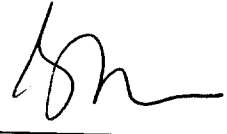




STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared George Rajkovic and executed the foregoing document entitled, "Survivorship Affidavit", on this 28<sup>th</sup> day of January, 2002.



\_\_\_\_\_, Notary Public

My Commission Expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_

STEPHEN B. [unclear]  
Notary Public - Indiana  
LAKE COUNTY  
My Commission Expires  
APRIL 8, 2009

STEPHEN B. [unclear]  
Notary Public  
LAKE COUNTY  
My Commission Expires  
APRIL 8, 2009



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A  
B  
C  
D  
E  
F  
G  
H  
I  
J

Disposition Permit Issued / /
Provisional Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No

Local No. 1312-79

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
FUNERAL HOME No. 152  
FUNERAL DIRECTOR'S LICENSE No. 970  
EMBALMERS NAME CHARLES WELLS  
SIGNATURE [Signature]  
FUNERAL DIRECTOR'S LICENSE No. 1979 4237

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

1 DECEASED-NAME FIRST MIDDLE LAST BOGOLJUB (BOB) RAJKOVIC	2 SEX 2 MALE	3 DATE OF DEATH (MONTH, DAY, YEAR) 3 9-9-79
4 RACE-White, Black, American Indian, etc. (Specify race) 4 WHITE	5a AGE-Under 1 Year 5a 65	5b UNDER 1 DAY 5b HOURS 5c DAYS 5c
6 CITY, TOWN OR LOCATION OF DEATH 6 MERRIVILLE	7a HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give address and number) 7a E ROADWAY METHODIST HOSPITAL	7b COUNTY OF DEATH 7b LAKE
7a STATE OF BIRTH (If not in U.S.A.) 7a JUGOSLAVIA	7b CITIZEN OF WHAT COUNTRY 7b U.S.	7c IF HOST OR INST. Indicate DOA (If not, indicate facility) 7c IMP.
8 SOCIAL SECURITY NUMBER 8 306-34-1826	9 MARRIED NEVER MARRIED WIDOWED DIVORCED 9 MARRIED	10 SURVIVING SPOUSE of male (Give maiden name) 10 MARIA
11 USUAL OCCUPATION (Give kind of work done during most of life) 11 RETIRED STEEL WORKER	12 KIND OF BUSINESS OR INDUSTRY 12 YOUNGSTOWN SHEET & TUBE	13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Mo) 13 NO
14a RESIDENCE-STATE 14a INDIANA	14b CITY, TOWN OR LOCATION 14b HEBRON	15a IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15b STREET AND NUMBER 15b RR2 BOX 226	16 FATHER-NAME 16 FIRST MIDDLE LAST	17 MOTHER-MAIDEN NAME 17
18a INFORMANT-NAME (Type or print) 18a ROBERT RAJKOVIC	18b MAILING ADDRESS 18b 106 ALEYA ST. HEBRON, INDIANA	18c CITY OR TOWN STATE ZIP 18c HEBRON, INDIANA
19a BURIAL CEMETERY OR CREMATORY-REMOVE OTHER IDENTIFY 19a BURIAL	19b CEMETERY OR CREMATORY-FUNERAL HOME 19b HEBRON CEM.	19c LOCATION 19c HEBRON, INDIANA
20a DATE (MONTH, DAY, YEAR) 20a 9-13-79	20b FUNERAL HOME-NAME AND ADDRESS 20b OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, IND	20c STREET OR R.T.D. NO. CITY OR TOWN STATE, ZIP
21a NAME OF ATTENDING PHYSICIAN (Type or Print) 21a [Signature]	21b DATE SIGNED (Mo, Day, Yr.) 21b	21c HOUR OF DEATH 21c
21d MAILING ADDRESS-Physician	21e HEALTH OFFICE-Physician	22a DATE RECEIVED BY LOCAL HEALTH OFFICER 22a 9-14-79
23 IMMEDIATE CAUSE 23 Carcinoma of penis with lymph metastasis	24 DUE TO OR AS A CONSEQUENCE OF 24 Septicemia, mucocitis, leukopenia	25 DUE TO OR AS A CONSEQUENCE OF 25
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a)		

**LEGAL DESCRIPTION**

15 Acres off the East side of the Northeast Quarter of the Southwest Quarter of Section 16, Township 33 North, Range 7 West of the Second Principal Meridian, in Lake County, Indiana.

