

2002 010443

2002 JAN 30 11:17

AFFIDAVIT OF DEATH

Comes now Daniel C. Blaney and states upon his oath that the following is true:

1. That I am an attorney licensed to practice law in the states of Indiana and Arkansas.
2. That I have been retained by Marilyn Vuletich to file the Affidavit of Death of her husband, Michael Vuletich, Jr., who passed away on November 15, 2001.
3. That the purpose of filing this Affidavit of Death is to transfer ownership from the names of Michael and Marilyn Vuletich, Jr., Husband and Wife to the name of Marilyn Vuletich, solely in the following described real estate:

1503 Woodlawn
Ridge Gardens Addition to the Town of Griffith All L25

Property No.: 26 0245 0025

FILED

JAN 29 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Daniel C. Blaney
Daniel C. Blaney

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

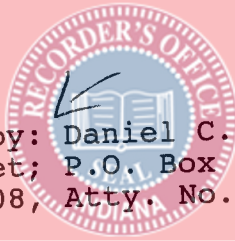
STATE OF INDIANA
COUNTY OF NEWTON

Before me, the undersigned, a Notary Public in and for said County and State, this 29th day of January, 2002, personally appeared: DANIEL C. BLANEY and acknowledged the execution of the foregoing. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Gina T. Zyllo
GINA T. ZYLO, Notary Public

My Commission Expires: 3/11/09
Resident of NEWTON County

This Instrument Prepared by: Daniel C. Blaney, Blaney, Casey & Walton, 124 E. State Street; P.O. Box 500; Morocco, Indiana 47963. Tel: (219) 285-2008; Atty. No. 2772-98



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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. 2794-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED-NAME (MICHAEL VULETICH JR.), 2 SEX (MALE), 3a TIME OF DEATH (4:50 P.M.), 3b DATE OF DEATH (NOVEMBER 15, 2001), 4 SOCIAL SECURITY NUMBER (321-42-4769), 5a AGE (54), 5b UNDER 1 YEAR, 5c UNDER 1 DAY, 6 DATE OF BIRTH (April 5, 1947), 7 BIRTHPLACE (Chicago, Illinois), 8a WAS DECEDENT A U.S. VETERAN? (No), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a PLACE OF DEATH (THE COMMUNITY HOSPITAL), 9c CITY, TOWN, OR LOCATION OF DEATH (MUNSTER), 9d COUNTY OF DEATH (LAKE), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Marilyn Blankenstein), 12a DECEDENT'S USUAL OCCUPATION (Slitter Operator), 12b KIND OF BUSINESS/INDUSTRY (Steel Manufacturing), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Griffith), 13d STREET AND NUMBER (1503 N. Woodlawn Place), 13e ZIP CODE (46319), 13f INSIDE CITY LIMITS (Yes), 13g ON A FARM? (No), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEDENT'S EDUCATION (College), 18 FATHER'S NAME (Mitchell M. Vuletich), 19 MOTHER'S NAME (Rosella E. Topp), 20a INFORMANT'S NAME (Marilyn Vuletich), 20b MAILING ADDRESS (1503 N. Woodlawn Pl. Griffith, In. 46319), 20c Relationship (Spouse), 21a METHOD OF DISPOSITION (Cremation), 21b DATE AND PLACE OF DISPOSITION (November 19, 2001, Regional Cremation Services), 21c LOCATION (Munster, Indiana), 22a EMBALMER'S NAME (David R. Peterson), 22b EMBALMER'S LICENSE NO. (FD08601585), 23 WAS DEATH REPORTED TO CORONER? (Yes), 24a SIGNATURE OF FUNERAL DIRECTOR (David R. Peterson), 24b LICENSE NUMBER (FD08601585), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuijper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH19900008), 26 PART I IMMEDIATE CAUSE (Anterior Septal Heart Disease), 27 WAS DECEDENT PREGNANT OR POSTPARTUM? (No), 28 WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER (M. Krad), 29c MEDICAL LICENSE NO. (01029360), 29d DATE SIGNED (NOVEMBER 16, 2001), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (MOHAMED M. KRAD, M.D. 1849 N. CLINE AVENUE GRIFFITH, INDIANA 46319), 31 HEALTH OFFICER'S SIGNATURE (Susan J. Best), 32 DATE FILED (November 19, 2001), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY, 34f LOCATION (661805), 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

