(3)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 057677 2000 AUG 11 AM 10:01

MICHAEL W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

COMES NOW the affiant, Gospava Kecman, who being first sworn and upon his/her oath and under the penalties for perjury, solemnly swears and states that:

1. He/She is the legal title owner of the real estate located at 9958 Redbud Rd. Munster IN 46321, more particularly described as follows, to-wit:
SEE APPENDIX A

FILED
AUG 11 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated March 20, 1985 and recorded NOV 13 1983, Instrument No. 734478, in the Office of the Recorder of Lake County, Indiana.

3. He/She and his/her husband/wife, Lazo Kecman, held title by the entireties until the date of his/her death on Dec 22 1992.

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

JH 18153

VE

46307

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

8-4-00
Date

Gospava Kecman
(Print Name)

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

0x823

Before me, a Notary Public, in and for said State and County, personally appeared the affiant herein, Gospava Kecman, who acknowledged the truthfulness of the contents herein.

Done this 4 day of Aug, 2000 ~~1995~~.

My Commission Expires: 11-05-06

OFFICIAL SEAL
KRISTIN R. CANADAY
NOTARY PUBLIC
STATE OF INDIANA
MY COMMISSION EXPIRES 11/5/06

Kristin R Canaday
Notary Public

Resident of Lake County

Prepared by: Gospava Kecman

XNETCO
8201 FOUNTAIN DRIVE
SUITE C
CROWN POINT, IN 46307
#4956

1400
AC

Appendix A

LOT ELEVEN (11), BLOCK THREE (3), IN TWIN CREEK SUBDIVISION TO THE TOWN OF MUNSTER, LAKE COUNTY, INDIANA AS SHOWN IN PLAT BOOK 49, PAGE 130, AS IT APPEARS IN THE RECORDERS OFFICE OF LAKE COUNTY, INDIANA.

INDIANA STATE DEPARTMENT OF HEALTH

al No. 2637-92 **CERTIFICATE OF DEATH** State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

PE/PRINT IN RMANENT ACK INK

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
LAZO	KECMAN	MALE	2:30 PM	DECEMBER 22, 1992

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo. Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
317-60-7665	54			4-9-1938	YUGOSLAVIA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9. PLACE OF DEATH (Check only one. See instructions)
NO		HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DENT

9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN, OR LOCATION OF DEATH	9c. COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10. MARITAL STATUS	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)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	GOSPOVA POPOVIC	MACHINIST	EUCLID MACHINE&TOOI

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	MUNSTER	9958 REDBUD ST.

13e. ZIP CODE	13f. INSIDE CITY LIMITS?	14. CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE—American Indian, Asian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46321	13g. ON A FARM? ☐ No ☒ Yes	U.S.	☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	WHITE	Elementary/Secondary (0-12) 12	College (1-4 or 5+)

NTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
OBRAD KECMAN	BOJA MARIJANOVIC

RMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
GOSPOVA KECMAN	9958 REDBUD ST. MUNSTER, INDIANA	WIFE

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	12-24-1992 ST. MARYS CEMETERY	GARY, INDIANA

OSITION

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
CHARLES WELLS	FD01042372	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensed)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Eli Vinglas	FD01008300	LINCOLN RIDGE F.H. 88800070 7607 W.LINCOLN HWY.CROWN POINT,I

SE OF TH

26. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. Do not enter terminal events such as cardiac arrest or respiratory arrest. DO NOT ABBREVIATE. Enter only one cause per line. Approximate Interval Between Onset and Death

THIS CERTIFICATE COPY OF THE CERTIFICATE ON FILE WITH THE HEALTH DEPT

a. Myocardial Infarction Arteriosclerosis

DUE TO (OR AS A CONSEQUENCE OF)

b.

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. DEC 28 1992

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. WAS DECEDENT PREGNANT OR IN 90 DAYS POSTPARTUM? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

IFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Salman Gailani	27970	DECEMBER 23, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29 (Type/Print)

DR. SALMAN GAILANI, M. D. 9116 COLUMBIA AVENUE MUNSTER, INDIANA 46321

TH ER

31. HEALTH OFFICER'S SIGNATURE Alexander S Gilliland MD

32. DATE FILED (Month, Day, Year) Dec. 28, 1992

NER NLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. 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.

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