



Chicago Title Insurance Company

620020977 LD

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake

On this 26th before me personally appeared _____
(insert date)

Mitch Sever

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Owner _____;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Mitch Sever and Rose Sever _____;

4. Said Rose Sever _____ (fill in name of co-tenant who died)

died on March 6, 1991 _____

leaving no _____ will;
(insert "A" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Attached _____

To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
no _____

(If answer is "Yes," identify the divorce proceedings: _____);

8. Affiant's relationship to the deceased was son _____

Signature: Mitch Sever
mitchsever

Address: 8750 YARDLEY CT # 100
INDPLS., IN 46218

Subscribed and sworn to before me by the affiant

this 26th day of 2002
(insert date)

[Signature]
Notary Public

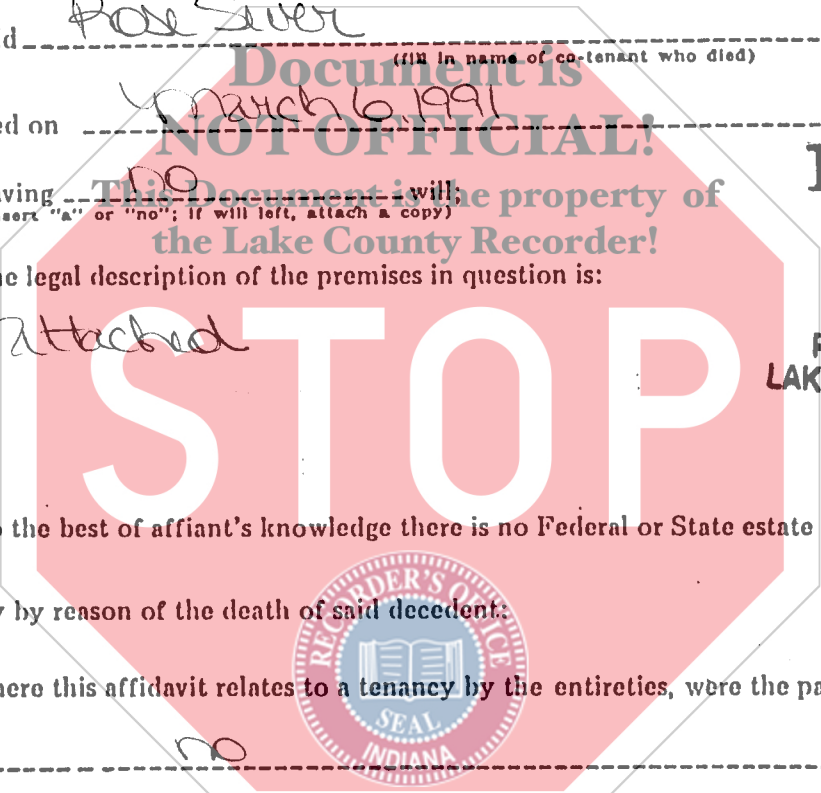
My Commission Expires _____

CYNTHIA E. COLVIN
Notary Public, State of Indiana
County of Porter
My Commission Expires 11-30-09

This instrument prepared by Mitch Sever

13.00 p
CT

2002 MAY 01 10:57 AM
2002 808 140 308



FILED
MAY 01 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

LEGAL DESCRIPTION

A parcel of land located in the Southwest Quarter of Section 6, Township 36 North, Range 8 West of the Second Principal Meridian in the City of Gary, described as follows: Beginning at the intersection of the South line of Fifth Avenue (80 feet wide) with the East line of Clark Street (66 feet wide); thence East along the South line of Fifth Avenue 100 feet; thence South and parallel with the East line of Clark Street 125 feet; thence West and parallel with the South line of Fifth Avenue 100 feet to the East line of Clark Street; thence North along the East line of Clark Street 125 feet to the place of beginning, in Lake County, Indiana.



INDIANA STATE BOARD OF HEALTH

92 576810

CERTIFICATE OF DEATH

State No

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) ROSE S. SEVER		2 SEX FEMALE	3a TIME OF DEATH 4:55 P M	3b DATE OF DEATH (Month, Day, Year) MARCH 6, 1991
4 SOCIAL SECURITY NUMBER 313-34-4484D	5a AGE—Last Birthday (Years) 80	5c UNDER 1 YEAR Months Days	5d UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) JULY 17, 1910
7 BIRTHPLACE (City and State or Foreign Country) YUGOSLAVIA	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.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) ST. MARY MEDICAL CENTER		9b CITY, TOWN OR LOCATION OF DEATH GARY	9c COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) WIDOWED	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) HOME MAKER	12b KIND OF BUSINESS/INDUSTRY SELF	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION GARY	13d STREET AND NUMBER 659 N. MONTGOMERY STREET	
13e ZIP CODE 46403	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) Elementary/Secondary (0-12) 12 College (11-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) MILOS YAKSICH		
19 MOTHER'S NAME (First, Middle, Maiden Surname) MARY		20a INFORMANT'S NAME (Type/Print) MITCH SEVER		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5859 C IVY KNOLL CT., INDIANAPOLIS, IN		20c Relationship SON		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) MARCH 9, 1991 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE, INDIANA
22a EMBALMER'S NAME HENRY BLAKE		22b EMBALMER'S LICENSE NO. FD01019406	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatroluk</i>		24b LICENSE NUMBER (of Licensee) FD01001293	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH3004455-STILINOVICH & WIATROLIK 7535 TAFT ST., MERRILLVILLE, IN 46410	
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Uncontrolled Diabetes Mellitus				
DUE TO (OR AS A CONSEQUENCE OF) Diffuse Coronary atherosclerosis				
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) 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) 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>Nazzal Obaid M.D.</i>			29c. MEDICAL LICENSE NO. 01028410	29d. DATE SIGNED (Month, Day, Year) MAR 11 1991
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. NAZZAL OBAID, M.D., 8895 BROADWAY, MERRILLVILLE, IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Belva E. Justice MD MHA</i>				32. DATE FILED (Month, Day, Year) MAR 13 1991
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)		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.		