner of said East 1/2; thence North 00 degrees 17 minutes 26 seconds East along the West line of said East 1/2, 1693.10 feet; thence South 89 degrees 42 minutes 34 seconds East, 3.37 feet; thence North 00 degrees 17 minutes 26 seconds East, 205.00 feet; thence North 73 degrees 35 minutes 00 seconds East, 227.00 feet; thence South 22 degrees 34 minutes 44 seconds East, 125.49 feet to the place of beginning; thence North 65 degrees 45 minutes 59 seconds East, 101.70 feet; thence Easterly along a circular curve which is convex to the South whose radius equals 65.00 feet, tangent equals 24.95 feet, deflection angle equals 41 degrees 59 minutes 46 seconds, a distance of 47.64 feet along said curve; thence Southeasterly along a circular curve which is convex to the Northeast whose radius equals 350.99 feet, tangent equals 33.80 feet, deflection angle equals 11 degrees 00 minutes 00 seconds, a distance of 67.39 feet along said curve; thence South 03 degrees 10 minutes 00 seconds East, 18.19 feet; thence Southwesterly along a circular curve which is convex to the Northwest whose radius equals 405.71 feet, tangent equals 34.86 feet, deflection angle equals 09 degrees 49 minutes 15 seconds, a distance of 69.54 feet along said curve; thence South 63 degrees 50 minutes 00 seconds West, 47.00 feet; thence North 21 degrees 43 minutes 52 seconds West, 112.32 feet to the place of beginning. * thence South 14 degrees 10 minutes 00 seconds East, 1.21 feet;

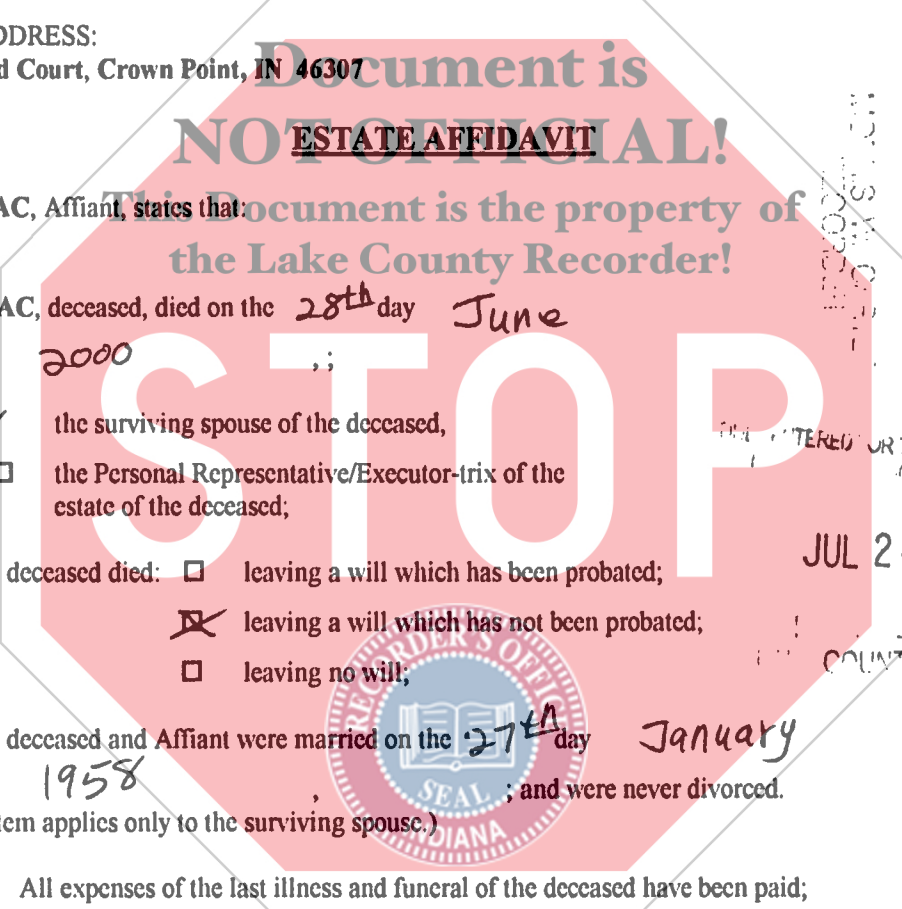


First American Title Insurance Company

2000 052255

PROPERTY ADDRESS:

