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SURVIVORSHIP AFFIDAVIT

NOTARY PUBLIC
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 11th day of November, 2002, before me personally appeared Constance M.

Melcic 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 surviving spouse/wife, and co-tenant;
3. Said premises were formerly owned as joint tenants or as tenants by the entirety by

Frank R. Melcic Jr. and Constance M. Melcic, husband and wife.

4. Said Frank R. Melcic Jr. died on August 26, 2002 leaving no will;

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

E. 40 Feet Lot 57 and W. 20 Feet of Lot 58
Suburban Terrace Add. Town of Dyer;
Commonly known as 517 Coral Drive,
Dyer, Indiana 46311
Key # 14-0104-0057

6. 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;

7. Affiant and decedent were husband and wife; and never divorced.

Signature: Constance M. Melcic

CONSTANCE M. MELCIC
FILED

Address: 517 Coral Drive
Dyer, Indiana 46311

NOV 15 2002

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PETER BENJAMIN
LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said County and State, personally appeared Constance M. Melcic, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 11th day of November, 2002.

Kenneth A. Manning
KENNETH A. MANNING, Notary Public

My Commission expires: December 12, 2006 Resident of Lake County
001100

This instrument prepared by: Kenneth A. Manning (9015-45), Attorney at Law, 200 Monticello Drive,
Dyer, Indiana 46311

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CK# 23423
11.00
KM
3OVER

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 1436-02

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

RELATIVES

FORMANT

POSITION

USE OF AUTHORITY

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) FRANK R. MELCIC JR.				2 SEX MALE		3a TIME OF DEATH 8:55 P M		3b DATE OF DEATH (Month Day Yr) AUGUST 26, 2002							
4 *SOCIAL SECURITY NUMBER 354-20-5654		5a AGE—Last Birthday (Years) 73		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo. Day Yr) NOV. 24, 1929		7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS					
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) 517 CORAL DR.				9c CITY, TOWN OR LOCATION OF DEATH DYER				9d COUNTY OF DEATH LAKE							
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) CONSTANCE GOOD		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEELWORKER				12b KIND OF BUSINESS/INDUSTRY INLAND STEEL COMP.							
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION DYER				13d STREET AND NUMBER 517 CORAL DR.							
13e ZIP CODE 46311		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 (1-4 or 5+) _____					
18 FATHER'S NAME (First Middle Last) FRANK R. MELCIC SR.						19 MOTHER'S NAME (First Middle Maiden Surname) ANN RAZACK									
20a INFORMANT'S NAME (Type/Print) CONSTANCE MELCIC				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 517 CORAL DR. DYER, IND. 46311				20c Relationship WIFE							
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) AUGUST 28, 2002 N.W. IND. CREMATION SERVICE				21c LOCATION—City or Town, State CROWN POINT, INDIANA							
22a EMBALMER'S NAME NONE				22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b LICENSE NUMBER (of Licensee) FDO1008300		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a <u>BRADYCARMIC CARCINOMA</u> DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death					
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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
29a CERTIFIER (Check only one) <input 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>[Signature]</i>				29c MEDICAL LICENSE NO. 01033200				29d DATE SIGNED (Month Day Year) 8-27-02							
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. EDWARD FARA 761 45th St NOV 15 2002 Munster, IN 46321															
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										PETER BENJAMIN LAKE COUNTY AUDITOR		32 DATE FILED (Month Day Year) August 27, 2002			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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) 001175									
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.											