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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF PORTER) SS 2004 048120

2004 JUN -8 AM 11:13

MORRIS W. CARTER
RECORDER

SARAH HORVAT, being first duly sworn upon oath, deposes and says:

1. That Affiant's Husband, **ROBERT J. HORVAT, SR.**, died (without leaving a will) on September 3, 1995 at Lake County, Indiana.
2. That the Affiant and Robert J. Horvat, Sr. were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT TWO (2), ELMWOOD MANOR 1ST ADDITION, TO THE TOWN OF GRIFFITH, AS SHOWN ON PLAT OF CORRECTION RECORDED IN PLAT BOOK 33, PAGE 24, IN LAKE COUNTY, INDIANA .

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant sayeth not.

COMMUNITY TITLE COMPANY
FILE NO L 28714

Sarah Horvat
Sarah Horvat

Subscribed and sworn to before me, a Notary Public this 2nd day of June, 2004.

KIMBERLY SCHREYER
Notary Public, State Of Indiana
County Of Porter
My Commission Expires Sept. 13, 2010

Kimberly Schreyer
Notary Public

My Commission Expires:
County of Residence:

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

RECORDER'S OFFICE
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
JUN 8 2004
STEPHEN R STIGLICH
LAKE COUNTY AUDITOR

000691

12 DG
AM

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue 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. 1993-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT INK

DECEDENT

IDENTIFIERS

INFORMANT

POSITION

OFFICE OF THE

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ROBERT J. HORVAT, SR.		2. SEX MALE	3a. TIME OF DEATH 6:20 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) SEPTEMBER 3, 1995
4. SOCIAL SECURITY NUMBER 317-32-5486	5a. AGE—Last Birthday (Years) 62	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Sep. 14, 1932
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? UNK	9a. 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	
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS Married	11. SURVIVING SPOUSE Sarah Siersema	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		12b. KIND OF BUSINESS/INDUSTRY Engineer Steel
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Griffith	13d. STREET AND NUMBER 913 N. Elmer	
13e. ZIP CODE 46319	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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) UNK UNK			
18. FATHER'S NAME (First, Middle, Last) Andrew Horvat		19. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Kotul		
20a. INFORMANT'S NAME (Type/Print) Sarah Horvat		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 913 N. Elmer Griffith, Indiana	20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Septmeber 6, 1995 Hope cemetery		21c. LOCATION—City or Town, State Highland, Indiana
22a. EMBALMER'S NAME Edgar Gleim		22b. EMBALMER'S LICENSE NO. FDO 1016173	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b. LICENSE NUMBER (of Licensee) FDO 1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500	
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 OF DEATH This certifies the above is a true and correct copy of the certificate of death on file with the Lake County Health Dept. due to (OR AS A CONSEQUENCE OF) <i>Myocardial infarction</i>				Approximate Interval Between Onset and Death
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last				
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)	
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>Howard Mishoulam</i>		29c. MEDICAL LICENSE NO. 33507	29d. DATE SIGNED (Month, Day, Year) SEPTEMBER 6, 1995	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. HOWARD MISHOULAM, M.D. 9725 PRAIRIE AVENUE HIGHLAND, INDIANA 46322				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>		32. DATE FILED (Month, Day, Year) September 7, 1995		
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.		