5050 West 82nd Court, Crown Point, IN 46307



MARTA BALAC, Affiant, states that:

1. ILIJA BALAC, deceased, died on the 28th day June of 2000;
2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased;
3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; leaving no will;
4. The deceased and Affiant were married on the 27th day January of 1958; and were never divorced. (This item applies only to the surviving spouse.)
5. All expenses of the last illness and funeral of the deceased have been paid;
6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
7. There have been no claims against the estate of the decedent.

STATE OF INDIANA
LAKE COUNTY
FILED JUL 25 11 19 00
JUL 25 2000

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

7/19/00 _____
Date

X Marta Balac
Signature of Affiant

MARTA BALAC _____
Printed Name of Affiant

State of Indiana, County of LAKE

Subscribed and sworn to before me, this 19TH day of JULY, 2000.

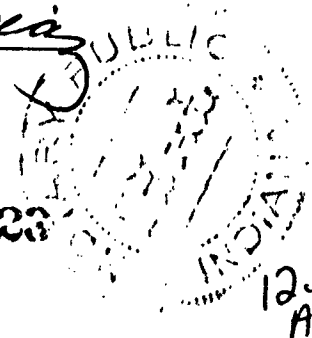
KIM A. DIAZ _____
Printed Name of Notary

Kim A. Diaz
Signature of Notary

My Commission expires: 2/15/07

Lake County Resident

Prepared by: M Balac



* 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. 1215-98

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

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) ILIJAJA BALAC		2. SEX MALE	3a. TIME OF DEATH 11:02AM	3b. DATE OF DEATH (Month, Day, Yr) JUNE 28, 1998
4. *SOCIAL SECURITY NUMBER 317-60-7893	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) JUNE 28, 1925
7. BIRTHPLACE (City and State or Foreign Country) JUGOSLAVIA	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> 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 type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) COMMUNITY HOSPITAL		9b. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) MARTA BLESIC	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEELWORKER	12b. KIND OF BUSINESS/INDUSTRY INLAND STEEL COMPANY	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION SCHERERVILLE	13d. STREET AND NUMBER 232 TURIN DR.	
13e. ZIP CODE 46375	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) 12	18. FATHER'S NAME (First, Middle, Last) DJUORO BALAC		18. MOTHER'S NAME (First, Middle, Maiden Surname) ANA KUDRA	
20a. INFORMANT'S NAME (Type/Print) MARTA BALAC		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 232 TURIN DR. SCHERERVILLE, IN. 46375		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) JULY 1, 1998 MOST HOLY MOTHER OF GOD CEMETERY		21c. LOCATION—City or Town, State GRAYSLAKE, ILLINOIS
22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FDO1042372	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Terjho</i>		24b. LICENSE NUMBER (of Licensee) FDO1008300	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307	
26. PART I Enter the disease, 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. ISCHEMIC CARDIOMYOPATHY CORONARY ARTERY DISEASE AUG 17 1999		FILED		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
Conditions if any, which gave rise to the immediate cause stating the underlying cause last				
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)	28a. WAS AN AUTOPSY 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>Rakesh Kansal, MD</i>		29c. MEDICAL LICENSE NO. IN 100202270
29d. DATE SIGNED (Month, Day, Year) 7/1/98		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RAKESH KANSAL M.D. 3100 45th ST. Highland, IN 46322		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>		32. DATE FILED (Month, Day, Year) July 2, 1998		
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) 001326		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) July 2, 1998
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		