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STATE OF INDIANA

COUNTY OF LAKE

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2002 JUL 18 PM 1:51

PETER J. CANTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

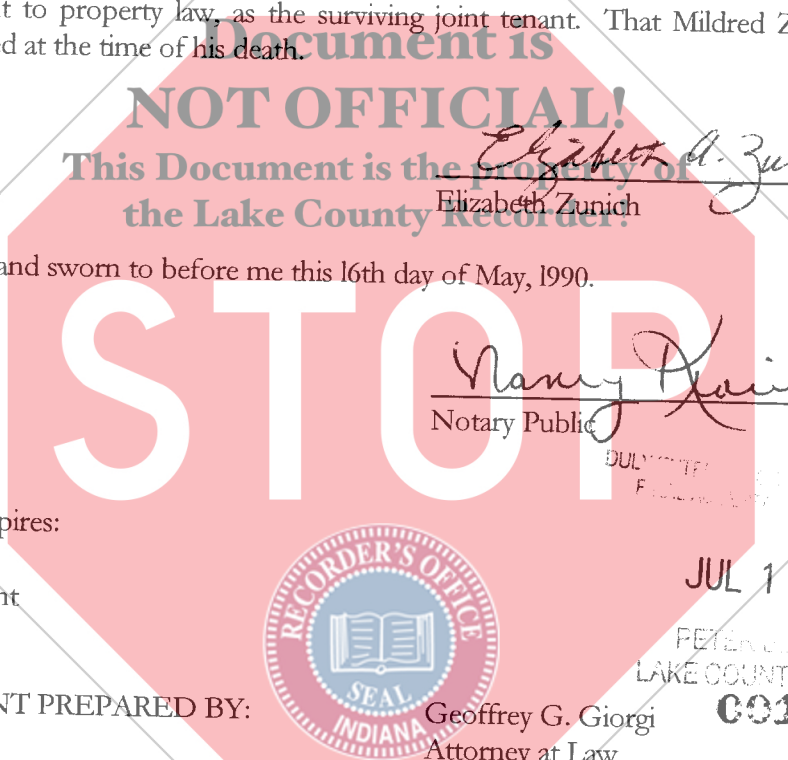
Comes now Elizabeth Zurich, being duly sworn upon her oath and states as follows:

That her mother, Mildred Zurich and her father Angelo Zurich, Deceased, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

See legal description attached,

commonly known as 309 South Indiana Street, Hobart, IN 46342 - Parcel II
401 S. Indiana Street, Hobart, IN 46342 - Parcel II

That Mildred Zurich and Angelo Zurich, jointly held title to said real estate until the death of Angelo Zurich on the 18th day of November, 1980, at which time Mildred Zurich acquired title to the real estate, pursuant to property law, as the surviving joint tenant. That Mildred Zurich and Angelo Zurich were married at the time of his death.



Elizabeth A. Zurich
Elizabeth Zurich

Subscribed and sworn to before me this 16th day of May, 1990.

Nancy Haines
Notary Public

My Commission Expires:
February 8, 2009
Lake County Resident



JUL 18 2002

PETER J. CANTER
LAKE COUNTY AUDITOR
601387

THIS INSTRUMENT PREPARED BY:

Geoffrey G. Giorgi
Attorney at Law
One Professional Ctr., Suite 204
2100 North Main Street
Crown Point, IN 46307
PHONE: 663-3113

WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

ST

13-
N.H.
#1898

Parcel I:

Part of Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of Section Thirty-two (32) Township Thirty-six (36) North, Range Seven (7) West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana, described as follows:

Beginning at the Southeast corner of Jane (now 4th) Street and Indiana Avenue as shown on the recorded plat of Earle & Davis' Addition to Hobart, as per plat thereof, recorded in Miscellaneous Record "A" page 486 in the Office of the Recorder of Lake County, Indiana, thence South 40 feet; thence East parallel to the South line of said Jane (now 4th) Street to a point on the West right of way line of the Elgin, Joliet & Eastern Railroad thence Northeasterly along said right of way line to the South line of said Jane (now 4th) Street; thence West to the place of beginning.

Parcel II:

That part of the Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of Section Thirty-two (32), Township Thirty-six (36) North, Range Seven (7) West of the Second Principal Meridian, lying North and West of the right of way of the Elgin, Joliet & Eastern Railway, East of Indiana Street and South of the Elgin, Joliet & Eastern Railway Company's Industrial Spur, containing 1.02 acres, more or less, in the City of Hobart, Lake County, Indiana.



TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

Disposition Permit
Issued /
Provisional
Certificate
 Yes No

EMBALMER'S NAME J. Krause LICENSE No. 646
 FUNERAL DIRECTOR'S SIGNATURE Donald V. Krause LICENSE No. 2012 FUNERAL HOME No. 306

Local No. 1775-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Angelo Zunich					2. Male	3. November 18, 1980
1. RACE—(a) White, Black, American Indian, (b) Other (Specify)	AGE—(Year, Month, Day)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH	
4. White	76	DAYS	HOURS	8-9-1904	7. Lake	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name, Street, City, State)		7. St. Mary Medical Center		
Hobart						
7. STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		10. Married		
9. Yugoslavia	9. U.S.A.	USUAL OCCUPATION (If not being worked during period of illness)		11. Expediter		
8. SOCIAL SECURITY NUMBER	13. 312-05-2096	CITY, TOWN OR LOCATION		14b. U.S. Steel Corp.		
RESIDENCE—STATE	13a. Indiana	CITY, TOWN OR LOCATION		14b. U.S. Steel Corp.		
15a. Indiana	15b. Lake	HOBART				
STREET AND NUMBER	15d. 309 S. Indiana Street		IS RESIDENCE ON A FARM?		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXX	
15d. 309 S. Indiana Street						
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		FATHER—NAME		MOTHER—MAIDEN NAME		
15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXX		16. Marko Zunich (deceased)		17. [UNKNOWN]		
18. INFORMANT—NAME (Type or print)		MAILING ADDRESS		CITY OR TOWN		STATE ZIP
18a. Mildred Zunich		309 S. Indiana St., Hobart, IN		46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORIUM—FUNERAL HOME		LOCATION		CITY OR TOWN STATE
19a. Burial		19b. Calumet Park Cemetery		19c. Merrillville, IN		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN STATE ZIP		
20a. 11-21-1989		20b. Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		46342		
To the best of my knowledge, death occurred (Date, time, date, residence and cause) (Cause) stated.		NAME OF ATTENDING PHYSICIAN (Type or print)		DATE SIGNED (Month, Day, Year)		HOUR OF DEATH
21. (Signature) <u>Robert J. Milos</u>		21b. 11-25-1980		21c. 10:45 P. M.		
MAILING ADDRESS—PHYSICIAN		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
21d. 8127 Merrillville Rd., Merrillville, IN 46410		22a. <u>Deer Aug M.D.</u>		22b. 11-26-80		
23. IMMEDIATE CAUSE		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		
1. (a) <u>Arteriosclerosis of aorta</u>		(b) <u>Arteriosclerosis of aorta</u>		(c) <u>Arteriosclerosis of aorta</u>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not stated to cause given in PART I (a)		24. <u>No</u>		AUTHORITY (Specify Year or Day)		