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SURVIVORSHIP AFFIDAVIT

2004 046519

STATE OF INDIANA)
)SS:
COUNTY OF lake)

On this 1st day of June 2004, before me personally appeared Ivo Trajkovski, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Lot 18, Spring Lake Estates, as shown in Plat Book 44, page 114, in Lake County Indiana.

2. That said premises were formerly owned as tenants by the entireties by Ivo Trajkovski and Slavica Trajkovski, husband and wife.

3. That said Slavica Trajkovski died on 11-26-01, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of Slavica Trajkovski, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of Slavica Trajkovski, said parties, namely, Ivo Trajkovski and Slavica Trajkovski, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

04-12895

LAKE TITLE SERVICES, INC.

10000 N. State Street
Lake County, Indiana 46056
219-339-1100



Ivo Trajkovski
Ivo Trajkovski

FILED

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

JUN 3 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

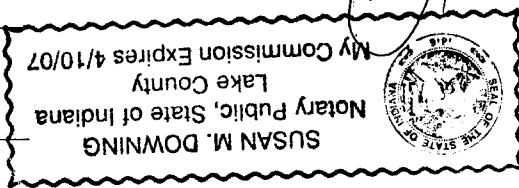
Before me, the undersigned, a Notary Public in and for said County and State, this 1st day of June, 2004, personally appeared Ivo Trajkovski and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

[Signature]
Notary Public

County of Residence:



000305

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356

FILED FOR RECORD
LAKE COUNTY
INDIANA

10674901

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 30 2001

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.


John L. Wilhelm, M.D.
LOCAL REGISTRAR

000306

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10** STATE FILE NUMBER **618729**

DECEASED—NAME **Slavica** FIRST MIDDLE LAST **Slavica Trajkovski** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **November 26, 2001**

CITY OF DEATH **COOK** COUNTY OF DEATH **CHICAGO** DATE OF BIRTH (MONTH, DAY, YEAR) **MARCH 25, 1953**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Northwestern Memorial**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Macedonia** MARIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED**

SOCIAL SECURITY NUMBER **311-62-3470** USUAL OCCUPATION **Co-Owner** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Ivo Trajkovski**

RESIDENCE (STREET AND NUMBER) **12750 W. 151st** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Cedar Lake** COUNTY **Lake**

FATHER—NAME **Kiril Mitrevski** MOTHER—NAME **Nada** (MAIDEN) LAST **Nikolovski**

INFORMANT'S NAME (TYPE OR PRINT) **JACKIE SMITH** ADDRESS (STREET AND NO. OR P.O. BOX) **251 E. Holo**

17a. **adeno carcinoma**

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) Other significant conditions contributing to death, resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **NOV 26 2001** MAJOR FINDINGS OF OPERATION **adeno carcinoma**

20a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE) **NO** 20b. (WAS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO) **NO**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **NOV. 26 2001** CITY **Chicago** STATE **Illinois**

22a. SIGNATURE **John L. Wilhelm** (TYPE OR PRINT) NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER **John L. Wilhelm, M.D. 251 E. Holo**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **John L. Wilhelm, M.D.**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY—NAME **Calumet Park Cem.** LOCATION **Merrillville, IN** CITY OR TOWN **Chicago** STATE **Illinois**

24a. **Burial** 24b. **Calumet Park Cem.** 24c. **Merrillville, IN** 24d. **Nov. 29, 2001**

25a. **Hickey Memorial Chapel 4201 W. 147th St. Midlothian, Illinois 60443** FUNERAL HOME NUMBER **60443** ZIP **60443**

25b. **Savich & Semplinski Funeral Directors 10101 Broadway Crown point, Illinois 46307** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 034-014825**

26a. LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 30 2001**

26b. **NOV 30 2001**